Art Therapy with Refugee Youth: “My Soul Was Dancing”

by

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Art Therapy with Refugee Youth: “My Soul Was Dancing”

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Abstract

Art Therapy with Refugee Youth: “My Soul Was Dancing”

This replication study was conducted to identify the elements of a kinesthetic-sensory approach to art therapy and to examine possible impacts this approach may have on young immigrants experiencing acculturation difficulties. The instrumental case study design utilized session transcripts, notes, and semi-structured interviews with participants. The research group consisted of newly arrived adolescent girls with refugee status who were attending an English as a Second Language program in a U.S. public high school. The group met for four weeks for four hour-long sessions in the school setting. Six themes emerged from the girls’ discussion and art work: (a) worry, (b) language anxiety, (c) resettlement stressors, (d) joy (i.e., “art helps us feel good”), (e) sharing home country with others, and (f) interior experience. Thematic analysis of the facilitator’s speech offered a conceptual framework for art therapy practice with refugee youth that emphasizes the use of scaffolding via media, group process, language support, and the art room as symbolic of home.

Key Words: refugee, art therapy, adolescent girls, language anxiety, resettlement stressor, joy

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Dedication

This dissertation is dedicated to my children, Ruby and Edward, who have been my teachers regarding the healing power of beauty, joy, and playfulness.

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CHAPTER 1: INTRODUCTION

This research had its start in one of my first experiences as a recent art therapy graduate. I had been hired to offer art therapy at a resettlement agency's program for refugee youth who had arrived in the late spring and early summer. The summer program was designed to help school aged refugee children develop the skills they would need to start school in the fall. Armed with pre-prepared interventions, brand new art supplies, and my own assumptions based on my previous work with children in the United States and Japan, I met my young clients and immediately realized that my plans and interventions would simply not work. Little experience with formal schooling or interrupted schooling paired with limited fine motor skills and exposure to multiple traumas meant sitting still was nearly impossible for my clients. I remembered my first clinical supervisor's advice to meet clients where they are, not where I wanted them to be, and I retooled my plans. Over time, I found success as I used simple art materials with a nondirective approach, and this approach was combined with a keen alertness to nonverbal cues to see how the children reacted to the media.

Since that initial experience with refugee youth, I have used art therapy to help clients who speak English as a second language deal with grief, loss, and other challenges. I specialize in work with children who have recently arrived to the United States, and many of these children have come from countries affected by war. My primary focus has not been the resolution of trauma but rather the utilization of art therapy to ease children's adjustment to life in the United States. Families experience many changes and challenges upon arrival in a new country and the art therapy services I provide are a therapeutic support to children designed to address the stress that generally accompanies the first few weeks or months in the United States.

Due to my clients' limited English proficiency, my art therapy work with refugee youth has focused primarily on the art making process rather than any extensive verbal processing. I have found that this focus helps clients manage their stress in the art studio and at school. Art making has also led to decreased resistance in youth with respect to addressing their behavioral problems at school.

In my clinical experience, art making offers something unique to clients who have experienced unspeakable things—the worst the world has to offer, whether it is war, assault, or the diagnosis of a terminal illness. The beauty contained within art making seems to reconnect my clients with life. While this central idea is one that has developed for me over time, a pivotal past experience impacted my research question. I recall facilitating an adjunctive art therapy group solely focused on art making for adults who spoke English as a second language and I did not generally have interpreters for the sessions. Following the final session, one group member sat with me and through the help of an interpreter explained her thought process as she had made each of the pieces of art during the sessions. She described processing her wartime experiences and difficulties adjusting to life after the war through the beauty of the art images she made during group art therapy, although trauma resolution had not been the goal. From her insight, I posited that the focus on the beauty of the art process could aid in adjustment and perhaps the resolution of trauma. The idea that beauty aids in the resolution of trauma was affirmed by later experiences with other clients, but I was curious about this phenomenon. I speculated that the experience of beauty found in art making could lead to joy and playfulness, and I felt these feeling states could possibly impact the resolution of trauma.

