

GROUP ART THERAPY PROGRAM FOR REFUGEES IN MUSEUM SETTINGS

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ABSTRACT

GROUP ART THERAPY PROGRAM FOR REFUGEES IN MUSEUM SETTINGS

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Forced migration is a worldwide crisis that presents a multitude of risk factors and needs. Refugees have to flee their countries as a result of violence, deprivation, persecution, war, or a threat to their lives (Van der Gucht, 2019). The process of pre-, during, and post-migration poses an accumulation of obstacles that reshape the trajectories of newcomers' lives (Schouler-Ocak & Kastrop, 2018). Particularly, during post-migration and resettlement, refugees have to hold onto past experiences of trauma and displacement, while facing new stressors and barriers in their new host country. These experiences can impact newcomers' emotional safety, cultural preservation, well-being, coping mechanisms, and ease of accessing mental health care (Goosen et al., 2011). With this in mind, existing art therapy programs currently serve a variety of populations including refugees and newcomers. Group art therapy in museum settings can present key therapeutic benefits that support refugees' emotional expression, identity preservation, cultural continuity, memory integration, and social connection. Therefore, this research will address the following question: how could group art therapy interventions conducted in a museum setting support the refugee resettlement process? A secondary research question will also be addressed, which is: what might a group art therapy intervention program that supports refugees' well-being and resettlement process look like? Using Fraser & Galinsky's (2010) first two steps of the intervention-based methodology this study integrates and synthesizes literary research with the researcher's experiences at the Montreal Museum of Fine Arts and The Refugee Centre to propose a 12-week museum-based group art therapy program for refugees and newcomers. Limitations of the research are presented along with implications for practice and future research.

Keywords: art therapy, museums, interventions, refugees, complex trauma, culture, acculturation, and resettlement.

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Table of Contents

| | |
|--|-----------|
| Chapter 1: Introduction | 1 |
| Statement of Purpose | 2 |
| Personal Relationship and Motivations | 2 |
| Overview of Chapters | 4 |
| Definition of Key Terms | 4 |
| Chapter 2: Methodology | 5 |
| Intervention Research | 6 |
| Two Steps: Intervention Research for Refugees | 6 |
| Data Collection and Analysis | 8 |
| Validity and Reliability | 9 |
| Ethical Considerations | 10 |
| Chapter 3: Literature Review | 11 |
| Refugee Population and Forced Migration | 11 |
| Refugees' Mental Health and Well-Being | 12 |
| Resettlement Model for Mental Health Care | 16 |
| Art Therapy and Art Making: Key Elements | 18 |
| Potential Benefits of Art Therapy for Refugees | 19 |
| Theoretical Approaches in Art Therapy | 21 |
| Museum as a Therapeutic Setting | 25 |
| Museum Art Therapy Programs | 26 |
| Museum Art Therapy for Refugees | 27 |
| Chapter 4: Results | 29 |
| Purpose and Structure of the Program | 29 |

| | |
|---|-----------|
| Group Identification | 31 |
| Location | 32 |
| Role of the Art Therapist | 32 |
| Referral and Intake Process | 33 |
| Goal-Setting and Art Therapy Techniques | 34 |
| Art Materials, Artworks and Themes | 36 |
| Session Structure | 37 |
| Intervention Plan: Phased-Based Program | 38 |
| Chapter 5: Discussion | 43 |
| Areas of Strength and Benefits | 43 |
| Areas of Concerns and Restrictions | 46 |
| Research Limitations and Ethical Considerations | 47 |
| Conclusion and Recommendations | 49 |
| References | 51 |

Chapter 1: Introduction

From Syria, Sudan, Palestine, Iraq, Venezuela, Afghanistan, Serbia, to many more countries around the world, individuals had to flee their countries as a result of violence, deprivation, persecution, war, or a threat to their lives (Van der Gucht, 2019). For refugees, forced migration is a transition in life that poses many difficult risk factors and obstacles that reshape the trajectories of their lives (Schouler-Ocak & Kastrup, 2018). The accumulation of pre-, during, and post-migration can have a tremendous impact on newcomer's well-being and coping mechanisms (UNHCR, 2017, p. 13). Particularly during the stages of post-migration and resettlement, refugees have to hold onto past experiences of trauma and displacement, while navigating new social, emotional, mental, and financial changes in their new host country. These pivotal changes can exacerbate the development of mental health challenges, and also impact how refugees cope and seek supporting services (Im et al., 2020). Moreover, the level, type, and amount of wellness support received during resettlement predicts the course and prevalence of depressive, anxiety, and post-traumatic stress symptoms (Kronick, 2017, P. 293).

Art therapy's non-verbal and expressive qualities as a therapeutic modality and form of intervention presents many potentials to supporting newcomers' well-being. Particularly, it can actively engage the body in kinaesthetic manners to release stress and hyperarousal. It can also support newcomers by enhancing communication, self-expression, storytelling, identity exploration and emotional containment. More specifically, group work has added benefits to providing newcomers with a space for connection, relationship building, and enhancing a sense of belonging. Museum-based group art therapy can further extend the museum space as a therapeutic setting where newcomers can engage and relate to artworks, cultural objects, and human experiences in safe, contained, and non-threatening ways. The act of observing, making,

and sharing art in the presence of others can enhance a sense of connection and reduce feelings of isolation, self-blame, helplessness, and hopelessness, which can often be very present feelings throughout the post-migration and resettlement process. With this in mind, it becomes essential to research the risk and protective factors experienced throughout resettlement, explore various group art therapy approaches and benefits, and present suitable art therapeutic interventions that address the lived experiences of refugees and newcomers.

Statement of Purpose

The goal of this research paper is to create a group art therapy program in museum settings that addresses the needs of newcomers during resettlement. This intervention-based research will address the following question: how could group art therapy interventions conducted in a museum setting support the refugee resettlement process? A secondary research question will also be addressed, which is: what might a group art therapy intervention program that supports refugees' well-being and resettlement process look like? The research will be grounded in current literature from multi-disciplinary fields. Taking in consideration of both the risk and protective factors experienced by refugees, this intervention design will also eclectically encompass various art therapy approaches that shape the key features and structure of the program.

Personal Relationship and Motivations

Moving forward, my personal relation to this topic has also influenced this research in various ways. Primarily as a Palestinian living in diaspora, art making has always provided me with a space to preserve aspects of my identity and culture of origin. Stories told to me by my grandparents and parents have instilled in me a visual catalyst to turn these rich narratives into artworks that allow me to document and embody my ethnicity even when I often feel quite

physically distanced from it. Art making gave me the agency to reveal hidden narratives that have been passed down through generations of refuge and migration, and allowed me to build a sense of closeness and constancy with my Palestinian identity.

Additionally, my experience as a community art educator and art therapist in training have presented me with different opportunities to work with international students, newcomers, and refugees, and witness art making's healing potential for self-expression, storytelling, cultural preservation, and community building. Particularly, working at The Refugee Centre, a non-profit resettlement organization, I have become more aware of the impacts of forced migration, the diverse experiences of newcomers, and the abundant number of cultural, language, financial, wait-list barriers and stigma associations related to accessing suitable and appropriate mental health care during the resettlement process.

Furthermore, a major component of my art therapy internship throughout the past year has been a collaborative pilot project between The Refugee Centre, the Montreal Museum of Fine Arts (MMFA), and the Concordia Arts in Health Centre. Throughout this project, I was given the opportunity to facilitate two art therapy groups for refugees and newcomers. Although the groups were held online, I resided in utilizing museum-based art therapy as a framework and model to guide the structure, themes, and interventions of the group. Throughout this experience, I have gained valuable and pivotal learning moments about the benefits of incorporating museum artworks into the therapeutic setting and discussion. I mainly witnessed how both the nature of art therapy and group work behaved as means and tools for expression and connection amongst all attendees who joined. Also, the act of both observing artworks and making art in the presence of other group members helped participants discuss their experiences, connect with each other, expand their tolerance to new perspectives, celebrate their authentic selves and culture, and

appreciate points of commonalities amongst each other. I have also become aware of how choosing and introducing particular artworks from the museum collection in sessions can inspire the exploration of relevant themes, and often sensitive topics, such as community, culture, immigration, war, religion, discrimination, disconnection, family, food, loneliness, self-care, and isolation in non-threatening and externalized manners. With this experience in mind, I have developed a deep interest with how art therapy, group work, and museum collections can amalgamate and yield new and valuable therapeutic qualities and interventions. Thus, all the above personal, educational, and professional factors have instilled in me a strong intrinsic motivation to devote my research study to design a culturally sensitive, trauma-informed, museum-based art therapy program for refugees during the resettlement process.

Overview of Chapters

Following this chapter, which introduces the focus, need, motivations, and definitions for this study, chapter 2 will discuss the intervention-based methodology used in this research. Chapter 3 will then review the literature relevant to this topic and will be an initial part of the data collection and analysis process. In chapter 4, the results of the data analysis will be presented and will include a proposed group art therapy intervention program design and structure. Lastly, chapter 5 will discuss the implications of the findings, areas of limitation, and recommendations for future research.

Definition of Key Terms

Resettlement: Resettlement is the period where newcomers integrate into a new country for the sake of seeking protection and/or receiving permanent residence. It is mainly a solution strategy to the challenges faced during the post-migration period. During resettlement, legal,

physical, economic, social, and health support are usually provided on a national and communal level (Berry 2003; Fathi et al., 2018).

Refugees: individuals who had to flee their countries as a result of violence, deprivation, persecution, war, or a threat to their lives (Van der Gucht, 2019).

Trauma or trauma event: an event that is perceived as distressing or threatening to someone's life (American Psychiatric Association, 2013).

Complex Trauma: cumulative, repeated, and pervasive traumatic events that occur over time (Im et al., 2020, p. 346; Naff, 2014).

Acculturation: acculturation is the “process of cultural and psychological changes that follows intercultural contact” (Berry 2003).

Art Therapy: an approach that combines creative processes and psychotherapy to express thoughts and emotions for healing purposes (Malchiodi, 2011).

Intervention(s): “purposely implemented change strategies” (Fraser & Galinsky, 2010, p. 459).

