

ART THERAPY INTERVENTION WITH FORCIBLY DISPLACED PERSONS

A manual for art therapists



**The
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Europe**



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1 AIMS AND AUDIENCE FOR THIS MANUAL

This manual is aimed at art therapists who work with forcibly displaced people (FDP) and who are looking to expand their knowledge and skills in using art therapy to strengthen the resilience of their participants.

It has been developed from the experience gained by the Red Pencil and its team during the project “Art therapy intervention for resilience in refugees’ reception centres”, which is a multi-year project taking place in Andalusia, Spain, financed by the foundation Alta Mane. Its content was tested with a team of five art therapists before being made available to a broader audience.



2 BACKGROUND TO THE GUIDE

2.1 Art Therapy with The Red Pencil

The Red Pencil is an international humanitarian organisation specialising in art therapy (AT), whose mission is to bring the benefits of art therapy to the most vulnerable people facing difficult life circumstances, in order to improve their wellbeing and resilience.

In Europe, The Red Pencil runs projects for disadvantaged groups, focusing on the following areas: i) HEALTH, by providing complementary care to patients in medical treatment through art therapy; ii) SOCIAL INCLUSION, by promoting the autonomy and resilience of people at risk of exclusion and iii) YOUTH by encouraging their development and providing socio-emotional support.

Red Pencil's interventions are tailored to the needs of the target audience and are organised in groups. In addition to group art therapy interventions for beneficiaries, art-based capacity building and training (ACBT) is also offered to staff to introduce them to the practice of art therapy as a self-care tool and a complementary support for the persons they have within their care.

In carrying out its mission, The Red Pencil strives to respect the following values:

- working with partners to support beneficiaries;
- empowering everyone to thrive and fulfil their potential regardless of gender, origin, race;
- being respectful of dignity and sensitive to culture and diversity;
- always improving the quality of its work;
- always seeking to make a lasting impact.

2.2 Multi-year Project with Forcibly Displaced Persons (FDP) in Spain

Since 2019 and thanks to the support of the Alta Mane Foundation, The Red Pencil, in collaboration with the Red Cross Malaga, the foundation SAMU, and the Spanish Commission for Refugees (CEAR), has been organising art therapy group interventions for FDPs residing in reception centres in Andalusia, Spain.

Since the beginning of the programme, more than 493 FDPs have been able to attend art therapy group sessions, among whom approximately 47% were children (< 18 y.), and about 53 staff received ACBT sessions. In total, more than 1000 art therapy hours have been given by local art therapists.

The intervention was designed based on a number of theoretical foundations, such as psychological first aid, migratory bereavement, transculturality and resilience, which are detailed in chapter 4. Over time, the interventions have been refined through feedback from fieldwork and two studies carried out by the team in 2021 and 2023 (Montoya De La Cruz et al., 2021; Pirotte et al., 2025), the latter focusing on participants' perceived mechanisms of change (N = 11).



3 UNDERSTANDING THE CONTEXT

3.1 FDP Reception Conditions in the European Union

As reported by the United Nations High Commissioner for Refugees (UNHCR), over 110 million people were forcibly displaced worldwide by mid-2023, with numbers still rising (UNHCR, 2023). The vast majority of people forced from their homes remain in their own region, and three out of four FDPs are hosted in low- and middle-income countries (IRC, 2024), where they often experience adverse humanitarian conditions, meaning that their health, safety, security and well-being are threatened.

In the European Union, reception conditions continue to vary considerably between countries. In Spain, asylum seekers are hosted in reception centres where they receive basic accommodation services, access to language courses, social, psychological and administrative services. Once they have obtained refugee status (which can take time), they can continue to benefit from the services for a limited period with the aim of facilitating their integration. Those FDP who do not request asylum and wish to continue their journey towards another European country are accommodated in different temporary facilities and generally benefit from a lesser service. Unaccompanied minors receive special protection until they reach the age of 18. These young people are housed in special reception facilities with basic psychosocial needs covered, like programmes for adult asylum seekers.

3.2 FDPs' Profile, Needs and Concerns (with a Specific Focus on Unaccompanied Minors)

The exposure to violence and forced migration has led to significantly higher prevalence rates of self-reported anxiety, depression, and post-traumatic stress disorder (PTSD) among forcibly displaced populations compared to non-FDP populations (Henkelmann et al., 2020).

Risk factors affecting the mental health of FDPs before, during and after their migration are summarised in fig. 1.



Fig. 1 - Risk factors affecting the mental health of FDP¹

FDPs often go through a migration journey in which they experience vulnerable, dangerous, and difficult circumstances where their fundamental human rights are violated. During their transit, their daily lives are often characterised by uncertainty about the future, bereavements, lack of control, discriminating experiences and loss of hope (WHO, 2021).

In the host country, although their living conditions are usually safer in Europe, they continue to face unfavourable conditions such as restrictive migration policies, problems relating to legal

¹ Source: Figure prepared by the Canadian Library of Parliament using data obtained from Laurence J. Kirmayer et al., "Common mental health problems in immigrants and refugees: general approach in primary care," *Canadian Medical Association Journal*, Vol. 183, No. 12, 6 September 2011, p. E961.

status, economic difficulties, unemployment, isolation and anti-migrant sentiments, which are associated with increased rates of depression (WHO, 2023).

Nearly half of the FDP population in Europe is under the age of 18, and many of these individuals are unaccompanied children and adolescents. Unaccompanied minors experience higher rates of depression, anxiety and symptoms of PTSD compared with other refugee and migrant groups. They face specific challenges such as developing their identity while separated from their family and culture, and choosing their professional future, which includes access to education and training. Particular attention needs to be paid to unaccompanied children due to their age and stage of development (IFRC, 2018), and since they may not express the need for support and protection.

Unaccompanied minors face some specific risk factors (see Fig.1):

- the separation from their trusted social and family network and system (IFRC, 2018), and the expectations and notions for their age group from the different cultures, their home versus host country (Lemzoudi, 2007).
- the interaction and influence between their specific legal situation and their peer group, and the expectations of the culture of their country of origin.
- all the variables that influence their decisions, their future, and identity in their current country and country of origin.
- the influence of prejudice and hostile social narratives and stereotypes.

Early intervention in host countries is necessary to improve mental health outcomes for FDPs, and in particular for unaccompanied minors (Daniel-Calveras et al., 2022).

3.3 Summary of Research in Art Therapy with Refugees

Most of the AT research focuses on a Eurocentric psychological approach in terms of the treatment of PTSD or trauma-related symptoms. The recent systematic review of Annous et al. (2022) on the use of AT with FDPs with PTSD (8 studies included) concluded that AT, although considered a promising therapeutic approach, currently lacks sufficient evidence to demonstrate effectiveness. Only two studies used a controlled clinical trial design, one on dance therapy and the other on AT. The latter involves a 12-week AT intervention with children (N = 15) aimed at reducing stress and the severity of trauma-related symptoms (Feen-Calligan et al., 2020). The theoretical orientation is based on providing a safe and supportive environment for children to express their potentially traumatic experiences, with an emphasis on improving coping skills. The study showed that group experiences, kinaesthetic and sensory exploration, narrative activities, and rituals were beneficial in reducing anxiety symptoms. Another AT study conducted by Schouten et al. (2019), developed an adult group intervention protocol consisting of 11 sessions focusing on complex PTSD. They adopted a three-phase approach, namely (1) stabilisation, reducing stress and arousal, increasing sense of control, progressive exposure; (2) trauma-focused; and (3) integration and meaning-making. In their pre-post study with no

control group (N = 12), it was shown that the AT intervention promoted relaxation, emotional control, greater insight, self-esteem, and a sense of empowerment.

In another study carried out by Luzzatto et al. (2022), involving four trauma survivors including one refugee, described a six-session AT intervention based on a sequential approach in three phases: (1) self-strengthening; (2) dealing with the trauma; and (3) present life. Their findings suggest that the use of symbols in the creative process enables patients to regulate their self-disclosure at a level they consider safe, and that the sense of group cohesion eases the healing process as patients feel listened to and acknowledged.

On preventive interventions with FDP focusing on building resilience and personal strengths, AT research is limited. Kalmanowitz & Ho (2016) conceptualised the Inhabited Studio that includes both AT and mindfulness. The approach consists of introducing art material and fostering self-expression, no directive is given. It is a short approach as the AT and mindfulness group workshops take place over two days separated by a week, between which creative exercises and meditation to be done autonomously are proposed. Inhabited Studio's objective is to help people develop safety strategies, support their resilience, and manage multiple losses, after adverse experiences. This study indicated that a mindfulness-based short-term group AT intervention has the potential to help participants regulate their physiological responses so that they become more open to new information and experience and can expand their repertoire of responses (Kalmanowitz & Ho, 2016).



4 THE FOUNDATIONAL THEORY

The theoretical framework for applying art therapy with FDPs combines psychological first aid, migratory grief, transculturality, and resilience approaches.