The focus on the art making process in this study is grounded in the theoretical models of the Expressive Therapies Continuum (Graves and Lusebrink, 1977) and Media Dimension Variables (Graves-Alcorn and Green, 2013), and is consistent with a kinesthetic-sensory based approach to art therapy. This approach combines kinesthetic and sensory based art with a primary focus on movement and sensation rather than on verbal processing and cognitive symbolic elements. This kinesthetic-sensory approach offers comfort and safety with less verbal processing which can overcome linguistic barriers and may help with acculturation. Thus, the emphasis in my sessions with clients rests more on the sensory and bodily experience of using art media rather than verbal processing of experience that might accompany it. Therefore, the sensations of the materials and the movement of the body when using the materials are more important than the art product. Although fluid media such as paint and clay are generally used in the kinesthetic-sensory interventions, the emphasis in the current study is primarily on the experience of the art materials at hand.

My research goal was to examine how three elements found in art therapy—beauty, joy and play—support the emotional needs of acculturating refugee girls who have experienced trauma. Based on my research, I found that while these elements may be present in art therapy sessions, the unexpected finding was the underlying structural support that led to participants experiencing these elements. Although kinesthetic-sensory interventions were deployed as planned, the findings implied that, perhaps more importantly, the structural supports for each art therapy session led to increased experiences of beauty and comfort, and perhaps even joy.

The research problem I investigated dealt with the gap of knowledge with regards to the practice of art therapy with refugee youth. The objective of the project was to observe the ways in which a kinesthetic-sensory approach to art therapy aided newly arrived refugee youth in acculturating to the host culture. I wanted to document the importance of the kinesthetic-sensory experience in art therapy to help refugee clients process information. This research described factors specific to art therapy that supported refugee youth in the initial period of adjusting to life in a new country.

Current literature on refugees broadly focuses on trauma and cultural competence (see Murray, Davidson, & Schweitzer, 2010; Shannon et al., 2015). An additional empahsis is on refugees' limited access to health care and mental health care, specifically due to systemic and cultural barriers (Mirza, et al. 2014). Emotional regulation is one important feature in healing from trauma and increased coping following a traumatic event. Neuroscience research indicates that the portions of the brain involved in trauma may inhibit verbalization about traumatic events, and some cultures eschew talking about a traumatic event. Specifically, therapies that are body-based rather than talk-based have been hypothesized to be more effective in resolving trauma.

Although all adolescents who are refugees may have experienced a variety of traumas during the period prior to resettling in the United States, one shared experience, no matter the culture of origin, is acculturation. Acculturation is the complex process of adapting to life in a new culture and navigating the differences between one's native culture (home culture) and one's new culture (host culture). Integration of the home and host cultures allows fluid navigation between home/host cultures. Yoon et al.'s (2012) in-depth analysis of 325 studies on immigrants' experiences of acculturation in mental health found that an integrated strategy is

linked to positive mental health in ethnically diverse populations and migrants. Significant systemic, linguistic, and economic factors all impact refugees' access to health care, and linguistic and cultural obstacles as well as unfamiliarity with mental health care can prevent refugees from receiving services. An integration of home and host cultures has been linked to positive health outcomes for refugees, and art therapy with migrants has been shown to positively impact these goals of acculturation and adjustment (Gray, 2012 ; Lee, 2015; Linesch, Ojeda, Fuster, Moreno, & Solis, 2014; Parisian, 2015; ter Maat, 1997). Literature on acculturation features few studies of refugees and coping (e.g., Kuo, 2014) and few art therapy studies of refugee youth examine program effectiveness (Kowitt et al., 2016). Art therapy interventions utilizing kinesthetic and sensory interventions can aid children in regulating their emotions and create the safety necessary to heal from traumatic experiences (Harris, 2009; Hass-Cohen, 2016; Malchiodi, 2006). For refugees who have survived trauma and torture, this approach may offer a way to reconnect to the body, experience positive emotions, and gain insight into their histories in order to move forward into the life that awaits them.