Chapter 2: Methodology

Throughout this research paper an intervention research methodology will be used to (1) synthesize literature focused on group art therapy approaches in museum settings for the refugee population; and (2) to design a 12-week group art therapy intervention program held within a museum setting to support refugees during the resettlement process. This study will address the question: how could group art therapy interventions conducted in a museum setting support the refugee resettlement process? A secondary research question will also be addressed, which is: what might a group art therapy intervention that supports refugees’ well-being and resettlement process look like? The intervention research method will be based on Fraser and Galinsky’s

model and five steps (2010, p. 463), which include: (1) “develop problem & program theories”; (2) “specify program structures & processes”; (3) “refine & confirm in efficacy tests”; (4) “test effectiveness in practice setting”; (5) “disseminate program findings and materials”. However, this study will solely use the first two steps of this intervention model to fit within the scope of the Master’s art therapy program at Concordia University. Following this research paper, the other three steps could be implemented through the development of a pilot that can test the efficacy of the project through the full 5-step model (Fraser & Galinsky, 2010).

Intervention Research

Fraser and Galinsky (2010) define interventions as “purposely implemented change strategies” (p. 459). This methodology is rooted in the development of intervention programs, and studying the design, application and effectiveness of social and therapeutic services that can present theoretical and implemented changes (Fraser & Galinsky, 2010). Intervention designs can be both simple or complex, and can exist on various levels of application (Fraser & Galinsky, 2010). For this research, interventions will be considered during the stages of resettlement for refugees. This intervention design will define the problems and theories rooted in newcomer’s post-migration experiences, risk factors and mental health needs. The setting of the museum and the benefits of group art therapy will be also linked to the processes of change and present therapeutic benefits to newcomer’s well-being during resettlement (Fraser & Galinsky, 2010).

Two Steps: Intervention Research for Refugees

This research will focus on the first two steps of Fraser and Galinsky’s model: (1) “develop problem & program theories”; and (2) “specify program structures & processes” (2010, p. 463).

First Step. The first step focuses on defining the problem, population, and setting by examining the literature pertaining to the main topic and inquiry of study (Fraser & Galinsky, 2010). In addition, risks, protective factors, and mediators of the problem(s) will be highlighted (Fraser & Galinsky, 2010). Also, in this stage the level of intervention design will be chosen. The levels of an intervention can either be on an individual, communal, or social level (Fraser & Galinsky, 2010). For the sake of this study the focus will be on a group or communal level. The first step will examine the primary inquiry of how group art therapy interventions conducted in a museum setting can support the refugee resettlement process. It will thus focus on collecting and examining literature pertaining to newcomer's cumulative migration experiences and mental health needs. In addition, risks and protective factors will be identified based on the collected data. Moreover, the benefits of group art therapy programs, theoretical approaches in art therapy, the role of museum settings in art therapy, and intervention programs and pilot projects during resettlement will be explored. Mainly, the "Multi-Tiered Refugee Mental Health Care Model" by Im et al. (2020) will be centralized as a main resettlement model in this paper to guide the design of the intervention structure.

Second Step. Moving forward, the literature gathered in the first step will be able to inform the program theories and detailed design of the type, duration, and holistic structure of the intervention in the second step. This step will integrate, analyze, and make relevant links amongst the literature found about group art therapy benefits, art therapeutic approaches, museums' therapeutic role, and pilot project examples to yield key features of an intervention structure that addresses the identified needs, risks, obstacles, and problems newcomers face during the post-migration stage (Fraser & Galinsky, 2010, p. 463). The second step will help further explore the primary question, and delve deeper into the secondary inquiry in this research

paper, which is focused on what a group art therapy intervention that supports refugees' well-being and resettlement process could look like. Overall, the program structure will outline the group size, intake process, setting, themes, goals, objectives, facilitator's role, and session descriptions to present a 12-week intervention program (Fraser & Galinsky, 2010; Henry, 2020).

Data Collection and Analysis

Data will be collected through a comprehensive literature review. The review will be composed of sources and findings related to the refugee population, post-migration experiences, resettlement process, acculturation, group art therapy, narrative-based art therapy, trauma- and culturally- informed art therapy, and museum-based art therapy. Other theoretical findings will address the benefits of artmaking, visual storytelling, group work, the museum as a potential space, and artworks as transitional objects. Relevant literatures such as journals, books, peer-reviewed articles and other research papers will be collected and organized in an excel database, and outliers will be discarded to define the data set. Different search engines will be utilized including Spectrum, Sophia, Google Scholar, PsychINFO, and SAGE Journals (Creswell & Creswell, 2018). Research keywords will include *refugees, newcomers, acculturation, forced migration, resettlement models and interventions, group art therapy, narrative-based art therapy, visual storytelling, culturally-informed, trauma-informed art therapy, and museum art therapy* (Fraser & Galinsky, 2010; Henry, 2020). During the analysis stage, connections will be made upon literature findings. Findings will be categorized into emerging themes and similar patterns of results (e.g: mental health needs during resettlement, art therapy with refugees, narrative art therapy approaches, museum-based art therapy during resettlement, etc...) (Neuman, 2006). The next step would be drawing conclusions and describing relevant implications that the data has to the research question(s). In addition, it would be essential to identify gaps in research,

and points of integration to design an intervention program with the results found (McBride, 2016). The projected outcome and results would be a step-by-step intervention program based on the structure of group art therapy in a museum setting for refugees (Fraser & Galinsky, 2010; Henry, 2020).

Validity and Reliability

Since this research will focus on the first two steps of Fraser and Galinsky's intervention research model, there will be no evaluation and testing taking place in these steps (Fraser & Galinsky, 2010; Henry, 2020, p. 6). Thus, efficacy of outcomes cannot be determined throughout this research paper since there is no application of a pilot project. Implementing the last three steps of the intervention research will be required to test the efficacy of the intervention (Henry, 2020). However, the validity and reliability of the research project can still be taken into consideration and identified. Validity can be ensured through the use of evidence-based, trustworthy, credible, peer-reviewed literature and primary sources (Hesse-Biber, 2017a; McBride, 2016). In addition, having current and diverse perspectives in literature would be important to assure validity of information throughout data collection (Henry, 2020, p. 6; McBride, 2016). This can be done by researching literature that are critical, culturally-informed, and emerging from various therapeutic modalities and fields. In addition, it would be important to revise the intervention structure and key factors to ensure its appropriateness regarding the research questions and population of focus. Moreover, throughout the design of the program, reliability can be maintained by reviewing and ensuring the consistency, adaptability and transferability of the intervention program's structure, manuals, and key factors (Henry, 2020, p. 6). It is essential that the intervention structure can be used by other practitioners and art therapists working with newcomers.

Ethical Considerations

Throughout all research methodologies, ethical factors have to be considered. Ethical considerations are included both on theoretical and practical levels of intervention-based research. The first two steps of the intervention-based research do not include the implementation and testing of a pilot project, or the presence of participants. Although that is the case, ethical considerations are still present within the first two steps of the model. First, the limitation of the methodology and model used has to be taken into consideration. Lack of implementation leads to various limitations regarding efficacy and relevance of findings. It is important to focus on collecting and analyzing evidence-based and previous pilot projects to ensure relevance of literatures incorporated in the design of the program structure (Fraser & Galinsky, 2010; Henry, 2020, p. 7). Second, it is essential to consider how the research findings and analysis of data will provide proper implication towards the research inquiry, goals, and population of focus (Henry, 2020; Hesse-Biber, 2017b). Third, being aware of the population's risk and protective factors is crucial. Individuals who experience forced migration have a higher prevalence of depression, anxiety, and trauma-related symptoms (Hollifield et. al; 2002; Schouler-Ocak & Kastrup, 2018). Displacement poses many harsh experiences related to loss, grief, persecution, cultural discontinuity, unemployment, acculturation, and much more (Schouler-Ocak & Kastrup, 2018). The cumulative experiences faced by newcomers before and after migration can lead to complex trauma that does not develop from a single incident, but rather can be rooted in an accumulation of events that may continue and exacerbate during the resettlement process (Im et al., 2020, p. 346). Thus, trauma-informed theories and models of care become essential ethical considerations in intervention designs, art therapy approaches, and choice of materials and themes, to ensure best practices that support the safety and security of newcomers (Im et al., 2020). Fourth, cultural variation in both the literature collected and in the

process of the intervention design have to be considered. When working with newcomers from diverse backgrounds, it becomes essential to consider and use diverse theoretical perspectives. Also, it is important to highlight both the benefits and limitations of group art therapy interventions in museum settings, and how they can respond to power imbalances, race, socio-economic status, culture, language, and ethnicity (Im et al., 2020). Overall, culturally-informed practices have to be integrated within the design of the intervention to ensure best and ethical practices. Lastly, it is important for researchers to reflect and unpack their own personal assumptions and biases towards the research topic (Hesse-Biber, 2017b; McBride, 2016). My own personal experiences and relationship with the topic can play a sensitive role in the way I process, learn, and respond as a researcher. As much as it can drive and serve my research, it remains essential to unpack, reflect, and question the roots of my own motivations and relations with topics related to forced migration, refugees, intergenerational trauma, displacement, culture, acculturation and resettlement interventions.

Chapter 3: Literature Review

The purpose of this chapter is to review literature pertaining to refugees' mental health needs, risk factors, and mental health care models during resettlement. In addition, group art therapy approaches such as cultural-informed techniques, trauma-informed practices of care, and narrative-based art therapy will be explored to create an understanding of their role and application in museum settings for refugees and newcomers during the resettlement process.