The emphasis is not on pathology or diagnosis but on a healthy approach that prioritizes factors promoting health and well-being. It explores the resources that help individuals cope with adversities. This broad psychosocial perspective considers the social, psychological, and political context of our interventions. This context includes recognizing people's need to acknowledge their personal and collective capabilities and potential in the face of adversity and injustice. Furthermore, it emphasizes the importance of treating them as equals—individuals with whom we share and learn—rather than as patients awaiting a cure.

This approach contrasts significantly with traditional ways of conceptualizing work with migrants and the development of art therapy projects. It also necessitates constant reflection on our positioning as art therapists.

4.1 Psychological First Aid

In the host country, the majority of FDPs are no longer exposed to what is typically considered a real threat to their physical or emotional integrity, as they may have been in their country of origin (particularly in cases of asylum seekers) or during their migratory journey. However, they face a psychological threat related to the anticipation of difficulties in starting in a new country. This includes administrative barriers, the search for housing and employment, and dealing with the consequences of violent experiences or hostility towards immigrants. For this reason, it is necessary to apply some of the principles of psychological first aid, as basic psychological and social needs are not fully met. This approach will help prevent the chronicity of symptoms related to experiences that have threatened the safety and integrity of individuals. Additionally, it may allow people to focus on the here and now of their situation.

Psychological first aid approaches focus on a restorative aspect after or during experiences of stress by relieving the impact of the situation, promoting self- and community efficacy, and helping people and communities to find resources within the principles of safety, dignity, and human rights (IFRC, 2018). To develop this approach, it is necessary to provide a safe and calm mindset or space, always monitoring what it means for the person to feel safe and calm—physically, psychologically, and culturally.

People need to feel safe enough to stay in the room, attend regularly, connect with others, and express difficulties, while also feeling that they can imagine possibilities and alternatives to their situation (finding internal and external resources) (Akthar & Lowell, 2018).

Feeling safe and calm will be the first step in the intervention. This approach aligns with a trauma-informed approach by working within the “window of tolerance” of the person and their cultural identity (Usiskin & Lloyd, 2020). In Western psychology, this concept has been defined in a way that focuses heavily on the neurophysiological aspects of the “optimal level” of tolerance regarding hyperactivation and hypoactivation of the neural system, meaning neither exceptionally anxious nor detached (Van Der Kolk, 2015).

In addition to the elements related to promoting safety and calm, psychological first-aid intervention is complemented by fostering a sense of connection, self-efficacy, community efficacy, and hope (Hobfoll et al., 2007).

4.2 Migratory Grief

Migratory grief is experienced by any person who migrates regardless of their circumstances. It represents a situation of multiple changes, physical and symbolic losses, and potential gains or growth. Its elaboration is not linear, it depends on the balance between losses and profits of the migration process, vulnerability factors, stressors, and the person's coping styles. Vulnerability factors (“the person's backpack”) are any economic, social, physical, or psychological limitations, and stressors refer to any at-risk situation the migrant may encounter that limits their optimal well-being. Achotegui (2010) defines migratory grief into seven subtypes: mourning for family and loved ones, language, culture, land, social status, group membership, and risks for their integrity.

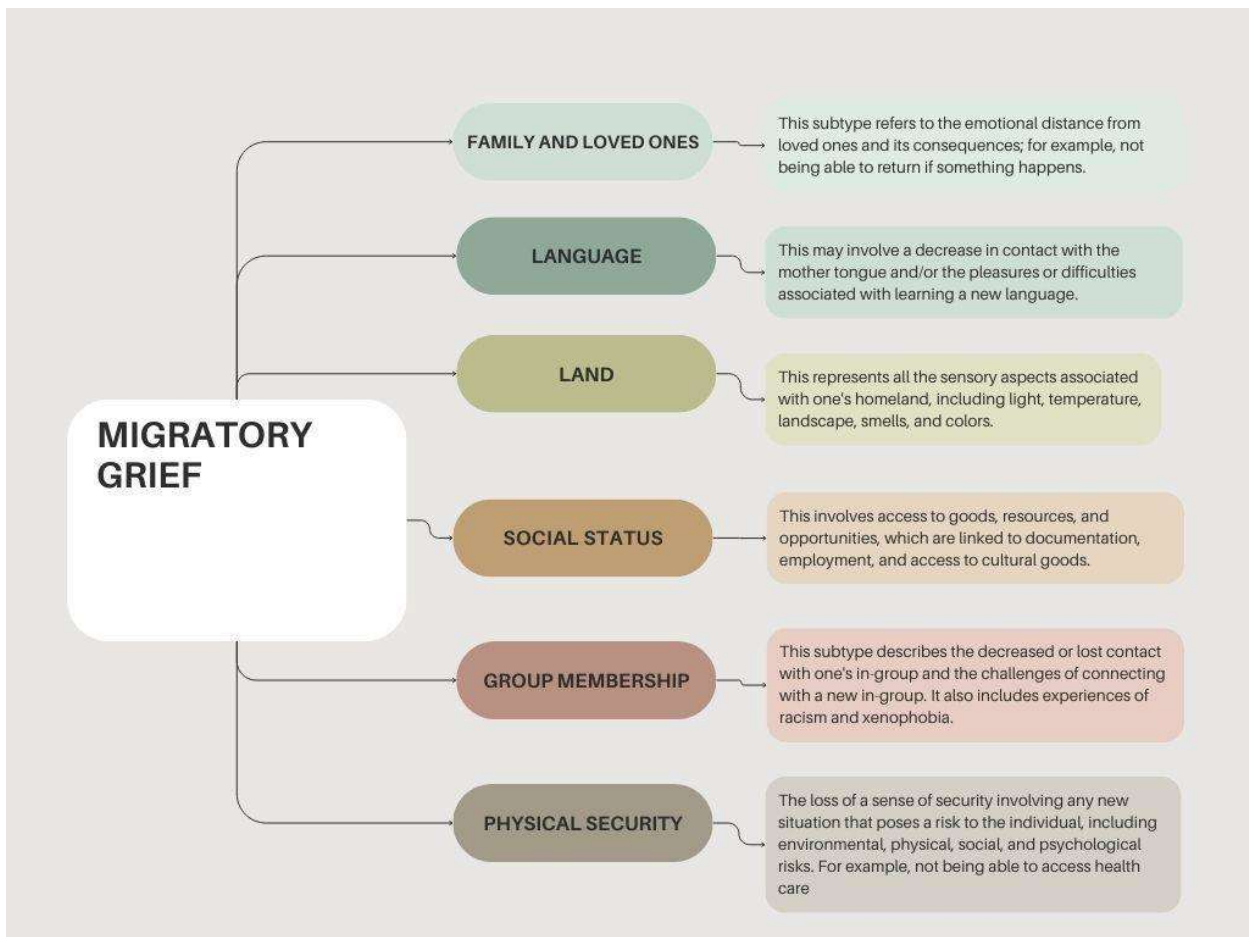


Fig. 2 - The 7 subtypes of migratory grief²

Migratory grief in terms of the family and loved ones, is directly related to our attachment experience and the migratory grief of the risks to integrity is related to the sense of security and predictability. Both the attachment system and the sense of security and predictability are part of the fulfilment and well-being of a person and a community. Furthermore, these mourning situations could precede possible complications in the elaboration of migratory grief. Complicated grief can be confused with any psychological pathology such as trauma, depression, and anxiety.

The vast majority of recently arrived migrants do not present criteria for trauma; instead, all people share migratory grief (Zanolla, 2021); acute stress reactions are adaptive because they are normal in exceptional situations, and they may decrease over time depending on the external circumstances. They may feel them again in situations of prolonged stress. This does not exclude that there may be people who present severe suffering consistent with the attacks experienced or people with trauma criteria. The important thing is not to confuse impactful and potentially traumatic experiences in current migration contexts with trauma (Papadopoulos, 2005; Rodriguez, 2021).

² Figure created based on Achotegui, 2010

4.3 The Importance of Transculturality

The transcultural approach is based on a broad, dynamic, and adaptive definition of culture (Pérez-Sales, 2004). In art therapy, the application of transculturality gives special importance to the dialogue and relationships that attempt to reduce the hierarchies that give greater value to some forms of expression than to others (Kapitan, 2015). Each person or group has their own worldviews, of what it means to be sick and what is normative, of the expression of discomfort as well as what is helpful or when to look for help. These worldviews are not static, they may be dynamic and depend on the person's experiences and context.

A transcultural vision does not position psychological or art therapy intervention as the only possible intervention. "Each culture" has their way of dealing with adversity and they are equally valid as those derived from "westernised psychology" (Pau-Perez, Kapitan).

To facilitate a transcultural positioning, or a multidimensional worldview lens (Jackson & Tervalon 2020), any proposal or intervention should be presented as an invitation, allowing and promoting an open discussion about any other ways of understanding the art therapy proposal. These other ways of knowing, thinking, and feeling will be welcome and integrated into the sessions.

In a multicultural context, cultural competency is highly recommended, such as being aware of your own bias and assumptions (AATA, 2011), and it is not a substitute for treating people with mutuality, interest, and equal respect for their idiosyncrasy or worldviews.