This study includes an examination of art therapy and other relevant literature that supports an art therapy approach based on the kinesthetic-sensory experiences of play, joy, and beauty to aid in integration of host and home cultures. Art therapy literature on refugees and those affected by war has primarily focused on the intersection of trauma and culture (e.g., Chu, 2011; Fitzpatrick, 2011; Harris, 2010; Isfahani, 2008; Wertheim-Cahen, 1998; Wix, 2009; Zwart, 1998); however, some authors have explored the contraindications and benefits of art therapy in addressing issues with clients (Grey, 2012; Lee, 2015; Linesch et al., 2014; Hocoy, 2002). This dissertation describes a study that was conducted to identify the elements of a kinesthetic-sensory approach to art therapy and to examine possible impacts this approach may have on

young immigrants experiencing acculturation difficulties. The research problem was framed as follows: Refugee youth have limited access to health care, and even more limited access to mental health care; art therapy literature on refugees to date has focused primarily on trauma and cultural competence rather than a specific art therapy approach. Therefore, this study will offer information to help art therapists better meet the needs of refugee youth and address the following research questions:

What are the therapeutic needs of refugees?

What are the common treatment approaches used with refugees?

What is the kinesthetic-sensory approach to art therapy and why might it be effective for this refugee youth?

CHAPTER 2: REVIEW OF THE LITERATURE

This chapter reviews the literature that describes the multiple steps that lead to one becoming a refugee and resettling in a new country. Next, common treatment approaches to refugees, voluntary migrants, and displaced people are discussed. Information on art therapy follows, with information about elements in art therapy that support the emotional needs of refugees and the kinesthetic-sensory approach to art therapy. Lastly, play, joy, and beauty are posited as key elements in the effectiveness of a kinesthetic-sensory approach to art therapy.

Refugee Displacement, Acculturation, and Barriers to Care

Stories of immigration and immigrants are the story of the United States itself. Tales of how people arrived here, how they found their way in a strange land, and how they related to those who were already here fill storybooks, movies, and songs. In 2017, contemporary stories of immigration in the U.S. include political debates about walls designed to prevent people from entering the country and images from the media of displaced children's bodies washed ashore in distant lands. The impact of these powerful images and heated political battles paints the issues in broad strokes of good and evil, but like most headlines, the reality is more complex.

Worldwide, an estimated 65.3 million people were displaced from their home countries in 2015, including approximately 21 million children (United Nations High Commission on Refugees [HNHCR], 2017). From July 2015 to July 2016, six million people were estimated to have been displaced within Syria yet unable to return to their homes, and another four million had fled the country due to war (Cumming-Bruce, 2015). In 2018, millions of Syrians were living in neighboring Turkey, Jordan, Iraq, Egypt, and Lebanon while seeking permanent refuge (UNHCR, April 26, 2018).

Displacement in political terms requires the receiving or host country to find the political will, infrastructure, and financial support needed to provide housing, schooling, health care, and employment for the newly arrived refugees. In human terms, displacement means refugees leave behind homes, work, loved ones, and belongings, often with little opportunity for planning. Saying goodbye to all that is familiar is difficult for any child; leaving behind what is familiar while under the threat of physical harm can be traumatic. The journey to safety can mean travel through multiple countries before finding a place where one can safely resettle.

Refugees are immigrants who have been offered special protection by a foreign government (Achiron, 2001). To qualify for refugee status, a person must demonstrate that they cannot return to their country due to a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" (Achiron, p. 8). The process of becoming a refugee can be categorized in three stages, each with its own characteristics: preflight, flight, and resettlement. Each stage can hold significant losses that are sustained over time (Center for Victims of Torture [CVT], 2005). CVT describes the losses which can occur during each stage of resettlement in what CVT has called the Triple-Trauma Paradigm (Table 1). Although the specific losses vary among individuals, this tripartite structure is informative regarding understanding the number of major losses likely incurred as refugees journey to establish a new home during resettlement.