Refugee Population and Forced Migration

According to the United Nation Refugee Agency (2021) the total number of displaced people worldwide is 82.4 million, which includes 20.7 million refugees and 48 million displaced

people, and 4.8 asylum seekers (UNHCR, 2021). Refugees are individuals who had to flee their countries as a result of violence, deprivation, persecution, war, or a threat to their lives (UNHCR, 2020; Van der Gucht, 2019). Although displacement is a crisis occurring at a global scale, each individual faces an accumulation of different experiences and risk factors before, during, and after migration (Schouler-Ocak & Kastrup, 2018). During pre-migration, refugees face reoccurring experiences related to social or political conflicts, war, persecution, human rights violations, and other trauma inducing events in their country of origin (Schouler-Ocak & Kastrup, 2018; UNHCR, 2020). Moving into the process of migration, refugees are subjected to harsh authorities, long travels, separation from family, loss, and relocation (Schouler-Ocak & Kastrup, 2018). During post-migration, refugees hold onto past stressors and traumas, while additionally facing new challenges related to discrimination, acculturation, poor housing conditions, language barriers, uncertainty with legal status, threat of deportation, financial loss, and lack of support, which can shape the way refugees will navigate and adapt to their life in the host country (Goosen et al., 2011; Schouler-Ocak & Kastrup, 2018; UNHCR, 2017).

Refugees' Mental Health and Well-Being

The accumulation of the above discussed experiences and risk factors can have a tremendous impact on refugees' psychosocial well-being, coping mechanisms, and ease of accessing supporting services and mental health care, which increases the prevalence of mental health issues (Goosen et al., 2011; Im et al., 2020). According to Steel et al.'s (2009) systemic review and meta-analysis study of 181 surveys from 81,866 refugees, they reported that the prevalence of Post Traumatic Stress Disorder (PTSD) is 30.6% and the prevalence of depression is 30.8%. In addition, Schouler-Ocak and Kastrup (2018) reported a prevalence rate of 28.1% for PTSD symptoms, 48.1% for depression, and 36.7% for anxiety. Similarly, in a critical review by

Hollifield et al. (2002) the researchers reported that 4% to 86% of refugees in displacement or resettlement had PTSD, and 5% to 31% had Major Depression Disorder (MDD). In another study by Hocking et. al (2015), the authors found a prevalence rate of 61% for MDD, 52% for PTSD amongst refugees from Sri Lanka, Pakistan, Zimbabwe, Iraq, Afghanistan, Iran, and Lebanon (Schouler-Ocak & Kastrup, 2018). There appears to be a range in the prevalence reported, due to challenges and cultural variation in assessment techniques (Im et al., 2020). Other conditions have been researched as well such as somatic conditions; sleep disturbance; internalizing and externalizing behaviors (Montgomery, 2011); aggressive responses; and suicidal ideation and attempts (Goosen et al., 2011; Schouler-Ocak & Kastrup, 2018).

Risk and Protective Factors during Resettlement. During the context of post-migration, James et al. (2019) indicates that refugees' mental health challenges significantly worsen after re-settlement, especially if not provided with the suitable supportive services. Economic and social stressors, in combination with other social determinants of health, have an impact on emotional distress, unexplained psychosomatic symptoms, and can lead to long-term mental health impacts (James et al., 2019; Schouler-Ocak & Kastrup, 2018). Although risk factors are quite apparent during resettlement, there are important protective factors to keep in mind, which include newcomer's coping resources, age, religious faith, cultural values, family cohesion, connectedness to community, group and social support (De Anstiss et al., 2009; Schouler-Ocak & Kastrup, 2018). Moving forward, the resettlement process, trauma, acculturation, attachment, and separation will be explored to better understand the impact displacement has on the well-being of refugees.

Resettlement and Trauma. As reviewed above, the harsh conditions experienced during both pre- and post-migration can lead to various trauma-related symptoms. Trauma is defined as

the direct or indirect “exposure to actual or threatened death, serious injury, sexual violence” or “learning that the traumatic events occurred to a close family member or close friend” (American Psychiatric Association, 2013). From a diagnostic perspective, the American Psychiatric Association’s (2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-5), states that trauma-related symptoms include: “intrusive memories of the traumatic event”; “recurrent distressing dreams”; “dissociative reactions” and “amnesia”; “prolonged psychological distress”; “avoidance of stimuli associated with the traumatic event”; “negative alteration in cognition and mood”; and “alterations in arousal”. With these symptoms in mind, trauma experiences can disrupt one’s sense of self; lead to lower self-esteem; alter one’s larger life narrative; increase sense of shame and guilt (Bleuer & Harnden, 2018; Bresba, 2009; Malchiodi, 2011; Rousseau & Heusch, 2000). In addition, trauma has a great influence on executive functioning, mainly on one’s emotional regulation, inhibition, working memory, planning abilities, flexible thinking and poses a greater stress on one’s capacity to integrate memories and imagine the future (Aupperle et al., 2012; Bleuer & Harnden, 2018; Bresba, 2009; Malchiodi, 2011). Moreover, trauma experiences are processed in the right hemisphere of the brain and are encoded as non-verbal and sensory information (Schoore, 2012; van Der Kolk, 2015). Thus, as much as trauma exists on a cognitive and emotional level, it as well lives in the body and can cause various somatic symptoms (Malchiodi, 2011; Schoore, 2012). Within the context of migration, it is important to acknowledge that refugees can experience a “dual source of distress: the strain of past traumas and current factors of acculturative stressors” (Im et al., 2020, p. 346). Thus, during resettlement, trauma can be beyond a single catastrophic event, and can expand into more complex, chronic, and cumulative experiences (Im et al., 2020, p. 346).

Resettlement and Culture. Moving forward, another pivotal aspect to discuss in resettlement is culture. Culture is composed of one's values, beliefs, and systems of communication, and provides humans with a perspective and framework to understand themselves and those around them (Ontario Ministry of Citizenship & OVCN, 2009). Culture as well shapes how one processes and expresses their feelings and experiences (Im et al., 2020; Salom, 2015). Thus, it plays a big role in how individuals make sense of and react to their trauma experiences; how they seek support; how they interact with others; and how they cope during difficult times (De Anstiss et al., 2009). During resettlement, newcomers will be faced with new cultural frameworks; and can experience confusion and incoherence with their sense of cultural identity (Salom, 2015; Steel et al., 2009). This process is referred to as acculturation (Salom, 2015). Acculturation is defined by Berry (2003) as "the process of cultural and psychological change that follows intercultural contact". Acculturation stress impacts how one views themselves and the world, and how one can navigate and adapt to new changes (Fathi et al., 2018; Salom, 2015). Particularly during resettlement, acculturation stress can impact one's coherence of self and preservation of cultural identity (Bresba, 2009; Fathi et al., 2018; Salom, 2015). Overall, it is important to recognize the protective aspects of cultural preservation and identity, and also highlight the risk factors associated with acculturation and cultural disruption faced in transitional experiences.

Resettlement, Attachment, and Separation. Remaining in the same vein, complex trauma and discontinuity in culture can be induced by many experiences rooted in attachment and separation from one's country of origin and family members. In the process of refuge, attachment theories come into play to better explain how trauma can be shaped through separation experiences in the resettlement stages (van Ecke, 2005). With this in mind,

resettlement raises central attachment-based concepts including Bowlby's theories of attachment and separation, and Winnicott's (1971) theories of object relation and potential space (Winnicott & Rodman, 2005). Bowlby's attachment theories discuss how the psychological, physical, and affectional bonds we form can shape the trajectory of our attachment formation and sense of security (Bowlby, 1977, p. 201). Additionally, Winnicott posits that through the caregiver's physical and emotional attunement, the potential space and holding environment becomes internalized and provides a sense of object constancy to the child, even when the caregiver becomes absent or separated (Salom, 2015; Winnicott & Rodman, 2005). Extending this discussion to the context of place and migration, attachment and object relations theories can also be applied to the relationship between an individual and their mother-land (Salom, 2015). As humans, we also have the tendency to form close attachment bonds with a familiar locale and environment (Lee et al., 2002; van Ecke, 2005). During displacement, refugees are faced with a discontinuity in object constancy, as they are forcefully separated from the mother-land (Salom, 2015). This can evidently lead to a sense of loss, confusion between inner and outer realities, and discontinuation in identity and self-narrative (Fathi et al., 2018; Salom, 2015). These concepts become important to revisit when discussing cultural identity, potential spaces in therapy, and object-relations in art making.

Resettlement Model for Mental Health Care

With the above resettlement obstacles in mind, we begin to better understand how various factors can pose a strain on newcomer's well-being, coping strategies, and mental health. Although the need for supportive services during post-migration becomes evident, access to mental health care is not always present or approached by refugees or newcomers (De Anstiss et al., 2009). The literature attributes various overlapping barriers to refugee's utilization of mental

health services, which include stigma, lack of knowledge, discrimination, language, financial burdens, and culture (De Anstiss et al., 2009; Feen-Calligan et al., 2020, p. 2). Different models and theories of resettlement throughout literature have been exploring the evident gap in mental health care during resettlement. Many authors highlighted the importance of incorporating ecological approaches, stress process theories, and holistic structures that take in consideration of the social, cultural, economic, and political intertwining factors, and meet refugees at the core of their individual needs (Ahearn, 2005; Beiser, 2006; Beiser & Hyman, 1997; De Anstiss et al., 2009; Fathi et al., 2018; Im et al., 2020). To better contextualize the application of holistic mental health interventions during resettlement, the “Multi-Tiered Refugee Mental Health Care Model” by Im et al. (2020) will be presented as a central model. Im et al. (2020) explain that four tiers, or intervention levels, should be taken into consideration throughout this model: (1) first tier includes the focus on programs that provide basic services, such as food, housing services, language classes, employment services, and any programs that support adjustment in a new community; (2) second tier can then present psychosocial programs that focus on social adjustment, coping mechanisms, and community wellness support; (3) third tier focuses on providing mental health services for refugees who have common mental health disorders or any specific trauma-related issues; and (4) fourth tier saturates more on psychiatric needs and intense individual treatment (p. 348). The first and second tier are generally focused on community and group level care, while the third and fourth tier are focused on specialized individual care (Im et al., 2020). Regardless of the distinctions above, all tiers are interrelated and relevant psychosocial interventions throughout the resettlement process (Im et al., 2020). Im et al., (2020) states that initial screening and assessments are essential at the very beginning to ensure refugees are supported in the appropriate way and referred to the most needed tier and intervention level

(Im et al., 2020). Moreover, Im et al. (2020) states that trauma and culturally informed practices are two primary pillars that have to be applied throughout all intervention levels. Trauma- and culturally- informed approaches and their integration in art therapy will be discussed in greater detail in the upcoming section.