4.4 Resilience

Resilience is a pillar of the intervention given that we start from the premise that human beings have their own, social and cultural resources to face adversity through supportive relationships and environments (Ungar, 2012). We focus not only on the aspects of each person for "navigating torrents" but on the facilitating environments for the development of skills and abilities to cope with demanding and difficult situations (Cyrulnik, 2013). This means that when thinking and talking about resilience, we will consider the broader contexts of the person and how certain contexts make it very difficult for people to be resilient. In addition, an environment is promoted in which the person can identify, remember, and reconnect with all the personal and collective resources they have (Kalmanowitz, 2016).

The art therapy room should be protected from interruptions, judgement, and elements of unpredictability and promote an environment of kindness, respect, and curiosity about oneself and others' worldviews. Paying attention to the setting of the sessions so that it provides a safe space for emotional self-regulation, an environment for development, recognition, and acknowledgment of one's own individual or group capabilities.

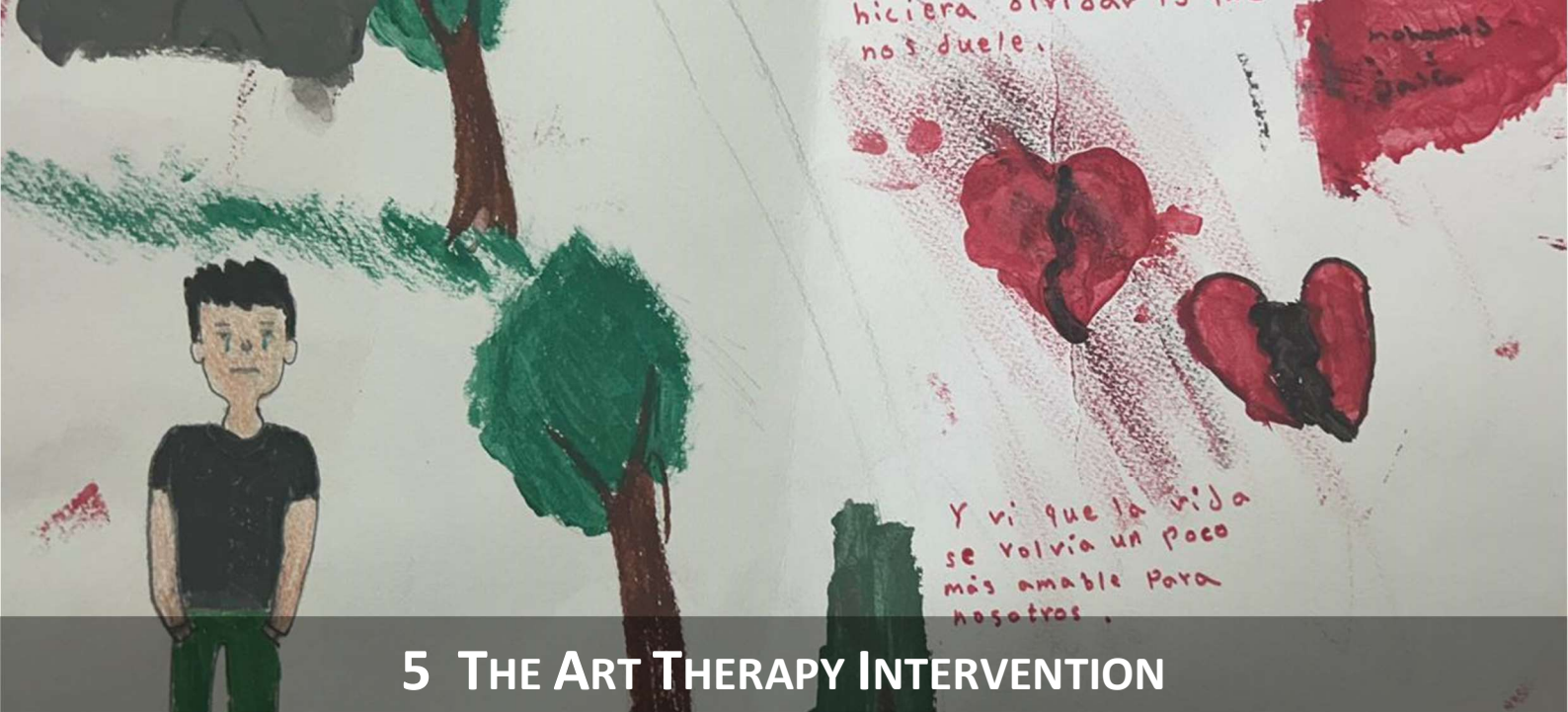
From a Western approach, and with a facilitator context, a neuropsychosocial approach is used to provide the context for the development of resilience. The basis of the intervention is to facilitate a safe environment through contact with the kinaesthetic and sensory properties of the art materials (Dieterich-Hartwel & Koch, 2017) in the context of the group as people who represent a community to “calm the body”. This intervention links with the psychological first-aid approach. The second step will be to promote the regulation where elements of the perceptual thinking and affective interactions may take place, for example, people may identify how they feel, what they need or they may feel an interest in social engagement. After these two first steps, the person may have the opportunity to initiate the process of symbolisation of experience as representing significant experiences, giving way to words, engaging with the group, and finding ways of managing or accessing external resources and “transforming aspects of adversity” (Hart et al., 2016, p. 3).

When working with a resilience approach, coping skills or connecting with your own and community resources are associated with the result of the work in terms of working firstly with safety and regulation allowing the expression of distress, emotions, or perceptions (Montoya De La Cruz et al., 2021; Pirotte et al., 2025).

From a transcultural approach, some of these “steps” will interact and apply differently depending on the cultural background and context of the person. There's a tendency from some cultures to verbally express their difficult experiences while other cultures don't feel the need to talk about “the past” or don't express their distress to people outside of their community. An environment of resilience in a cross-cultural context will be interested in any form of coping and expression needs (if needed), not giving more credibility than any. An invitation to a dialogue between different ways will be part of the session. If there's any language barrier, our body language and art therapy setting can also be used to communicate this transcultural approach.

Migratory grief can paradoxically contribute to resilience, as FDPs adapt and rebuild within new cultural and social frameworks. Over time, successfully navigating migratory grief through individual and collective resilient coping can deepen one's emotional strength and adaptability. These processes help transform adversity into growth by allowing individuals to reframe their losses within the context of new opportunities and connections.

Ultimately, resilience in the face of migratory grief is nurtured through environments that promote safety, foster social engagement, and facilitate a wide range of expression. This support can allow FDPs to process migratory grief in their own time and ways, empowering them to access personal and community resources, connect with others, and gradually transform their experiences of grief into a source of strength and renewed identity.



5 THE ART THERAPY INTERVENTION

5.1 Group Composition

Group composition, particularly when working with forcibly displaced populations, requires careful consideration of factors such as age, gender, and cultural background. These elements play a fundamental role in shaping the dynamics and therapeutic potential of the group. Matching group members by developmental stage or age can help facilitate peer connections, as participants may be more likely to relate to one another's experiences and perspectives. Age alignment is particularly important in cross-cultural contexts where generational differences may influence not only artistic expression but also interpersonal communication styles and emotional vulnerability.

Similarly, gender composition should be carefully considered to create a safe, respectful, and supportive environment. In many cultural contexts, gender norms and power dynamics can influence participation, with some individuals feeling comfortable sharing personal experiences depending on the gender makeup of the group. For instance, mixed-gender groups may be challenging for participants from more conservative cultural backgrounds, where discussing certain topics or expressing emotions freely might be constrained by societal expectations. However, it is also important to note that mixed-gender groups can foster valuable opportunities for mutual understanding and growth. When handled with sensitivity and care, mixed groups can encourage participants to challenge preconceived notions and stereotypes, allowing for more enriched interpersonal exchanges and an enhanced sense of collective resilience.

Ultimately, the art therapist must work with the partner organisation and remain flexible, adapting the group structure to the specific needs and cultural backgrounds of the participants, while promoting an environment where all members feel comfortable to express themselves freely.

5.2 The Session Plan

The intervention is designed for the art therapist to introduce participants to the therapeutic space, build trust, and lay the foundation for deeper exploration during the intervention. This structured approach ensures a balance between individual expression and group cohesion, while prioritising the creation of a safe and supportive environment.

The intervention acknowledges that creating a safe place takes time, especially with individuals who have experienced forced displacement. This is a gradual process that nurtures resilience. A safe space allows individuals to reconnect with their internal and external resources, enabling them to respond to future challenges with greater confidence. In the context of art therapy, creating such an environment involves offering a consistent, non-judgmental, and transculturally responsive space where participants feel comfortable expressing themselves. As this sense of safety grows, participants can better access their resilient capacities, steadily building their ability to cope, adapt, and thrive.

The intervention is designed in 3 phases:

- *Phase 1:* The first 3 sessions focus on establishing a foundation of trust and security within the group and introduce the concept of art therapy. This initial phase focuses on grounding participants and helping them feel comfortable within the group.
- *Phase 2:* Sessions 4, 5 and 6 focus on supporting individuals in their understanding of themselves, offer a space of emotion regulation and deepen participants' awareness of their internal strengths and resources. This phase focuses on resilience-building through creative expression and celebrating important relationships and cultural connections.
- *Phase 3:* Sessions 7 and 8 focus on integration of participants' past and present experiences while fostering hope and envisioning a positive future. Session 9 allows participants to reflect on their journey.

5.3 Session Structure

As you will see, each session follows the same structure in 4 steps and is intentionally devised to build connections, foster self-awareness and promote resilience. Below is the general framework that will be used to guide each session, with a focus on the flow of it, and the therapeutic value of each part.

It's important that at the start of each session, the art therapist briefly explains the purpose and value of the day's activities. This might include introducing the concept of "safe spaces" or the importance of relaxation and creativity in processing emotions. Offering psychoeducation empowers participants by helping them understand why these activities are helpful and how they relate to resilience-building. Psychoeducation also normalises emotional experiences, reduces stigma, and provides tools for them to use outside of the sessions.

5.3.1 *Step 1 - Introduction: Check-in and Grounding Activity*

Each session begins with a pulse check of the group and establishing a calm, grounded presence before the AT invitation and diving into the creative process.

The pulse check or 'temperature check' of the group is a brief check-in, where participants can share how they are feeling. The AT invites participants to use a word, gesture, sound or a combination of these. This part of the introduction is essential for assessing the mood, energy, attitudes, general understanding and needs of the participants on that day. It gives the art therapist a sense of the emotional climate of the group and allows individuals to express themselves without the pressure of detailed verbal disclosure.

A grounding activity follows the check-in, and participants are invited to engage in a guided relaxation, visualisation and/or breathing exercise that helps them transition from their daily lives into the therapeutic space. These techniques focus on creating a mental "safe space» and promote emotional regulation and mindfulness.

Often engaging in a simple group activity, such as repeating a movement or sound introduced by each participant, fosters connection and breaks the ice. These exercises encourage participants to be present with one another, building trust and shared experiences in a non-verbal way. Forcibly displaced people may come from various cultural and linguistic backgrounds, and group activities help establish a sense of unity across diversity.

5.3.2 *Step 2 - Art Therapist Invitation/Theme of the Session*

As previously mentioned, each session is carefully structured with a thematic invitation to guide participants through a therapeutic arc aimed at increasing self-awareness and recognising personal and collective resources for resilience. These themes help participants explore their emotions, identities, and strengths, offering a framework that nurtures both individual and group resilience. By focusing on themes such as personal identity, safety, and inner strengths, the sessions progressively build participants' capacities to remember, recognise and harness their resources for coping with challenges. The carefully curated progression of themes allows participants to not only discover their own strengths but also to appreciate the power of collective support in building resilience.

The thematic invitation is a gentle prompt that introduces the central focus of the day's creative work. The invitation helps frame the creative task while also allowing room for personal exploration and flexibility.

For example:

"Who am I, and what makes me, me?" (Identity and culture)

"What is my safe place?" (Safety and security)

"What are my strengths?" (Resilience and self-esteem)

In a transcultural art therapy approach, thematic invitations are open-ended, offering participants the freedom to interpret prompts in ways that resonate with their personal experiences and cultural backgrounds. This flexibility ensures that the sessions are not prescriptive but rather empower participants to engage with the creative process in ways that are meaningful to them. The open-ended nature of these invitations respects cultural diversity and individual differences, encouraging personal exploration without imposing rigid expectations. Furthermore, by offering participants the flexibility to adapt the themes to their own contexts, the sessions foster cultural sensitivity and inclusivity.

Additionally, the introduction of new materials in each session fosters creativity and curiosity, offering participants opportunities for experimentation without fear of judgement. The act of exploring different artistic media not only enhances self-expression but also contributes to participants' sense of mastery and agency, which are important components in building resilience. This approach supports the transcultural framework of this intervention, as individuals from different backgrounds may have varying levels of familiarity with certain materials, and the rotation of tools and materials encourages inclusivity by giving everyone a chance to find a medium that feels safe and meaningful to them. Furthermore, using different materials can also support sensory regulation and self-soothing. The variety of textures, colours, and forms that different materials provide can serve as a "grounding mechanism," helping participants reconnect with their bodies and the present moment.

5.3.3 *Step 3 - Art-Making Time*

This is the heart of the session, where participants are invited to engage with a variety of art materials to express their thoughts, emotions, and experiences around the invitation. It is essential to remind participants that no prior artistic skills are needed as the focus is on the process, not the product.

In this part of the session, it's important to provide structure while maintaining flexibility. Throughout this part of the session, participants will be notified of time to help pace their work. For instance, you might say, "We have 10 minutes left to finish our creations," to provide a sense of time while allowing participants to work at their own pace. This helps those who may be anxious about time management or feel overwhelmed by the open-ended nature of creativity. Creating within a set time frame encourages mindfulness by helping participants focus on the present moment, promoting a sense of flow and immersion in the creative process. This structured time allows individuals to engage deeply with their artwork, and to stay grounded and present, fostering relaxation and reducing anxiety.

The balance between giving enough time for creative expression and leaving space for group sharing is crucial. Time management in art therapy sessions ensures that participants can meaningfully engage with their art while also benefiting from collective reflection and dialogue.

Providing a clear timeframe creates a container for the creative process, supporting both individual introspection and group connection.

5.3.4 Step 4 - Group Sharing Time

Following the art-making time, the group comes together to share their work in a circle. This arrangement is intentional, as it symbolises equality and openness, creating a sense of communal belonging that encourages participants to feel safe and supported. Initially, participants are invited to place their artwork in front of them and spend a few minutes silently contemplating each other's work without offering any verbal comments or appreciations. This moment of quiet reflection provides an opportunity for individuals to be seen and acknowledged without the pressure of immediate feedback or interpretation. This act of silent observation fosters validation and allows each participant to exist in a non-judgmental space, which allows building resilience in a therapeutic setting.

Following the silent sharing, participants are invited to verbally reflect and voice their thoughts or insights about the art-making process and their creations. Sharing after creative expression can strengthen group dynamics by allowing individuals to witness each other's personal experiences, but it's important to establish some guidelines for sharing as this sets the tone for a supportive, non-hierarchical exchange.

Participants are invited to share as much or as little as they feel comfortable with. Some may explain the symbolism or meaning in their artwork, while others may choose to express how the creative process made them feel. Sharing without any right or wrong way is critical in maintaining an open, inclusive atmosphere. Listening to others share their art and experiences fosters a sense of connection reminding participants that their emotional journeys, while personal, are not isolating or unique.





Emphasising a non-judgmental space during sharing is a key factor in sustaining emotional safety and group support. Participants are encouraged to respond with empathy and encouragement, refraining from interpreting or evaluating each other's artwork. This respectful environment allows participants to feel heard without the fear of criticism or misunderstanding, thereby building trust within the group. The art therapist can guide the discussion by asking reflective questions, but it is important that participants remain in control of their narratives. The therapist's role is to facilitate dialogue, not direct it, ensuring that the focus remains on the participants' own interpretations and experiences.

Each session concludes with a brief closure activity, similar to the word check-in at the beginning of the session. This helps participants gain insight into how they arrived and how they end the session and encourages a smooth transition out of the therapy space and into the rest of their day.





The art therapist can choose to play music in the background during the session, selecting a playlist that supports the intention of the session.

5.4 The Sessions in Details





5.4.1 Session 1: Introduction to Art Therapy and Identity

	<p>INTRODUCTION Welcome participants, introduce the role of art therapy, and establish ground rules for respect, confidentiality, care, and the importance of a safe space. Set the tone by explaining the purpose of the sessions: The following is a simple way to explain what art therapy is to participants: “Art therapy provides a space for creativity and relaxation, leading to emotional expression, self-knowledge, and well-being. In these sessions, we will experiment with various artistic materials, and no drawing or painting skills are necessary—the focus is on the process, not the outcome.” Begin with a group exercise: Each participant says their name along with a movement, and the group repeats it. This creates initial bonds, encourages participation, and supports embodied expression.</p>
	<p>AT INVITATION Create a symbol or image that represents your identity. Reflect on open-ended questions such as: Who am I? Where do I come from? What makes me unique? What would I like to share with the group?</p>
	<p>OBJECTIVES To connect with resilient aspects of identity, including culture, religion, and country of origin, fostering a sense of pride and acknowledgment of personal history and experience.</p>
	<p>MATERIALS A3 cardboard, coloured pencils, markers, crayons, pastels</p>





5.4.2 Session 2: Creating a Safe Space

	<p>INTRODUCTION Guide the group through a visualisation exercise to help participants imagine their personal safe place. Ask them to think about details like: Where is this place located? What colours or textures do they see? Is it indoors or outdoors? Are they alone or is anyone with them? The visualisation serves as a grounding technique to connect participants to a sense of calm and safety.</p>
	<p>AT INVITATION Using the materials provided, create a representation of your safe place – a physical space in your mind that you can return to in moments of stress or discomfort.</p>
	<p>OBJECTIVES To help participants create a psychological and physical safe space within the group, and to establish an internal refuge they can return to when needed. This exercise strengthens self-regulation and enhances feelings of security.</p>
	<p>MATERIALS Plasticine, coloured pencils, markers, crayons, and pastels.</p>