Art Therapy and Art Making: Key Elements

With the above resettlement experiences and refugee's mental health needs in mind, different levels and types of interventions become a saturated need. Thus, art therapy poses itself as a very suitable modality and intervention approach (Isfahani, 2008). Art therapy is a therapeutic field that uses art-making to help visually communicate thoughts and feelings, increase self-expression, reduce stress, adapt to changes, and enhance one's sense of well-being (Canadian Art Therapy Association, 2020; Malchiodi, 2011, p. 496). Art therapy is a growing discipline in the mental health field that holds many key art making elements and integral benefits.

Art Making and Media Interaction in Therapy. The presence of art making and media manipulation in therapy encompass many key elements and benefits that support the expression and externalization of thoughts, feelings, and bodily stress (Czamanski-Cohen & Weihs, 2016). Moving into the therapeutic space, the presence of an art object adds a new relational dimension that is triangular in nature between the client, therapist, and artwork (Malchiodi, 2011). The therapeutic relationship is an essential step for any therapeutic progress to ensure safety and trust is established at the beginning (Cabaniss, 2011; Pettyjohn et al., 2019). Art making can greatly assist the process of communication between the client and therapist, and the capacity for building containment, trust, tolerance and expression in safe, non-verbal, and non-threatening ways (Malchiodi, 2011).

Expressive Therapies Continuum (ETC). Building onto the key elements of art making and media interactions, the Expressive Therapies Continuum (ETC) presents a framework for both assessment and intervention planning in art therapy (Hinz, 2020). The ETC model presents four different levels of complexity. Starting from bottom to top: (1) the kinesthetic/sensory (K/S) component focuses on sensation and repetitive movement in art making (Hinz, 2020, p. 8); (2) the perceptual/affective (P/A) level focuses on use of shapes and visual features, and the ability to identify, express, and contain emotions (p. 8); (3) the cognitive/symbolic (C/Sy) level focuses on memory recall, storytelling, use of symbolism, and association of meaning to images; and (4) the creative level integrates all the other three levels and represents optimal functioning and information processing (Hinz, 2020). Each level and component of the ETC has unique therapeutic functions and presents “preferred and blocked levels of information processing” in relation to material preferences, media interaction, visual expressive styles, and verbal communication (Hinz, 2020, p. 12). Lusenbrink (2004) presents how the different ETC levels are aligned with corresponding brain structures (p. 126). Evident changes in clients’ visual art making and media interaction can begin to parallel the potential of neuroplasticity, changes in information processing, and lead to the reduction of symptoms (Lusebrink, 2004).

Potential Benefits of Art Therapy for Refugees

Moving forward, the literature as well proposes that art therapy has many cognitive, emotional, and physical benefits for refugees and newcomers in contrast to other traditional therapies (Feen-Calligan, 2020; Isfahani, 2008; Rousseau & Heusch, 2000). First, it can facilitate creative modes of communication, non-verbal expression and overcome language barriers (Malchiodi, 2011). Second, the use of art materials enhances kinesthetic and somatic engagement that can alleviate stress in the body (Feen-Calligan et. al, 2020; Malchiodi, 2011). Third, art

making can enhance problem-solving and decision making through the choosing of color, materials, and other aspects of the creative process (Malchiodi, 2011). Fourth, the creation of an art product can increase a sense of satisfaction and self-esteem (Rousseau et al., 2007). Fifth, art making can enhance emotional expression and regulation through the use of symbols and imagery (Isfahani, 2008). Sixth, art products can as well behave as externalized and transitional objects that can provide a sense of containment, continuity, and distance for individuals. Lastly, visual expression can also support the processing and integration of memories, and provide a documentation of events that may be difficult to recall (Malchiodi, 2011).

Group Art Therapy Benefits for Refugees. In addition, group art therapy has many added social and relational benefits (Liebmann, 2004; Yalom, 1971). The art making process itself presents an assisted way of communication and expression, however, Feen-Calligan et al. (2020) highlights that group work and weekly collaborations amongst participants can propose many benefits to refugees upon resettlement. Yalom (1995) outlines that group therapy proposes many therapeutic factors such as installation of hope; universality; development of socializing techniques; catharsis; and many other factors. The use of themes is also recommended to guide clients in a group (Liebmann, 2004). Particularly during resettlement, various themes can help newcomers explore topics related to home, separation, family, culture, and loss (Isfahani, 2008). Moon (2016) also discusses the power of repeated rituals and how it can provide a sense of safety and containment for group members. In the context of resettlement, attending a group environment, connecting with members and sharing stories through both verbal expression and artmaking can help newcomers eliminate the belief that they are facing problems on their own. The non-verbal quality of art making and witnessing can add a new dimension of connection and diminish feelings of self-blame and hopelessness (Moon, 2016; van Westrhenen et al., 2017).

Overall, group art therapy can allow newcomers the opportunity and space to build a sense of safety, enhance trust, break isolation, decrease withdrawal, and build a sense of community and belongingness (Feen-Calligan et. al, 2020, p.2; van Westrhenen et al., 2017, p. 129).

Theoretical Approaches in Art Therapy

Theoretical approaches in art therapy propose a particular framework that guides and shapes various aspects of the therapy process including the stance of the therapist, assessment techniques, goals of treatment, themes and directives, choice of art materials, and the outcomes of the program (Chopra, 2020; Malchiodi, 2011; Trevillion, 2008). Various theoretical approaches are practiced by art therapists and can be integrated into intervention designs (Chopra, 2020, p. 15; Malchiodi, 2011). Particularly for this discussion, various eclectic theoretical approaches, such as trauma-informed, culturally-informed, and narrative-based approaches will be explored.

Trauma-Informed Art Therapy. Trauma-informed interventions work on integrating knowledge about the nature and impact of singular and complex trauma in all aspects of the program's training, assessment, goals, design and application (Im & Swan, 2020; Murray et al., 2010). From a neurobiological perspective, the brain region that encodes and processes trauma experiences, is the same region that controls the unconscious system and creative engagement (Malchiodi, 2011, p. 85-86). Thus, art therapy's sensorial and non-verbal nature can naturally activate the right hemisphere (Malchiodi, 2011). Lusebrink (2004) highlights how we can utilize art making and somatic engagement to alternate neural pathways and allow the reconstruction and integration of trauma memories. In addition, being trauma-informed also means being aware of the risks of visual media; the limitations of art making; and the risk of re-traumatization (Malchiodi, 2011).

Moreover, the sequence of interventions and art therapy techniques are key trauma-informed features of every program. Literature has proposed the benefits of phase-based models in therapy and how they provide a trauma-informed intervention course that moves through: (1) preparation and instilling hope, (2) containment and security, (3) narration and recollection, and lastly, (4) re-construction and integration (Appleton, 2001; Naff, 2014). Phase-based approaches also parallel the ETC's transitional and developmental framework (Feen-Calligan et. al, 2020; Lusebrink & Hinz, 2016). In an intervention study by Feen-Calligan et al. (2020), the authors present a 12-week art therapy intervention program for youth refugees which mirrors the bottom-up ETC framework (Feen-Calligan et al., 2020). The program presents how art therapists can start by engaging the participants with relaxation, body-based, and sensory-based techniques to help clients reduce hyperarousal and emotional stress (p.2); then move to more perceptual and affective exploration through mask-making, group puzzles, and collage making (p.2); and lastly, explore storytelling, and puppet making to tap into the cognitive and symbolic aspects to help clients reconstruct their trauma narratives (Feen-Calligan et al., 2020, p. 6; Naff, 2014, p. 85). The results found in this program presented how this intervention sequence has evidence-based effects on stress reduction, panic disorder, general anxiety disorder, trauma-related symptoms, and provided enhanced coping skills (Feen-Calligan et al., 2020, p. 14). Overall, trauma-informed art therapy can help newcomers establish a sense of safety; assist with affect-regulation; make meaning out of their intrusive events, and support the reduction of symptoms (Feen-Calligan et. al, 2020, p.2; Malchiodi, 2011).

Culturally-Informed Art Therapy. Moreover, culturally-informed resettlement interventions take in consideration of newcomers' cultural background, language preferences, and acculturation experience, and the impact these factors have on communication, expression,

help seeking behaviors, and coping mechanisms (Im et al., 2020; Im & Swan, 2020; Malchiodi, 2011). Art therapy can provide a great avenue for culturally-informed approaches. The creative process is personalized and individual. Through the act of art making and sharing, group members can begin to embody a multicultural lens and build their own sensitivity and value towards difference (Malchiodi, 2011, p. 47). Art making can also help refugees overcome language barriers, and provide a new mode of communication and connection (Malchiodi, 2011; Yacob-Haliso, 2016). The American Art Therapy Association's Ethical Principles for Art Therapist states, "(7.0) multicultural and diversity competence in art therapy refers to the capacity of art therapists to continually acquire cultural, diversity awareness and knowledge with regard to self and others, and to successfully apply these skills in practice with clients" (AATA, 2013, p.8). Malchiodi (2011) suggests that in practice, the choice of materials and visual imagery can be adapted depending on the diverse group of clients. Although art therapy often incorporates traditional materials such as drawing, collage and painting, expanding material choices to claywork, beadwork, embroidery, wood carving, and other non-traditional materials enable a space for cultural preservations and authenticity through media engagement (Salom, 2015). Art therapists can also invite clients to share various materials that remind them of their own cultures and practices. In addition, culturally informed care also takes in consideration of the art therapist's self-awareness, biases, background, and how that can influence the choice of interventions and therapeutic outcomes (Im et al., 2020; Malchiodi, 2011).

Narrative-Based Art Therapy. Moreover, the narrative approach presents an essential theoretical lens for this program. The narrative-based approach was prominently developed by Michael White and David Epston (1990). White & Epston (1990) defined narration and storytelling as the "mapping of events through time" (p. 2). This approach focuses on the concept

that self-narratives are shaped by internalized social and cultural experiences (Hoshino & Cameron, 2008; White & Epston, 1990). One's self-narrative can often be viewed as problematic for some, or may include particular difficult experiences that impact one's well-being and mental health (White & Epston, 1990). With that in mind, this approach focuses on three main guiding principles: (1) the "externalization of the problem"; (2) the process of discovering "unique outcomes", which are the underlying meanings that might often contradict the problem (White & Epston, 1990, p. 17); and (3) the "re-authoring" of alternative narratives and future potentials (Hoshino & Cameron, 2008). For refugees, problem-saturated stories or trauma experiences can be often difficult to externalize through verbal narration (De Haene et al., 2018; Kwiatkowska, 1967, p. 1). Thus, art therapy's use of visual art materials can "assist the externalization process"; make the problem visually separate and less threatening (Malchiodi, 2011, p. 109; Rousseau & Heusch, 2000). It can also support the reduction of self-blame and shame, and increase influence over the problem (White & Epston, 1990, p. 17). Moreover, clients are able to visually map out events, discover unique outcomes, and inner points of resourcefulness (Hoshino & Cameron, 2008; White & Epston, 1990). Lastly, through new emerging meanings, clients can utilize art materials to re-author their stories and safely explore alternatives before fully internalizing them (Kalmanowitz & Ho, 2016, p. 61). Rousseau (2000) and her peers implement narrative art therapy programs for refugees and immigrant children in schools (Rousseau & Heusch, 2000). In an intervention example known as "The Trip", Rousseau & Heusch (2000) invite 27 refugee children to choose a realistic or imaginary "character/hero who was going to take a trip to another country" (p.32) and illustrate their character through a four-stage story: (1) "life in the character's homeland"; (2) the journey itself; (3) arrival in the new land; and (4) the character's future" (p. 32). Results showed that bridging past memories and present realities

allowed newcomer children to reconstruct alternative futures for themselves (Rousseau & Heusch, 2000). The use of art and symbols also allowed refugees to safely distance themselves from difficult experiences (Rousseau & Heusch, 2000). Trauma experiences and cultural discontinuity can alter refugees' sense of self and recall of events (Bleuer & Harnden, 2018). Thus, storytelling in therapeutic contexts can support newcomers to document, preserve, and re-author parts of themselves and homeland (Bleuer & Harnden, 2018; De Haene et al., 2018; Hoshino & Cameron, 2008). Evidently, these benefits can have a significant impact on supporting memory integration and decreasing symptoms of PTSD and depression (Halvorsen & Stenmark, 2010; Paivio & Angus, 2017, p. 39).

Museum as a Therapeutic Setting

When designing and implementing a group art therapeutic program, the setting plays a big role in the effectiveness of the intervention. The museum as a social and cultural space has experienced a strong paradigm shift over the years (Ioannides, 2016). Although it is still focused on “collecting” and “protecting” artifacts (Ioannides, 2016), the museum space started to enhance multiple viewpoints (Chopra, 2020). Visitors are no longer passive witnesses but rather play an active and subjective role in meaning making and engagement within the space (Ioannides, 2016). More specifically, the museum contains collective artworks that provoke both individual and universal human experiences; permit a sense of connection; and conveys to people that “their experiences have been experienced by others” (Ioannides, 2016, p.102). These qualities play an essential part in considering the museum's impact on the visitor's quality of life and mental health (Ioannides, 2016). Over the past two decades, the museum began to open its doors for new forms of therapeutic programming and posed the potential of incorporating artworks and exhibitions in the art therapy process (Henry et al., 2019).

Museum Art Therapy Programs

The collaboration between art therapists and museum spaces can serve as an opportunity for programming and transformative healing, as it can utilize the already existing collective resources present in the museum space to enhance creative expression and connection amongst diverse populations and communities (Chopra, 2020; Dejkameh & Shipps, 2018; Ioannides, 2016). Museums began to reshape art therapy's practice and expand mental health care's inclusivity and accessibility to new populations.

Coles and Harrison (2018) identified four parts of a museum-based art therapy framework, which includes: (1) initially participants can meet in a studio space where they can check in, and explore the session's theme with the art therapist; (2) then participants can explore the museum's exhibitions and art objects both individually or in a collective manner; (3) after the museum visit, participants can then be invited to engage in art making in response to their explorations and interpretations of the museum's artworks; and (4) lastly, participants can reflect on their experiences and share their art making process with the whole group. Through stages of observation, engagement, and interpretation, the dual process of interacting with the museum collection and then engaging with art making and art media allowed for more therapeutic benefits to emerge (Ioannides, 2016).

At Queens Museum in New York, an art pilot project known as "Please Touch" was implemented in 1983 for people with visual impairments. Over the years, the pilot project expanded to become known as the Art Access program and started working with a diverse number of populations including students, families, and individuals with varying physical, emotional, behavioral, and cognitive abilities (Dejkameh & Shipps, 2018; Queens Museum, 2022). The program was able to utilize engagement with the museum collection and hands-on art making to enhance socialization and communication; highlight participants' strengths; celebrate

differences; create openness for questioning and reflecting; and foster positive self-regard, social and motor skills (Dejkameh & Shipps, 2018, p.212).

Moreover, at the Montreal Museum of Fine Arts (MMFA), a full-time art therapy program is facilitated in collaboration with different community partnerships, schools, medical professionals, and agencies to serve a diverse number of populations including refugees and immigrants; students; women; individuals with epilepsy; senior citizens; youth at risk; and individuals with disabilities (Henry et al., 2019; MBAM, 2022; Smallwood, 2020; Thaler et al., 2017). Tours at the museum are able to focus on particular themes such as resiliency; imagination; migration; and various other topics that are then explored in the art making session (MBAM, 2022). The museum extended its space to engage members in both observing and making art; fostering connections; dismantling psychosocial stigma (Smallwood et al., 2020); breaking isolation; and expanding one's perspectives in a non-threatening environment (Thaler et al., 2017, p. 2).

Museum Art Therapy for Refugees

In the context of refuge and post-migration, the qualities of the museum's space and museum-based art therapy can play an important role in supporting refugees during resettlement by incorporating "[relational] interventions that promote social inclusion, cohesion, [and] interaction" (Salom, 2015, p. 48). Primarily, the museum is a non-medical setting, which can help dismantle mental health stigmas; reduce fear of accessing supportive care (Coles & Harrison, 2018); provide new points of access and inclusion; and invite refugees into imaginary spaces that open new avenues of hope (Chopra, 2020, p. 22; Henry et al., 2019; Ioannides, 2016, p.102). Particularly for newcomers who are experiencing complex trauma and mental health difficulties, artworks can support emotional identification and regulation in a contained and

distanced manner (Cowan, et. al, 2020, p. 188; Chopra, 2020). The museum collection also presents multicultural points of view that make the setting a culturally sensitive and informed space (Salom, 2011). Salom (2011)'s museum art therapy pilot project shows how displaced women participating in art therapy sessions were able to relate to their host countries, while still being rooted in their culture of origin through the use of traditional materials and weaving techniques at the museum. Particularly, Salom (2011) highlights how art making within the museum space can help refugees explore their identities, and relate to experiences of human loss and separation. Moreover, the museum can provide a "holding environment" and present cultural objects and artworks that can behave as a "potential space" that support newcomers' internalization of their mother-land. Thus, the museum can create a sense of object constancy for refugees and allow them to form new points of attachments with self, space, and other.

The museum is also a "public thread of collective visual narratives" that tap on different events in both the past and present (Janes & Sandell, 2019, p. 305). Viewing and engaging with artworks in public spaces can profoundly inspire narration (Ioannides, 2016; Henry, 2020). In a pilot study by the National Health Service, the mental health staff in collaboration with Dulwich Picture Gallery in London witnessed how the participants in their art therapy program utilized the messages they interpreted in the paintings as a way to construct their own personal narratives (Colbert et al., 2013). Similarly, the artworks in the museum space can support newcomers to "project their [private] feelings and thoughts" while exploring external narratives (Janes & Sandell, 2019, p. 209). Personal interpretation of art works can help newcomers foster hidden meanings, new associations and alternative outcomes (Janes & Sandell, 2019, p. 209). Although the field of museum-based art therapy is expanding and holds many valuable integral

characteristics and therapeutic benefits, there is still more research needed to be done on the implications of museum-based art therapy for refugees and within the context of resettlement.

Chapter 4: Results

Throughout the above literature review, several relevant factors were identified and described in relation to newcomers' experiences upon post-migration, group art therapy approaches, and the museum-based art therapy framework which will shape the key features of this intervention. Moreover, my personal experience as an art therapist in training, working with newcomers, and facilitating the MMFA art therapy groups' pilot project will inform several aspects of this program. Thus, throughout chapter 4, I will synthesize the theoretical data collected in order to propose a concrete intervention program.

Purpose and Structure of the Program

This program is a proposed 12-week group intervention that will be held in an art museum setting, and is designed to support refugees' well-being and needs during the resettlement process. Beiser (2009) addressed how important it is to translate and integrate the research found about refugee's psycho-social needs, cultural influences, and trauma experiences into the structures of mental health practices and interventions. During the post-migration stages, newcomers hold onto past experiences of war, persecution, deprivation, and loss, while navigating new social, emotional, mental, and financial changes in their new host country. The past and current experiences present dual points of stressors that can tremendously impact the well-being, emotional safety, coping strategies, and mental health of newcomers (UNHCR, 2017, p. 13; Schouler-Ocak & Kastrup, 2018). Thus, this proposed intervention program will take into account the risk factors related to trauma, acculturation, separation, culture, and language in the choice of location, intake process, art interventions, materials and approaches integrated in the

intervention (Ahearn, 2005). In addition, it will also carefully integrate protective factors found in the literature such as community, culture, and social support as key features of the program.

It is important to highlight that every newcomer has their own unique experience and lived narrative of migration and displacement, thus, differences and similarities will be valued, explored and held within the therapeutic frame. Overall, the main purpose of the art therapy group is to utilize the creative process to foster a sense of emotional safety; cultural exploration; meaning making; and instillation of hope for newcomers. Both the art objects explored and artworks created in each session can behave as transitional objects that provide a sense of cultural constancy and identity preservation for the group members both in session and beyond the walls of the museum (Salom, 2015).