5.4.3 Session 3: We Are Connected - Exploring Group Identity through Collective Art-making



	<p>INTRODUCTION Introduce the concept of group interconnection. Use a group activity where participants create sounds and movements that represent themselves, and the group repeats them. Build this exercise into a rhythm, symbolising how individual differences create a harmonious group system.</p>
	<p>AT INVITATION Collaborate to create a group mandala or collective image. Each person contributes to the overall design, emphasising how individual input is crucial to the group's identity.</p>
	<p>OBJECTIVES To build group cohesion, trust, and security by enabling collective art experiences. This session fosters a sense of belonging, encourages participants to see themselves as part of a supportive network, and promotes the development of collective coping strategies.</p>
	<p>MATERIALS Large rolls of paper, paint, coloured pencils, markers, crayons, pastels.</p>

5.4.4 Session 4: My Emotions - Body Mapping of Emotions





	<p>INTRODUCTION Lead a guided body scan and relaxation exercise to help participants connect with where they hold emotions in their bodies. This grounding exercise helps participants tune into their physical and emotional states.</p>
	<p>AT INVITATION Working in pairs, cut out large life size sheets of paper from a roll of paper, and with a black marker, help each other draw the outline of their body's profile. Then, individually, participants fill in the body map by identifying where specific emotions reside – using colours, symbols, words and/or imagery, sensorial and textured material to represent different emotions or experiences.</p>
	<p>OBJECTIVES To increase awareness of the body-mind connection, offer a self-regulation strategy through somatic awareness, and engage in psychoeducation about how emotions are embodied. The session also supports contact with internal resources.</p>
	<p>MATERIALS Large paper roll, scissors, paper, paint, markers, crayons.</p>

5.4.5 Session 5: My Strengths - Recognising Strengths





	<p>INTRODUCTION Start with a guided visualisation that invites participants to reflect on their strengths and resources. This might include personal qualities, relationships, or experiences that have helped them overcome adversity.</p>
	<p>AT INVITATION Using clay, create a representation of your inner strengths – what makes you resilient? What aspects of yourself have helped you endure challenges?</p>

	<p>OBJECTIVES To help participants recognise and highlight their personal strengths, increase self-confidence, and reinforce their internal resources. This session promotes self-esteem and helps participants connect with resilient aspects of their identity.</p>
	<p>MATERIALS Clay, modelling tools.</p>





5.4.6 Session 6: My Pillars - Honouring Important People and Connections

	<p>INTRODUCTION Begin with a relaxation and visualisation exercise focusing on the significant people or aspects of the participants' lives – those who have provided support, care, or inspiration.</p>
	<p>AT INVITATION Create an image that pays tribute to the important people or things in your life. This could represent loved ones, cherished memories, or aspects of your culture and heritage that continue to provide comfort and strength.</p>
	<p>OBJECTIVES To highlight participants' internal and external support networks, provide space for reconnection with loved ones, and honour absences or losses. This session also encourages the development of collective coping strategies by acknowledging shared human connections.</p>
	<p>MATERIALS Coloured pencils, markers, crayons, pastels, plasticine.</p>

5.4.7 Session 7: I am my Territory - Mapping Cultural Identity and Transitions

	<p>INTRODUCTION Guide participants through a visualisation that helps them to reflect on their country of origin and their current place of residence. Encourage them to think about the cultural, emotional, and physical aspects of both places.</p>
	<p>AT INVITATION Create a map (real or imaginary) that reflects aspects of both the country of origin and the new place of residence. Invite participants to join the maps together to create a new collective territory that symbolises the group's shared experience of displacement and belonging.</p>
	<p>OBJECTIVES To support participants in exploring and reformulating their identity by connecting with both their cultural roots and their present environment. This session emphasises that cultural identity is an ongoing process, and participants can integrate aspects of both their past and present selves.</p>
	<p>MATERIALS A3 cardboard, coloured paper, magazines, colour pencils, markers, crayons, pastels.</p>

5.4.8 Session 8: My Amulet / I Have Wings - Reflecting on the Journey and Projecting into the Future

	INTRODUCTION Start with a guided relaxation that encourages participants to reflect on what they have learned throughout the sessions – about themselves, their strengths, and their connections to others.
	AT INVITATION Create an object or a set of wings that represent the positive aspects learned during the sessions. This could symbolise personal growth, new strengths, or resources that will help participants navigate future challenges.
	OBJECTIVES To transform emotions into tangible representations of empowerment, reflect on the therapeutic journey, and promote future resilience. This session reinforces confidence and self-esteem, offering participants an opportunity to project themselves into the future with a sense of agency and hope.
	MATERIALS Offer all available materials (paint, clay, pencils, crayons, etc.).

5.5 Art Therapist's Positioning

When working with forcibly displaced individuals – refugees and asylum seekers – the role of the art therapist extends far beyond facilitating creative expression. It requires a deeply mindful and adaptive stance that recognises the complex, diverse backgrounds and experiences of the participants. The art therapist must embody an attitude of openness, flexibility, and trust, while embracing a transcultural approach that is sensitive to the specific cultural and emotional needs of each participant.

5.5.1 Transcultural Adaptation

A transcultural attitude involves the therapist being aware that the participants come from a multitude of cultural, religious, and social backgrounds. This approach promotes inclusivity and empathy, while resisting the tendency to apply a single cultural lens to everyone. Instead, the therapist must seek to understand and appreciate the unique experiences and perspectives of each individual.

Key aspects of transcultural adaptation include:

- *Develop a Cultural Awareness:* As art therapists, we need to continuously educate ourselves on the cultures, traditions, and social norms of the people we work with. This allows us to create a space that is culturally sensitive and respectful, which is needed when working with displaced populations who may have experienced difficulties related to their cultural identity.
- *Value Diverse Points of View:* The art therapist must cultivate an appreciation for different worldviews, recognising that there are multiple ways of understanding and expressing life experiences. By validating these perspectives, we foster a sense of belonging and respect within the group.

- *Avoid the Imposition of Our Own Values:* We have to be aware of our own cultural conditioning and bias, and avoid unconsciously imposing our values, beliefs, or ways of thinking on the participants. The goal is to create an open, non-judgmental space where participants feel free to express themselves authentically.
- *Resist Stereotypes:* Preconceived notions about certain cultures or backgrounds can unconsciously affect our interactions with participants. The therapist must remain mindful of avoiding generalisations or stereotypes, and instead engage with each individual's personal story and experience.
- *Learn Everything We Can and Be Curious:* In a transcultural context, curiosity is an asset. Asking respectful questions, engaging with participants' narratives, lives, stories and creative expressions enriches the therapeutic process and strengthens trust.
- *Listen:* Active listening is fundamental – not just to the verbal communication, but to the non-verbal cues, metaphors, and symbols in participants' artwork. This openness enhances the therapeutic alliance and helps the therapist connect with their internal world.
- *Accept Our Own Naivety:* It is okay not to know everything about a participant's culture or experiences. Rather than pretending to understand, a transcultural therapist acknowledges their own limitations and remains open to learning from the participants themselves. This humility fosters a collaborative and reciprocal relationship.

5.5.2 *Adapting to Circumstances and Flexibility*

In addition to transcultural sensitivity, the art therapist must be psychologically flexible. Working with refugees and asylum seekers often involves unpredictable circumstances and a range of emotional states, so the ability to adapt moment-by-moment is key.

Key aspects of adapting to circumstances and flexibility include:

- *Psychological Flexibility:* It refers to the capacity to adjust one's thinking and behaviour in response to the changing demands of the situation. As Steven Hayes (2019), developer of Acceptance and Commitment Therapy (ACT), puts it: "The ability to adapt to changing life situations and to respond effectively to challenges and problems that arise along the way" is a superpower for resilience. In an art therapy setting, flexibility might look like adapting the session plan to meet the immediate emotional needs of the group, being open to shifting goals based on the participants' responses or changing materials to better suit the current mood or cultural context.
- *The Power of Water:* Lao Tzu's famous quote, "Nothing is softer or more flexible than water, yet nothing can resist it," perfectly embodies the therapist's approach. Like water, flexibility in the therapeutic process allows us to flow around obstacles, adapt to the current situation, and remain present and responsive without forcing a specific outcome.
- *Reacting Without Being Reactionary:* While being adaptable, the therapist also strives to remain grounded and avoid overreacting to challenging situations. It's about being

attuned to the emotional atmosphere, responding with empathy and creativity, but without losing sight of the overall therapeutic goals.

- *Maintaining Structure Amid Flexibility*: Flexibility does not mean the absence of structure. On the contrary, the therapist provides a stable, predictable framework (the safe space, consistent session structure, clear objectives), while also remaining flexible to the needs of the participants. This balance between structure and adaptability promotes a sense of safety and trust, which is especially important for individuals who have experienced instability and displacement.

5.5.3 Trust and Connection

At the heart of both transcultural adaptation and psychological flexibility lies trust. Trust is the foundation of the therapeutic relationship, especially in a group setting where participants may have varying degrees of openness due to their experiences of displacement, and migratory grief.

The art therapist must actively work to build and maintain trust by:

- *Creating a Safe Space*: From the moment participants step into the therapy space, they must feel that it is safe—emotionally, physically, and culturally. A safe space is built on the therapist's unconditional positive regard, non-judgment, and respect for each participant's unique journey.
- *Trusting the Process*: The art therapeutic journey is inherently process-oriented. Therefore, the art therapist must trust in the power of creativity and the therapeutic process, knowing that healing happens over time, often in non-linear ways. By trusting in the process, the art therapist creates room for exploration, trial and error, and emotional breakthroughs.
- *Building Authentic Relationships*: Trust is also built through consistent, authentic interactions. The art therapist's ability to remain present, to listen actively, and to show empathy is vital to establishing genuine connections with participants. Being open to their emotional needs and adapting to their cultural context demonstrates respect, which in turn fosters deeper trust.

5.6 Evaluation by Participants using the Reflect Interview (RI) and Audio Image Recording (AIR)

As mentioned earlier, session 9 allows participants to reflect on their journey while providing feedback on the intervention. The Reflect Interview using Audio-Image Recording is an innovative tool for assessing and evaluating the impact of art therapy sessions, especially when working with displaced communities. Developed by art therapists Neil Springham and Julie Brooker in 2013, it incorporates both art and narrative to deepen participants' reflection on their therapeutic journey. This semi-structured interview helps capture the changes experienced by participants and the mechanisms that contributed to these transformations

during the sessions. This evaluation is important for both clinical and research purposes (Springham & Brooker, 2013).

5.6.1 *Key Features of the Reflect Interview Using Audio-Image Recording:*

- *Participant-Led Selection:* The interview takes place at the end of the art therapy process in an extra session. Participants are asked to select two significant works they created during their sessions. These artworks are used as focal points to discuss their experiences and growth.
- *Open-Ended Questions:* By avoiding yes-or-no answers or leading questions, they allow participants to express their thoughts, emotions, and personal insights in a flexible and meaningful way. This approach promotes deeper self-reflection and enhances the authenticity of their account.
- *Audio-Image Format (AIR):* This format uniquely combines a still image of the artwork with an audio recording of the participant reflecting on their art. The absence of video creates a focus on the spoken narrative, allowing for deeper engagement with the participant's words and the visual representation. This technique fosters anonymity and creates a safe space for freer expression without the pressure of being seen.
- *Simplicity of still images:* By presenting a still image, the AIR requires the viewer to listen to the discussion and move their eyes over the image in the same way as the participants did when making the recording. This combined with audio can often make the reflection process feel more personal and intimate for both the participant and the therapist.

5.6.2 *Key Advantages of the Reflect Interview Using Audio-Image Recording:*

- *Part of the therapeutic process:* By encouraging participants to select and reflect on significant works from their sessions, this method provides an opportunity to articulate personal growth, acknowledge changes in self-perception, and recognise the therapeutic value of the creative process.
- *Benefits in Group Settings:* The Reflect Interview encourages participants to share their unique experiences together, fostering mutual support and understanding, as well as offering further validation of each individual's journey.
- *Evaluation tool:* Allows the art therapist to gain insights into the individual's personal journey while also gathering valuable data on the effectiveness of the intervention. The interview can help highlight key therapeutic moments, identify coping strategies developed by participants, and provide a reflective space that honours both the individual and collective experience.

5.6.3 *The Questions:*

1. Choose two works that are significant to you and tell me about them. What was it like doing this work in Art Therapy?
2. How have the workshops helped you?

3. What have you learned about yourself?
4. Is there a difference between how you feel now and how you felt when the sessions started? If there is, what is it?
5. What was it like working with art in a group?
6. What were the things that were most useful to you in the workshops?
7. What would you like to convey to other people about the workshops?



6 CHALLENGES AND SPECIAL CONSIDERATIONS

Working with forcibly displaced people, such as refugees and asylum seekers, presents a unique set of challenges for art therapists. The intersection of forced displacement, migratory grief, cultural diversity, legal uncertainty, and the precarious circumstances of migration requires careful planning, and ethical consideration to create a safe and effective therapeutic space. Below are some of the key challenges and special considerations to bear in mind.

6.1 Confidentiality

One of the most significant ethical challenges in working with refugees and asylum seekers is maintaining confidentiality. Many participants are fleeing extreme situations, such as persecution, human trafficking, sexual exploitation, or violence, and may still be at risk due to their legal status or connections to their country of origin. The migration route is often fraught with danger, as highlighted by the International Federation of Red Cross and Red Crescent Societies (IFRC, 2020), which recognises that people on the move face multiple risks, including labour exploitation, forced recruitment, and generalised violence.

For participants in this vulnerable situation, the assurance of confidentiality is critical for building trust and encouraging open participation. Art therapists must clearly explain the boundaries of confidentiality from the very beginning of the intervention, including:

- Ensuring that participants understand that what they share in the sessions remains within the group, except in cases where harm to self or others is disclosed.
- Many participants might be reluctant to share certain details of their past due to fear of retribution or mistrust of authorities. Art therapists should emphasise that they do not need to share any information they are uncomfortable with and that they are in control of what they share.
- Respecting the participants' need for anonymity. Use pseudonyms or aliases wherever possible, especially in correspondence with organisations.

- Being sensitive to the fact that some artwork or creative expression might reveal trauma or personal information. Handle these situations with care and ensure that participants feel emotionally safe. If in doubt, seek advice and supervision.

6.2 Attendance

Regular attendance contributes to the success of the therapeutic process. Consistent participation allows individuals to develop a strong support network, enhance self-knowledge, and work through difficulties more effectively. However, due to the precarious circumstances many refugees and asylum seekers face – such as legal appointments, housing issues, or work obligations – attendance can be unpredictable.

The benefits of regular attendance should be emphasised early in the process, and participants should understand that each session builds upon the last. Some key points to communicate include:

- *It Offers a Support Network:* Participating in every session helps to foster a community within the group, allowing individuals to build trust and relationships that can provide emotional and psychological support.
- *It Enhances Self-Knowledge:* Engaging with others in the group allows participants to see themselves from different perspectives, break dysfunctional beliefs, and learn from the experiences of others.
- *It Offers Multiple Sources of Motivation:* Regular attendance encourages participants to reflect on their own progress and motivates them to continue working toward self-improvement.
- *It Offers a Gradual Process of Healing:* Continuous participation allows participants to reveal vulnerabilities slowly, which is especially important for people with difficult histories. This gradual exposure creates a more sustainable and safe process of healing.
- *It Improves Social Skills:* Art therapy sessions offer opportunities to improve social skills in a safe and controlled environment, a key area of personal growth for those who may have been socially isolated or marginalised.

6.2.1 Tips for How to Encourage Attendance:

- *Regularity and Consistency:* Emphasise the importance of commitment and the therapeutic value of consistency.
- *Punctuality:* Always be on time and encourage participants also to arrive on time, as this shows respect for both your time, their time and the group's.
- *Framing:* Continually reinforce the importance of the sessions and how each one contributes to the overall process of healing and self-discovery.
- *Emphasise Benefits:* Remind participants of the tangible benefits of regular attendance, both in terms of individual growth and the collective progress of the group.

- *Create a WhatsApp Group:* Use group messaging (such as WhatsApp) to remind participants of upcoming sessions. This not only helps ensure they remember but also helps build a sense of community and commitment to the group process. Be mindful of boundaries around what the group is for, i.e. only for reminders and not for general comments.
- *Strengthen Group Progress:* Highlight how each participant's attendance impacts the entire group's dynamic and progress. Positively reinforce how well the group is doing and how this is as a result of participants' contributions and attendance.

6.3 Age Adaptation

When working with a diverse group, especially one that includes participants of various ages, adapting the session content and approach to fit the developmental stage and needs of each participant is important.

Different age groups will process emotions and engage with art therapy in different ways. Tailoring the language, activities, and expectations to match the participants' cognitive and emotional capacities ensures that the sessions are meaningful and accessible to everyone.