The suggested structure for this program is a semi-open group art therapy format to present a balanced compromise (Liebmann, 2004, p. 30). From my own experience with the museum pilot project in collaboration with The Refugee Centre, a semi-open group provides both a contained yet inviting space for newcomers who would like to attend every week, and newcomers who may not be able to attend every session due to various life commitments that can emerge throughout their weeks. Thus, a semi-open space is not limiting, and does not impose further barriers of accessibility that newcomers often experience in mental health and health care. Primarily, the use of art therapy in this program presents a non-verbal modality that can foster communication and expression, and overcome language barriers (Malchiodi, 2011). Secondly, group work in combination with art therapy proposes added social and relational benefits and an opportunity for relationship building during the resettlement stage (Liebmann, 2004; Yalom, 1971). Moreover, group art therapy can allow clients to attend, share and witness one another's experiences in a trusted environment, which can help reduce feelings of isolation, self-blame, and hopelessness

that can tremendously exacerbate during the post-migration stage (Liebmann, 2004; Moon, 2016).

Moreover, the literature proposed the benefit of encompassing various eclectic theoretical approaches in art therapy to holistically shape the structure of the intervention design (Malchiodi, 2011). For the sake of this program, the theoretical approaches that will be used include trauma- and culturally-informed practice of care, narrative-based approaches, and the museum-based art therapy model which will shape the program's goals, objectives, and types of art therapy techniques and interventions used.

Group Identification

The group will consist of 6-8 participants to enable the art therapist to attend to each participant, and balance interpersonal communication and connection (Henry, 2020; Liebmann, 2004, p. 30). Medium size groups present a more manageable, supportive, and intimate environment (Liebmann, 2004, p. 30). The group will be open for all newcomers and refugees to participate. The literature posits that the accumulation of immigration experiences can exacerbate the prevalence of anxiety, depression, and trauma-related symptoms amongst the refugee population. Although refuge might be a universally defined construct, each forced displacement experience is unique, and can lead to different risk factors and needs faced by each individual. Thus, attending to the literary proposed issues is essential to shape the overall structure of the group, however, it is also crucial to interview the actual clients who are joining the group to ensure that the goals and interventions presented align with the needs of the members attending the group (Henry, 2020; Im et al., 2020).

Location

The 12-week group art therapy program will be held at the museum. The museum space will present both the use of the exhibition spaces and a studio art space for the art making process and confidential discussions and reflections. Literature has found how the museum space can behave as a therapeutic container and a catalyst for meaning making for many visitors (Ioannides, 2016). In the context of resettlement, the museum presents an accessible, non-medical, and secure base to engage and reflect on difficult experiences and narratives, and engage in cultural preservation and exploration (Henry, 2020; Malchiodi, 2011; Salom 2015). Salom (2015) proposes how the museum space and exhibition artworks can present a sense of object constancy and emotional holding for newcomers.

Role of the Art Therapist

The art therapist will encompass various responsibilities and roles, which include assessing the client needs, implementing art therapy interventions, and supporting clients during the art making process and reflections held within the group (Liebmann, 2004). Within the museum-based art therapy framework, the art therapist's role resides in coordinating museum visits, and navigating "private experiences with clients in a public setting" (Henry, 2020). Thus, setting the frame, boundaries, confidentiality, and expectations of the group with the members is an essential aspect introduced by the art therapist at the very beginning of the group. The art therapist will clearly explain the purpose, structure of the group to all members (Liebmann, 2004). In addition, resettlement interventions hold onto two strong pillars: trauma-informed and culturally-informed practices of care, which shape and guide the stance of the art therapist (Im et al., 2020). It is important for the art therapist to foster an emotionally safe environment and physical space, and present informed art interventions that minimize the possibility of triggering

reactivity (Bloom et al., 2014; Malchiodi, 2011). From a cultural perspective, it is also important that the art therapist holds a non-judgmental and curious stance, and is engaged in continuous self-reflection, supervision, and is critically reflective of their own assumptions, biases, history, and personal background (Bloom et al., 2014; Malchiodi, 2011). Overall, the art therapist's role is to facilitate, guide, reflect, and hold the group with empathy, understanding, openness and compassion (Bloom et al., 2014).

Referral and Intake Process

Revisiting the “Multi-Tiered Refugee Mental Health Care Model”, Im et al. (2020) states that initial screening and assessments is essential at the very beginning to ensure refugees are supported in the appropriate way (Im et al., 2020). According to Im et al. (2020) communal and group therapy intervention programs can be integrated as a second or third tier form of therapeutic interventions that focus on enhancing coping mechanisms, community building, and integration (Beiser, 2009; Schouler-Ocak & Kastrup, 2018). Within the purpose of intervention designs, it becomes essential to propose a format for referral, intake processes and assessments to ensure newcomers are being referred to the suitable type and level of intervention (Im et al., 2020). Within the context of this group art therapy, it is important that the art therapist completes an interview and assessment with the participants to ensure the format offered is suitable to their needs. It is also important to screen for any risk factors, clinical issues, or severe psychological disorders or traumatic experiences. Also, it would be essential to acknowledge the scope of this group, and refer clients to more specialized and individualized mental health care if needed (Im et al., 2020). Newcomers' arrival date, duration of resettlement, and immigration status take no part in shaping the intake criteria to ensure no added barriers of accessibility are posed during resettlement. In addition, this group can be open to self-referrals, or referrals made by mental

health practitioners, health agencies, resettlement and community organizations. Depending on resources available and number of referrals the group may require more flexible and “broad inclusion criteria” such as a range of ages, a drop in, or open group format rather than a semi-open group format (Henry, 2020, p.34).

Goal-Setting and Art Therapy Techniques

Goal-setting will differ depending on the needs of the refugee group members, the intervention’s tier, and the art therapy theoretical approaches incorporated. In intervention designs, goals presented have to focus on enhancing protective factors and coping with risk factors (Feen-Calligan et al., 2020). The therapeutic relationship and alliance are primary goals that the art therapist focuses on to ensure the development of trust and therapeutic progress within the group (PettyJohn et al., 2020). The literature has found some essential goals to focus on when providing art therapy interventions to refugees. Primarily, authors highlighted the need to (1) establish emotional safety; (2) enable newcomers to identify and express their feelings; (3) provide psychoeducational training and coping skills; (4) enhance agency and self-empowerment; (5) facilitate social support and group connections; (6) process and preserve cultural identity; (7) enable processing of memories; (8) generate meaning out of difficult experiences; and (9) instill hope and re-authoring of future narratives (Feen-Calligan et. al, 2020, p.2; Isfahani, 2008; Jones et al., 2019; Kalmanowitz & Ho, 2016; Rousseau & Heusch. 2000; van Westrhenen et al., 2017). The sequence of these goals as well highlight the importance of utilizing a phase-based structure and the Expressive Therapies Continuum’s (ETC) bottom-up approach (Appleton, 2001; Lusebrink & Hinz, 2016; Naff, 2014). Thus, the goals and art techniques can parallel the sequence of the ETC framework by beginning at the (1) kinaesthetic/sensory based level; then moving into the (2) perceptual/affective level; and lastly

concluding with the (3) cognitive/symbolic level (Hinz, 2020). Thus, this program structure will include three phases: (1) safety, containment, and therapeutic frame, (2) exploration and preservation of identity and culture; (3) re-construction and re-authoring of the future (Appleton, 2001; Naff, 2014).

In addition, the theoretical approaches found throughout the literature will guide the interventions and art techniques used throughout the group, and more specifically each phase. Firstly, trauma-informed approaches will ensure that interventions during the first phase focus on building emotional and somatic safety through kinaesthetic-based intervention, breathing and relaxation activities, scribble drawings, bilateral movements in art, guided imagery, and material engagement (Feen-Calligan et. al, 2020; Hinz, 2020; Malchiodi, 2011). Moving forward, culturally-informed approaches will inform the group's use of diverse materials, media, and culturally appropriate images and content. In addition, interventions will present opportunities to discuss and explore cultural backgrounds by saturating on culturally relevant themes (Im et al., 2020; Im & Swan, 2020; Malchiodi, 2011). Group work can as well assist with cultural exploration, as it proposes a space for building social cohesion and respect amongst members. Art therapy interventions such as puzzle making and mural making, can work towards diminishing power imbalances and foster collaborative participation and decision making amongst members (Feen-Calligan et al., 2020; [JL1] PettyJohn et al., 2020). In addition, the creation of artworks can behave as transitional objects and extensions of the homeland to support the continuity and constancy of self and identity (Malchiodi, 2011; Salom, 2015). Thus, notions of attachment-based concepts can be incorporated as well to support the exploration and preservation of cultural identity (Salom, 2015). Moreover, narrative-based approaches will shape various interventions that may be integrated towards the last phase of the program to facilitate

externalization of experiences in a distanced manner, enhance visual storytelling, find hidden meanings in artworks, integrate memories, and re-author future alternatives and hopes (Kalmanowitz & Ho, 2016; Rousseau & Heusch, 2000; White & Epston, 1990).

Art Materials, Artworks and Themes

Mediums such as crayons, markers, paint, brushes, paper, clay, pastels, collage materials, and magazines will be present (Liebmann, 2004). However, it is essential to expand the choice of materials and invite non-traditional media such as beads, embroidery, wood carving, tiles, crafts-like materials, and other materials that clients might share and address (Malchiodi, 2011; Salom, 2015). From a culturally-informed stance, Hinz (2020) suggests that presenting culturally-informed materials can enhance a client's connection to the artmaking process and therapeutic progress. Salom (2015) as well proposed that presenting culturally diverse materials enables a space for cultural preservation and authenticity in media engagement. In addition, themes will be presented each session. It is important to use flexible themes to allow clients to interpret them in the way they want and to artistically respond to them on various levels (Liebmann, 2004).