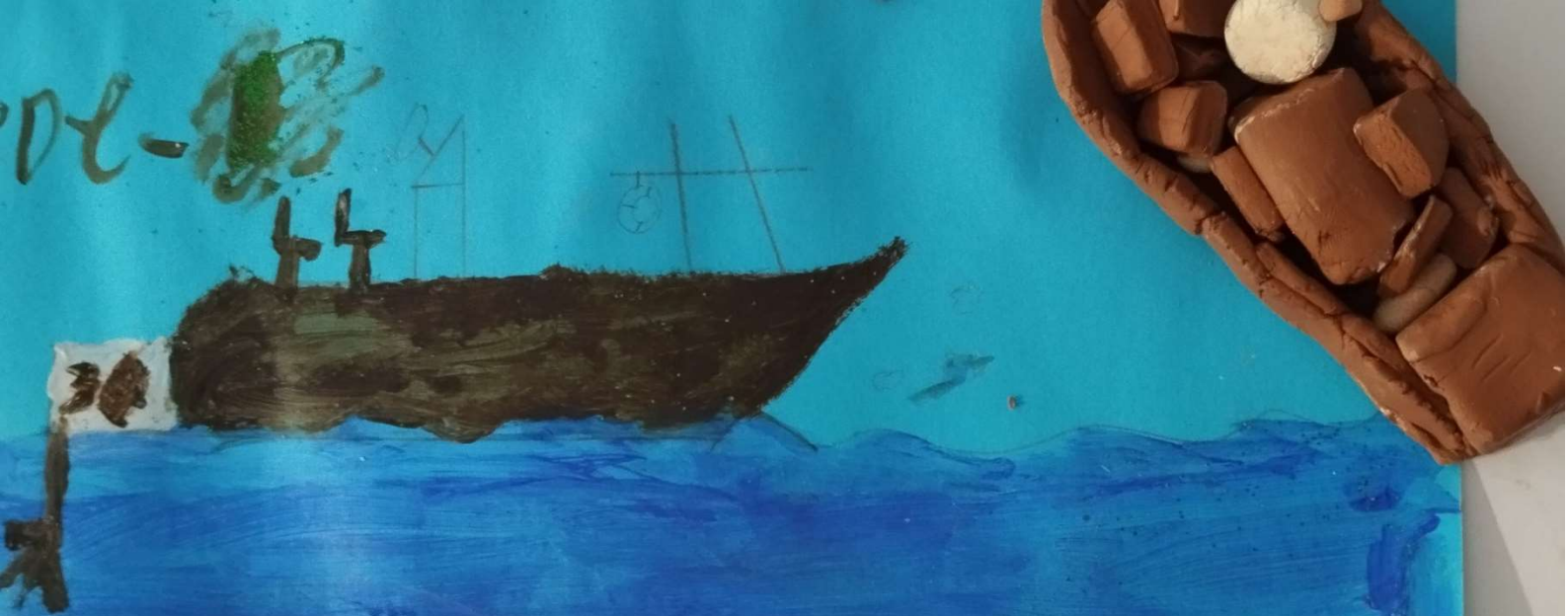
6.3.1 Key Strategies for Age Adaptation:

- *Present Invitations Appropriately:* The way an art therapist invites participants to engage with the creative process should be developmentally and culturally appropriate. Use clear, simple language for younger participants and a more reflective, analytical approach for older ones.
- *Differentiation:* Just as in education, differentiation in therapy means providing each participant with the level of challenge and support that meets their individual needs. Respect the learning pace of each participant, while fostering an inclusive and supportive environment that encourages the development of a solid therapeutic community.
- *Incorporate Play, Humour, and Familiar References:* Depending on the group's age, consider using games, music, humour, or familiar cultural references to engage participants. These can make the sessions feel more relaxed and accessible, while also fostering creativity.
- *Use Questions and Examples:* Adapt your questioning style to each age group. Younger participants may need more concrete questions (e.g., "How does this colour make you feel?"), while older participants may be ready for more abstract or reflective inquiries (e.g., "What does this image say about your inner world?").

6.3.2 Avoiding Prejudice and Assumptions

A key part of successful adaptation is avoiding prejudices and assumptions about participants based on their age, gender, culture, or social background. Trust that each participant will engage with the process in their own way and that each has their own unique path toward

healing. Avoid labelling participants or assuming that certain cultural or generational groups will behave or express themselves in particular ways.



7 SELF-REFLECTION AND SELF-CARE

Working with forcibly displaced populations, such as refugees and asylum seekers, presents profound challenges and opportunities for growth, both for participants and art therapists. While art therapy offers a space for healing and resilience-building, art therapists must also prioritise their own well-being. In the context of this work, self-reflection and self-care are not only essential for the therapist's personal health but also for maintaining professional efficacy, empathy, and ethical standards.

7.1 The Importance of Self-Reflection

Self-reflection is an ongoing process that helps art therapists examine their emotional responses, professional behaviour, and the impact of their work. Regular reflection allows art therapists to become more aware of their own biases, assumptions, and reactions. This is particularly important when working with individuals from different cultural and socio-political backgrounds, where unconscious biases may surface.

For art therapists, integrating creativity into self-care can be particularly restorative. Engaging in one's own creative practice can serve as a powerful outlet for emotional expression and self-soothing. This process allows art therapists to reconnect with the healing potential of art, reinforcing the therapeutic tools they offer to participants. Therefore, creative journaling and response art are very good forms of self-reflection, and whilst engaging in these practices, art therapists could ask themselves questions like:

- How did I feel after today's session?
- Did I respond to my client's needs, or did I let my assumptions guide my interventions?
- How are the stories I am hearing impacting me emotionally?

By engaging in self-reflection, art therapists can develop cultural humility, a necessary attitude for working within a transcultural context. This involves recognising the limits of one's knowledge about the cultural backgrounds of participants and maintaining an openness to

learning, as previously noted. As art therapists reflect on their experiences, they cultivate a deeper understanding of their own identity in relation to the diverse identities of the people they support.

According to Fook and Gardner (2007), reflective practice enables professionals to integrate theory and practice by making sense of complex and emotional work situations. For art therapists, this integration of self-awareness and professional competence is critical for effectively supporting participants.

7.2 Prioritising Self-Care

Self-care strategies are indispensable for art therapists working with displaced communities, as the emotional and psychological demands of this work can be overwhelming. Exposure to stories of violence, loss, and displacement increases the risk of secondary trauma, compassion fatigue, and burnout. Figley (2013) posits that compassion fatigue occurs when a caregiver is unable to adequately replenish their emotional reserves after repeatedly encountering the suffering of others, highlighting the need for intentional self-care practices. For art therapists to be effective in their work, maintaining their own emotional, mental, and physical health is crucial.

Engaging in regular self-care activities helps art therapists maintain psychological resilience, which is vital when working in high-stress environments. Strategies such as mindfulness, physical exercise, healthy boundaries, and reflective practices have been shown to reduce stress and improve well-being in caregiving professions. Norcross and Guy (2013) emphasise the importance of cultivating a self-care regime tailored to the individual's needs, including sufficient rest, peer support, and professional supervision. This not only enhances the art therapist's ability to remain present and empathetic in sessions but also ensures long-term sustainability in the profession.

Moreover, self-care enables therapists to model healthy coping strategies for the people they support, reinforcing the message that taking care of one's mental and emotional health is a fundamental part of resilience. As Germer, Siegel, and Fulton (2016) argue, practising mindfulness and self-compassion enables therapists to approach their work with greater clarity and emotional balance, which can be especially beneficial when working with displaced individuals who are navigating their own difficult emotions. Self-care is not an optional luxury, but a necessary aspect of ethical practice in therapeutic settings, particularly when working with vulnerable populations.

7.3 Supervision and Peer Support

Another fundamental form of self-care is seeking regular supervision and engaging in peer support. Supervision provides a structured environment in which art therapists can reflect on their cases, receive feedback, and explore difficult emotions that may arise in their work.

Hawkins and Shohet (2012) emphasise that regular supervision helps therapists navigate ethical dilemmas, cultural differences, and countertransference issues, ensuring that they provide culturally sensitive and effective care. Furthermore, it provides the opportunity for therapists to reflect on their biases and assumptions, fostering greater cultural humility and adaptability, which is particularly important in transcultural contexts.

Peer support also plays an important role in providing a network of shared understanding and mutual encouragement. For therapists working in isolation or high-stress environments, peer groups offer a space for debriefing, collective problem-solving, and sharing coping strategies, which are needed for maintaining resilience. As Carroll and Gilbert (2006) note, peer groups create a "non-hierarchical, reciprocal learning environment," which is beneficial for managing the emotional weight of the work and promoting self-care practices. Peer support systems can also mitigate the sense of isolation that therapists may experience when working with displaced communities, fostering a sense of belonging and collective responsibility.

In sum, both supervision and peer support are indispensable for sustaining the art therapist's emotional and psychological health, ensuring that they can continue providing high-quality, compassionate care to forcibly displaced individuals.



8 REFERENCES

Achotegui, J. (2010). *Intervención psicológica y psicosocial con inmigrantes, minorías y excluidos sociales: Los efectos de la discriminación, la desigualdad y la indefensión en la relación terapéutica*. Ediciones el Mundo de la Mente.

Agency for Healthcare Research & Quality (AHRQ). (2012). *Effective Health care programme. Child and adolescent exposure to trauma: Comparative effectiveness of interventions addressing trauma other than maltreatment or family violence*. Retrieved on 01-06-2022 from <https://effectivehealthcare.ahrq.gov/products/trauma-child-interventions/research>.

Akthar, Z., & Lovell, A. (2018). Art therapy with refugee children: a qualitative study explored through the lens of art therapists and their experiences. *International Journal of Art Therapy*, 24(3), 139-148. DOI: 10.1080/17454832.2018.1533571

American Art Therapy Association, AATA (2015). *Art Therapy Multicultural and Diversity Competencies*. Retrieved on 08/09/24 from <https://www.arttherapy.org/upload/Multicultural/Multicultural.Diversity%20Competencies.%20Revisions%202015.pdf>

Bonanno G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *The American psychologist*, 59(1), 20-28. <https://doi.org/10.1037/0003-066X.59.1.20>

Carroll, M., & Gilbert, M. C. (2006). *On Being a Supervisee: Creating Learning Partnerships*. Australia: PsychOz Publications.