Themes present opportunities for newcomers to tackle topics related to identity, change, culture, acculturation, family, community, storytelling, memories, and future hopes (Feen-Calligan et. al, 2020; Isfahani, 2008; Malchiodi, 2011). Moreover, within the museum-based art therapy framework, artworks become a key aspect that have to be wisely chosen and included in each session. Artworks can be linked to particular themes, or be presented as discussion-starters (Henry, 2020). In most sessions, selected artworks will be introduced to clients to help support their art making process. In other sessions, clients will be given the freedom to explore the exhibition space and choose an artwork that speaks to them (Henry, 2020)

Session Structure

Each session will be run for 2-hours, and follow a beginning, middle, and end pattern (Liebmann, 2004). The session will mainly follow the museum-based art therapy framework proposed by Coles and Harrison (2018), which includes four main parts in the session.

Checking In & Ritual Activity. At the beginning of the session, members will meet at the studio space where they will check in, engage in the opening ritual, and explore the session's theme with the art therapist. The art therapist will as well discuss and/or gently remind clients of the overall structure and frame of each session. Moreover, a group ritual will be introduced at the beginning to provide a sense of connection amongst the group members. In addition, every session a theme will be presented to give a focus to the group. The beginning part of the session can take up to 20 minutes, before moving into the museum visit and artmaking process.

Museum Visit. Participants will then be invited into a museum tour where they will explore art objects either individually or in a collective manner. Chosen artworks will either be selected by the art therapist, or clients will be invited to engage in a freely explorative tour (Coles and Harrison, 2018; Henry, et. al, 2009). About 40 minutes can be devoted to this process.

Art-Making in the Studio Space. After the museum visit, participants will then be invited back into the studio space to engage in art making in response to their interpretations of the museum's artworks and the themes explored (Coles and Harrison, 2018). Different prompting questions and directives can be presented by the art therapist at this stage to support clients throughout their art making process. The art making process can take up to 40 minutes.

Reflection and Closure. During the last 20 minutes of the session, participants will be invited to discuss and reflect on their experience of the museum and share their art making process if they wish to (Coles and Harrison, 2018). The art therapist can conclude with a short

closing activity to help clients ground their experiences before leaving the group (Liebmann, 2004; Moon, 2006).

Intervention Plan: Phased-Based Program

The intervention plan will combine all the key features discussed and synthesized. The structure of the intervention plan will follow the phase-based framework and ETC bottom-up approach discussed above. Each phase will focus on specific goals, and work towards smaller objectives. Overall, about three to four sessions will be devoted to each phase.

First Phase: Establishing a sense of safety, containment, and therapeutic frame. The therapeutic frame and relationship are an essential basis for any therapeutic progress (Cabaniss, 2011; PettyJohn et al., 2019). This phase will include four sessions, and will utilize art exploration and making to support the capacity for building containment, trust, tolerance, communication and expression in a safe and non-vulnerable way (Malchiodi, 2011). Navigating a new space can be challenging for newcomers, especially after experiencing countless transitions, mistrust and hesitations associated with institutions and practitioners (Im et al., 2020). Thus, transparently addressing the purpose of the group is essential. In addition, collaboratively establishing expectations and rules, explaining confidentiality, setting boundaries and limits of the session, and discussing the role of the art therapist is important to enhance a sense of safety within the group (Feen-Calligan et. al, 2020; Liebmann, 2004). Moreover, rituals can be introduced to provide a sense of grounding and containment at the beginning of the group (Moon, 2006). Rituals can be short engaging activities that invite equal opportunities for reflection and present new coping mechanisms for group members (Moon, 2006). Members are also always welcome to pass, or silently check in with themselves to ensure the comfort of all

those attending. In addition, the art therapist will highlight that all members have the opportunity to share as much or as little as they would like during the group.

Session 1: Spaces of Comfort. During the first session the goal will focus on setting the therapeutic frame, presenting a welcoming space, and building a sense of safety (Malchiodi, 2011). Although these goals will not be established in one session, the goal is to set the safe base for further growth and expression (Liebmann, 2004). Members will then be invited to engage in an opening ritual that will be referred to as the “magical pouch”, which will encourage clients to metaphorically add an emotion into the pouch, as well choose an emotion they would like to receive from the pouch. The first session will also invite all clients to reflect on what encouraged them to join this group. Moving forward, members will be given their own paper-made portfolios where they can place all their future artworks, and will be provided a journal where they can engage in art-making and reflections (Henry, 2020). Providing members of the group with a personal portfolio and journal can provide a sense of emotional and physical containment. Moving forward, members will be invited to explore the term “comfort” through a collaborative mind map to help each participant self-define their theme before moving into the museum space (Henry, 2020). The members will be invited to visit the museum collection and explore what artworks bring them a sense of comfort. After returning to the studio space, members can be invited into the art-making process to reflect on the meanings that emerged for them. Prompting directives can be presented such as: What artworks brought you as a sense of comfort? What colors or images brought you a sense of comfort? How can the art therapy group be a space of comfort? After the art making process, the members will rejoin in a circle to share their overall experience. The art therapist will attend to the group both on an individual and collective level,

and circulate amongst the members. A closure activity will be presented to help members ground themselves and reflect before leaving the group.

Session 2: Compassion to Self. During the second session, the art therapist will begin with an opening ritual to check in with the group. The ritual will invite clients to think of and respond to the directives: “How do you care for yourself? How do you care for others?”. Clients can explore these questions verbally or through a short drawing in their journals. This session focuses on presenting the themes of self-compassion and self-care to members, and utilizing art exploration and artmaking as a means to provide compassion and care to the self. During the museum tour, specific artworks can be explored as a group to encourage different perspectives and meanings to emerge. Artworks presented can relate to the themes of care and compassion. Returning to the art studio, the art therapist will begin with a warm-up kinaesthetic-based activity known as “being mindful of the materials” which invites clients to explore different art mediums spontaneously. Members will then be invited to create an artwork based on their exploration of the ritual directives or the artworks witnessed in the exhibition space. The session will end with a sharing circle and a closing activity to reflect on the group member’s experiences.

Session 3 & 4: Colors and Feelings. During the third and fourth session, clients will be invited to explore the relationship between colors, artworks, and their emotions. Rituals that can be presented can propose the prompt: “How are you coming into session? Choose a color that reflects how you are feeling today, and create a small mark or scribble in your journal”. The goal for both sessions will include utilizing art making to enhance emotional identification and exploration. Feelings might be a difficult and sensitive terrain to explore, thus warm-up kinaesthetic and body-based activities will be presented at the beginning (Hinz, 2020). Other activities that can be used include body scan sheets, a feelings vocabulary sheet, and other

activities that connect mind and body, and help visually externalize emotions (Hinz, 2020; Malchiodi, 2011). Throughout the museum tours, members will be invited to observe and explore colors in artworks and the emotions that emerge for them. Members are also welcome to explore and hold other points of meanings that emerge for them from the artworks and bring them into the art making process. The sessions will as well conclude with a process of sharing and a closure activity.

Second Phase: Exploration and Preservation of Identity and Culture. During the second phase, the group will continue with the rituals and closure activities to foster continuous community building. Members will start exploring themes related to identity, self, culture, change, acculturation, and loss (Rousseau, 2020). Members will be invited to form connections with artworks present in the collections, in hope that it can inspire personal narration and meaning making. The process of observing art objects and creating artworks will behave as a form of cultural exploration and preservation (Salom, 2015).

Sessions 5 to 8: Identity, Culture, and Community. The fifth and sixth sessions will focus on exploring identity and culture through the museum artworks, and will use techniques and interventions that invite members of the group to create their own visual identity symbols and boxes of souvenirs, to provide an extension and preservation of one's self and their homeland (Salom, 2015). In addition, during the seventh and eighth sessions, members will be invited to engage in a collaborative community mural that is inspired by the artworks and themes they explore in the museum space. Collaborative and group activities can help celebrate cultural diversity and strengthen group cohesion (Liebmann, 2004).

Third Phase: Re-construction and Re-authoring of the Future. Moving into the last phase, group members will begin exploring themselves beyond the walls of the museum and art

therapy studio. They will be invited to re-construct the narratives of their future selves and utilize art making to visually perform their re-authored stories (Rousseau & Heusch, 2000).

Interventions and activities that can be introduced in this phase include narrative-based interventions and termination activities. Rituals, warm-ups, and artworks will as well be presented to explore and inspire both collective and personal narration (Henry, 2020).

Session 9 & 10: Storytelling and the Future Self. The goal of both sessions will be to instill hope through the exploration of storytelling and the future self. Different artworks and directives can be presented to support members' creative process. During the ninth session, an adapted version of "The Trip" intervention by Rousseau & Heusch (2000) will be introduced to invite members to reflect on their own journeys, stories, and think of where they would like to go next in their life. Members can create a visual story or a book cover to represent their personal narratives. During the tenth session, members will be invited to create a visual vision board or a message that explores each member's future hopes and goals. These activities presented will encourage and support group members to celebrate their progress, identify inner resourcefulness, gain agency to plan future goals, and enhance their sense of hope (Rousseau & Heusch 2000).

Session 11 & 12: Termination. The termination of the group can be a sensitive part of the therapeutic process. However, the choice of activity presented can turn this session into a rewarding experience. It is also important to address main points of termination from the very beginning of the group (Liebmann, 2004). Closing directives and activities can be presented with the goal of celebrating progress and witnessing each other's journey. Termination activities can include a balance between collaborative and individual-based interventions. Examples can include a puzzle making activity that invites clients to reflect on a moment they enjoyed the most throughout the group art therapy experience or museum space. Each participant would create a

visual puzzle piece that would then be included in a larger puzzle image created by the whole group. All clients can reflect on the different moments and experiences throughout their own therapeutic journeys, and eventually take back their own puzzle piece. In addition, members will be able to take home all their artworks in their portfolio, as well as their journals. Overall, the artworks can become transitional objects that behave both as an extension and containment of their identity, homeland, culture, and art therapy group experience which members can hold onto beyond the museum walls (Henry, 2020; Salom, 2015).

Chapter 5: Discussion

The present intervention-based research outlined a 12-week group art therapy program in a museum setting that focuses on supporting newcomers and refugees during the resettlement process. The results present a synthesized and concrete intervention plan and key features of a program outlined for art therapists wanting to plan group art therapy programs for newcomers, more specifically in museum settings. Similarly to any program at its early stages of development, this intervention plan has both areas of strengths, concerns, and limitations that will be explored further throughout this discussion.