Ciaramella, M., Monacelli, N., & Cocimano, L.C.E. (2022). Promotion of resilience in migrants: A systematic review of study and psychosocial intervention. *Journal of Immigrant and Minority Health*, 24,1328-1344. <https://doi.org/10.1007/s10903-021-01247-y>

Cyrulnik, B. (2013). *Los patitos feos. La Resiliencia: Una infancia infeliz no determina la vida*. Debolsillo.

Daniel-Calveras, A., Baldaquí, N., & Baeza, I. (2022). Mental health of unaccompanied refugee minors in Europe: A systematic review. *Child Abuse & Neglect*, 133, 105865. <https://doi.org/10.1016/j.chiabu.2022.105865>

Dieterich-Hartwel, R., & Koch, S.C. (2017). Creative Arts Therapies as Temporary Home for Refugees: Insights from Literature and Practice. *Behavioral Sciences*, 7(4), 69-80. DOI: 10.3390/bs7040069

Edwards, D. (2013). *Art Therapy*. United Kingdom: SAGE Publications.

Figley, C. R. (2013). *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized*. United Kingdom: Taylor & Francis.

Fook, J., Gardner, F. (2007). *Practising Critical Reflection: A Handbook*. United Kingdom: McGraw-Hill Education.

Fredrickson, B., Tugade, M., Waugh, C. & Larkin, G. (2003). What good are positive emotions in crises? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *Journal of Personality and Social Psychology*, 84(2), 365–376. <https://doi.org/10.1037//0022-3514.84.2.365>

Germer, C.K., Fulton, P.R. & Siegel, R.D. (2016). *Mindfulness and Psychotherapy*. United Kingdom: Guilford Publications.

Hart, A., Blincow, D., & Thomas, H. (2007). *Resilient Therapy Working with children and families*. Hoves. Routledge.

Hawkins, P., Shohet, R., Ryde, J., & Wilmot, J. (2012). *Supervision in the Helping Professions*. United Kingdom: Open University Press.

Hayes, D. S. (2019). *A Liberated Mind: The Essential Guide to ACT*. United Kingdom: Ebury Publishing.

Henkelmann, J., De Best, S., Deckers, C., Jensen, K., Shahab, M., Elzinga, B., and Molendijk, M. (2020). Anxiety, depression and post-traumatic stress disorder in refugees resettling in high-income countries: Systematic review and meta-analysis. *The British Journal of Psychiatry*, Open 6, 1–8. <https://doi.org/10.1192/bjo.2020.54>

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, B. P., de Jong, J. T., Layne, C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R. S., Reissman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., & Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*, 70(4), 283–369. <https://doi.org/10.1521/psyc.2007.70.4.283>

Huss, Ephrat (2012). *What We See and What We Say: Using Images in Research, Therapy, Empowerment, and Social Change*. Routledge.

Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja, Oficina regional para Las Américas, (2020). *Guía para la creación de mecanismos derivación seguros para personas en situación de migración y personas refugiadas para las Sociedades Nacionales de la Cruz Roja y Media Luna Roja* https://prddsgofilestorage.blob.core.windows.net/api/sitreps/3122/Guia_para_la_creacion_de_mecanismos_derivacion_seguros.pdf

International Federation of Red Cross and Red Crescent Societies (2018). *A Guide to Psychological First Aid*. Retrieved on 08/09/24 from <https://pscentre.org/resource/a-guide-to-psychological-first-aid-for-red-cross-red-crescent-societies/>

International Rescue Committee, IRC. (2024). *What is the EU Pact on Migration and Asylum?* Retrieved on 20/08/24 from <https://www.rescue.org/eu/article/what-eu-pact-migration-and-asylum>

Jackson, L., & Tervalon, M., (2020). *Cultural Humility in Art Therapy: Applications for Practice, Research, Social Justice, Self-Care, and Pedagogy*. Jessica Kingsley Publishers.

Kalmanowitz, D. (2016). Inhabited studio: Art therapy and mindfulness, resilience, adversity, and refugees. *International Journal of Art Therapy*, 21(2), 75-84. DOI: 10.1080/17454832.2016.1170053

Kapitan, L. (2015). Social Action in Practice: Shifting the Ethnocentric Lens in Cross-Cultural Art Therapy Encounters. *Art Therapy: Journal of the American Art Therapy Association*, 32:3, 104-111, DOI:10.1080/07421656.2015.1060403

Kirmayer, L.J., Dandeneau, S., Marshall, E., Phillips, M.K., & Williamson, K.J. (2011). Rethinking Resilience from Indigenous Perspectives. *The Canadian Journal of Psychiatry*. 2011;56(2):84-91. doi:10.1177/070674371105600203

Kopytin, A. & Lebedev, A. (2013). Humor, Self-Attitude, Emotions, and Cognitions in Group Art Therapy With War Veterans. *Art Therapy*, 30:1, 20-29, DOI: 10.1080/07421656.2013.757758

Lloyd, B., & Usiskin, M. (2020). Reimagining an emergency space: practice innovation within a frontline art therapy project on the France-UK border at Calais. *International Journal of Art Therapy*, 25(3), 132-142. DOI: 10.1080/17454832.2020.1786417

Lemzoudi, Y. (2007). Migration: Acculturation Process, Cultural Identity Development, and Art Therapy Imagery of Adolescent Migrants. *Canadian Art Therapy Association Journal*, 20(2), 2-21. DOI: 10.1080/08322473.2007.11434770

Malchiodi, C. (2007). *Art Therapy Sourcebook*. United Kingdom: McGraw-Hill Education.

Masten, A. S. (2014). *Ordinary Magic: Resilience in Development*. United States: Guilford Press.

McNiff, S. (2004). *Art Heals: How Creativity Cures the Soul*. United States: Shambhala.

Moon, B. L. (2016). *Art-based Group Therapy: Theory and Practice*. United States: Charles C. Thomas, Publisher, Limited.

Montoya De La Cruz, L., Rodriguez Gonzalez, V., Pirotte, N. (2021). Art Therapy Intervention Addressing Migratory Grief and Resilience for Teenage Asylum Seekers in the Context of Covid Sanitary Crisis. The Red Pencil (Europe) & Fondation Alta Mane. https://redpencil.org/wp-content/uploads/2024/08/Case-Study_-AT-Interventions-Malaga.pdf

National Institute of Mental Health, NIMH. (2020). *Post-Traumatic Stress Disorder*. NIMH publications. Retrieved on 11-11-22 from <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd>

Norcross, J. C., & Guy, J. D. (2013). *Leaving It at the Office: A Guide to Psychotherapist Self-Care*. United States: Guilford Publications.

Papadopoulos, R. K. (2005). *Political violence, trauma and mental health interventions*. Kalmanowitz, D. & Lloyd, B. (Eds) *Art Therapy and Political Violence*, USA and Canada: Routledge.

Pérez-Sales, P., (2004). *Psicología y psiquiatría transcultural. Bases Prácticas para la acción*. Editorial Desclée de Brouwer.

Pérez-Sales, P., (2006). *Trauma, Culpa y Duelo. Hacia una psicoterapia integradora*. Editorial Desclée de Brouwer.

Pirotte, N., Montoya De La Cruz, L., Rodriguez Gonzalez, V., de Witte, M., & Joosten, E. (2026). Forcibly displaced adults' perspectives on change mechanisms after a resilience-building art therapy intervention. *The Arts of Psychotherapy*, 102229. <https://doi.org/10.1016/j.aip.2024.102229>.

Rodriguez Gonzalez, V. (2021). Exploradoras y Exploradores silenciosos. Experiencia de Arteterapia con personas solicitantes de asilo y protección internacional. *Arteterapia. Papeles de arteterapia y educación para la inclusión social*, 16, 137-141. <https://dx.doi.org/10.5209/arte.72360>

Rubin, J. A. (2012). *Approaches to Art Therapy: Theory and Technique*. United States: Taylor & Francis.

Springham, N., & Brooker, J. (2013). Reflect Interview using audio-image recording: Development and feasibility study. *International Journal of Art Therapy*, 18(2), 54-66. <https://doi.org/10.1080/17454832.2013.791997>

Ungar, M. (2012). *The Social Ecology of Resilience: A Handbook of Theory and Practice*. Netherlands: Springer. <https://doi.org/10.1007/978-1-4614-0586-3>

United Nations High Commissioner for Refugees, UNHCR (2023). *Refugee Data Finder*. Retrieved on 12/01/23 from <https://www.unhcr.org/refugee-statistics/>

Usiskin, M., & Lloyd, B. (2020). Lifeline, frontline, online: adapting art therapy for social engagement across borders. *International Journal of Art Therapy*, 25(4), 183-191. DOI:10.1080/17454832.2020.1845219

Van der Kolk, B. (2015). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Books.

World Health Organisation, WHO. (2021). *Mental health and forced displacement*. Retrieved on 11-11-22 from <https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement>

World Health Organisation, WHO. (2023). *The health of refugees and migrants in the WHO European Region*. Retrieved on 21-08-24 from <https://www.who.int/europe/news-room/fact-sheets/item/the-health-of-refugees-and-migrants-in-the-who-european-region#:~:text=Health%20status,a%20social%20determinant%20of%20health.>



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Our sincere
gratitude goes to
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