Areas of Strength and Benefits

The intervention plan holds many areas of strength that present the potential success of this program. Some strengths emerge from the core features of art-making, group work, and the museum setting, while other benefits highlight larger social constructs related to accessibility, inclusion, and adaptability.

Group Art Therapy. Primarily, group art therapy holds many key features that shape the program's benefits. Particularly for newcomers and refugees, the nature of art therapy presents a

suitable mode of expression that helps overcome language barriers, and presents an assisted way of communicating and connecting through visual means. Contrary to traditional therapies, art therapy presents added kinesthetic and somatic engagement. The art making process may support the reduction of stress, hyperarousal, and tension in the body. In addition, the production of artworks present symbolic, distanced, and externalized entities that can support the visualization and processing of experiences and difficult emotions in a contained manner. Group work also holds many areas of strength, particularly for newcomers. During resettlement, post-migration experiences and acculturation pose many points of stress that can increase feelings of confusion, loneliness, hopelessness, and helplessness. Group work focuses on fostering connection, cohesion, and community building amongst group members, in hope of breaking isolation and enhancing a sense of belongingness amongst the newcomer community. Particularly through art, the visual quality adds a new layer of communication and witnessing, that supports the affective connection and understanding built amongst group members.

Museum Setting. When designing and implementing a group art therapeutic program, the setting plays a big role in the effectiveness of the intervention and the overall therapeutic outcome. For this program, the museum-based framework and museum setting present numerous social and personal benefits that enhance the group art therapy process. Primarily, the museum environment can foster connection and well-being by providing a space for engagement with artworks and with other group members. Within the context of migration, newcomers are invited to become active meaning makers, as they are observing and interacting with artworks and cultural objects in the museum collections. Artworks in general may behave as projective, symbolic, and containing tools that can support newcomers as they process both individual and universal experiences. The museum space can provide a holding environment and a form of

object constancy. Overall, the museum setting proposes benefits and utilizes its images and works to represent diverse human experiences that newcomers can relate to and engage with.

Accessibility and Inclusion. Moreover, it is important to revisit the numerous obstacles experienced during resettlement to highlight how important accessibility and inclusion are during resettlement services, particularly in health and wellness related care. The increased prevalence of mental health challenges and symptoms upon post-migration present a saturated need for therapeutic services and mental health care during resettlement. However, access to mental health care is not always present or approached by refugees upon arrival. Overlapping barriers such as stigma, lack of knowledge, discrimination, financial burdens, insurance restrictions, and lack of culturally sensitive approaches can have a big impact on accessibility, inclusion, and other dimensions of trust and comfort. This intervention program recognizes these barriers, and translates this knowledge into key features that shape the intake process, inclusion criteria, as well as the use of the museum space. For this reason, newcomers' arrival date, duration of resettlement, and immigration status take no part in shaping the intake criteria to ensure no added barriers of accessibility. In addition, this program presents a semi-open group structure to not impose further limits of inclusion. Newcomers are welcome to join during any session of the group to ensure accessibility is not restricted. In addition, the museum space is a non-medical setting that is accessible to the general community and can continue to be a point of support and holding space for newcomers even beyond the art therapy group.

Adaptability of Intervention Program. In addition, the intervention plan presents a framework for integrating trauma-informed, culturally-informed, and narrative-based approaches with the museum-based art therapy model. It utilizes and proposes key techniques, materials and themes relevant to the newcomer population. Although these factors are outlined in the

intervention plan, they are adaptable, non-directive, and simply there to guide the structure of each session. The program does not impose a single method of implementation. It presents a general framework that can be molded and applied with newcomers in any other museums, art exhibition spaces, or cultural institutions.

Areas of Concerns and Restrictions

The intervention-based research and outlined program as well has different areas of concerns and restrictions that have to be addressed before implementation.

The Museum as a Public Setting. Although the museum presents many potential therapeutic benefits, it is essential to recognize the concerns and restrictions associated with the public and social nature of the museum setting. Other active visitors will be present in the space during the group members' museum tour and experience of the art exhibitions. It is important to assess the "distinct qualities of museums" and recognize how they can impact participants' navigation of the space and sense of safety (Henry, 2020). Therefore, physical and emotional safety and containment will be continuously assessed since the frame of the therapeutic process can be influenced by external factors in the social environment. In addition, limits of confidentiality and privacy may be present in a public space. A possible option to respond to these concerns would be through arranging a private tour. Also acknowledging and discussing the social aspects of the museum would be an essential component to address as a part of the therapeutic frame and expectations of the group (Henry, 2020).

Art Images and the Museum Collection. Moreover, the museum space is not a neutral space. It is filled with images, artworks, and objects that can elicit unpredictable associations and emotions (Ioannides, 2016). As much as artworks can contain emotions in a distanced manner, visual images can also touch people in sensitive and triggering ways. This intervention program

does not focus or present a specific museum; thus, it can be difficult to pre-assess the space and art collections present. Therefore, it is important to recognize this concern through a trauma-informed and culturally-informed lens. Images can elicit different subjective meanings to each group member depending on their unique experiences and backgrounds. As art therapists, it is important to recognize and respect these differences, and become responsive and sensitive to each participants' experiences and perception of the artwork (Henry, 2020). In addition, it would be essential to continuously present a holding and reflective environment in the art studio to help participants ground themselves before moving into the art making process.

Semi-open Group. As discussed, a semi-open group presents different benefits and more points of accessibility and inclusion, however, it is important to recognize the limitations found in this group structure. Primarily, the development of alliance and trust can be challenged when the frame and number of attendees are continuously changing every session (Liebmann, 2004). In addition, the group structure includes a phase-based approach that follows a bottom-up framework. It is important to recognize that new attendees might join at a later phase throughout the group and engage in interventions that may present a more complex form of exploration and information processing. Thus, art therapists have to attend to the themes and activities introduced every session and ensure that they are flexible enough and non-directive to allow all attendees to respond to them in the way they feel comfortable doing so. With this limitation in mind, group rituals, warm-up interventions, and closing activities are meant to help attendees connect with the new attendees.

Research Limitations and Ethical Considerations

Theoretical Stage of Research. As mentioned above, the present intervention-based research follows only the first two steps of Fraser & Galinsky's (2010) 5-step intervention

research model to fit within the scope of the Master's program. There was no evaluation in these steps and no implementation of the pilot project to test the efficacy of the intervention (Fraser & Galinsky, 2010; Henry, 2020, p. 6). Thus, efficacy of outcomes cannot be determined throughout this research paper since this research remains in a theoretical stage.

Personal Biases and Assumptions. In addition, throughout this research it was important to continuously consider my personal relationship with the topic of study and how it shaped my own assumptions and biases. My internal motivation to the topic emerges from my personal ethnic and cultural background, professional work at The Refugee Centre, and practicum experience at the Montreal Museum of Fine Arts (MMFA). Holding onto stories of displacement and immigration in my own family and community, I embody a strong devotion and closeness to the topic. Although personal histories can develop a strong passion, it was often important to learn how to distance myself and consciously develop an open and clear stance in my researcher's role. In addition, working at The Refugee Centre can also shape my own biases and perception of newcomers' needs. Moreover, facilitating group art therapy workshops for newcomers at the MMFA as well played a big role in designing the key elements of the program's frame and overall structure. Although my work allowed me to witness lived experiences, it is essential to review my own assumptions and remain aware of moments of generalization. It is key to remember that although displacement is a worldwide crisis, every refugee holds their own narrative and lived experience of forced migration and that individualized needs have to be taken in consideration when implementing the proposed program.

Conclusion and Recommendations

The basis of the proposed intervention-based research involved a literature review of the challenges, risk factors, and protective factors experienced during forced migration and the impact of resettlement on refugees' mental health. The literature review indicates that refugees' well-being significantly worsen after re-settlement, especially if not provided with the suitable trauma- and culturally-informed care. Economic changes, social stressors, and acculturation in combination with other social determinants of health, can play a big role in the development of mental health challenges such as anxiety, depression, and PTSD related symptoms amongst the refugee population.

Although the need for supportive services during post-migration becomes evident, access to mental health care is not always accessible or approached by refugees. Thus, group art therapy and eclectic theoretical approaches such as trauma-informed, culturally-informed, and narrative-based approaches were further explored to create an understanding of their benefits and the way these approaches can be integrated to address refugees' needs. Group art therapy's non-verbal, somatic, symbolic, and expressive qualities present key therapeutic benefits that can overcome language barriers, celebrate cultural diversity, and support newcomers' emotional expression, stress reduction, identity building, and social connection. Particularly, group art therapy held in museum settings provides newcomers an added opportunity to observe, connect, and engage with artworks and cultural objects. The museum's accessible, inclusive, and non-medical environment can present a holding space that fosters emotional containment, cultural preservation, meaning making, storytelling, and presents a form of object constancy in non-threatening and distanced ways. Converging and translating the literary findings, the results propose a 12-week group art therapy intervention program that is held in a museum setting, and is designed to support

refugees' well-being and needs during the resettlement process. The intervention takes in consideration of the risk and protective factors experienced throughout forced migration, and saturates on key benefits of the art therapy approaches and the museum space.

Recommendation for Future Studies

Following the first two steps of the intervention research methodology, future research can build onto the proposed group art therapy program for newcomers and be tested in practice through a pilot project to be further reviewed and refined. Given the impact of resettlement on the well-being of newcomers, it is also recommended that future art therapy research could focus on researching various mental health practices and the role art therapy plays in supporting refugee's needs during the different stages of migration. Moreover, this research highlights several theoretical approaches such as culturally-informed, trauma-informed, and narrative-based art therapy. It would also be recommended to study, examine, and integrate various approaches in more depth and explore the benefits of different approaches in art therapy for newcomers. Lastly, it would be recommended to study the implications of unique environments, non-medical settings, and cultural spaces on the process of art therapy with newcomers and different populations. Moving forward, I hope that art therapy programs in museum settings become a more accessible and inclusive form of support and care for newcomers and underserved populations in our community.

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