Table 1. *The Triple-Trauma Paradigm*

Pre-Flight	Flight	Post-Flight
▪Harassment/intimidation/ threats ▪Fear of unexpected arrest ▪Loss of job/livelihood ▪Loss of home and possessions ▪Disruption of education, life dreams ▪Repeated relocation ▪Living in hiding/underground ▪Societal chaos/breakdown ▪Prohibition of traditional practices ▪Lack of medical care ▪Separation, isolation of family ▪Malnutrition ▪Need for secrecy, silence, distrust ▪Brief arrests ▪Being followed or monitored ▪Imprisonment ▪Torture ▪Other forms of violence	▪Fear of being caught, returned ▪Living in hiding, underground ▪Detentions at borders, checkpoints ▪Loss of home, possessions ▪Loss of job, schooling ▪Illness ▪Robbery ▪Exploitation: bribes, falsification ▪Physical assault, rape, or injury ▪Witnessing violence ▪Lack of medical care ▪Separation, isolation of family ▪Malnutrition ▪Crowded, unsanitary conditions ▪Long waits in refugee camps ▪Great uncertainty about future	▪Low social and economic status ▪Lack of legal status ▪Language barriers ▪Transportation, service barriers ▪Loss of identity, roles ▪Unemployment/ underemployment ▪Bad news from home ▪Unmet expectations ▪Racial/ethnic discrimination ▪Inadequate, dangerous housing ▪Repeated relocation/ migration ▪Social and cultural isolation ▪Family separation/ reunification ▪Unresolved losses/ disappearances ▪Unrealistic expectations from home ▪Shock of new climate, geography ▪Symptoms often worsen

Note. Table 1 is from *Healing the Hurt* (p. 23), by the Center for Victims of Torture, 2005, Minneapolis, MN: Center for Victims of Torture. Copyright [2005] by Center for Victims of Torture. Reprinted with permission.

In the *preflight* period, the life that one is accustomed to changes dramatically or suddenly (Fitzpatrick, 2011). Typical activities of daily living such as going to work become stressful and dangerous due to political unrest or racial tensions (CVT, 2005). Schools may close due to war or the educational system may offer lower quality education to a particular group, as in Kosovo in the 1990s (Kalmanowitz & Lloyd, 2002). Social ties are damaged and it becomes difficult to know whom to trust (CVT, p. 22). Family members and friends may be

tortured, jailed, or killed (Shannon et al., 2015). Any or all of these situations may lead a family to choose to flee their country.

In the *flight* period, leaving one's country means leaving behind a home, loved ones, belongings, and work to face an uncertain future (Fitzpatrick, 2011). The decision to leave can happen quickly due to political instability, with little time to plan or pack necessary documents and belongings (CVT, 2005). Some refugees leave their countries holding suitcases and others have only the clothes they wear when leaving their native country (Fitzpatrick, 2011). Refugees may spend extended time periods in refugee camps, which may or may not offer schooling that meets the diverse linguistic and educational needs of children due to limited funding or discrimination (Oh & Van der Stouwe, 2008). Trauma can occur at any of the stages of becoming a refugee. For example, in the preflight and flight period, Syrian refugees in survived bombings, snipers, sexual assault, and either witnessed or survived torture, murder, and kidnapping (James, Sovcik, & Abbasi, 2014).

The *resettlement* period typically consists of multiple relocations and learning new languages. One of the primary tasks of resettlement is acculturation, meaning learning and adjusting to cultural norms of the host country. Acculturation is a complex, bilateral process in that one acculturates to the host culture within the context of one's home cultures (Birman, Simon, Chan, & Tran, 2014). Once formally resettled, refugees must create a new home for themselves while navigating the host country's language, culture, and society. Resettlement can be challenging due to the multiple losses incurred in the flight and preflight periods, and continuing concerns for the safety of loved ones who remain in the home country or who have settled elsewhere. Arriving in a country as a refugee for professionals can mean a significant and

potentially distressing change in social status since degrees, licenses, and certifications are not always immediately transferrable to the new country.

The stressors and losses incurred during these three periods involve parental factors, child factors, and environmental factors (Fazel & Stein, 2002). Although a family may have moved to the new country as an intact unit, the many changes of the resettlement process can be daunting for parents and their children. Stresses related to changes in finances, living arrangements, culture, and work can leave parents little energy for children. Parents and children feel the loss of the network of family and friends who provided support and care in the home country. Children's stress can increase as they notice their parents change from powerful to powerless during this transition, and might mourn this loss of "the way their parents *used to be*" (Birman, 2002, p. 11). Resettlement may mean living in a poor neighborhood in housing that is quite different from their housing in the pre-flight period.

Acculturation

Acculturation has been described by researchers through a variety of models and stages and strategies, which deal with how migrants cope with the changes and stressors encountered (Kuo, 2014). In his influential model of acculturation, Berry (1997) noted four types of acculturation: assimilation, separation, marginalization, and integration. An individual who has assimilated has achieved complete acceptance of the host culture but at the loss of identification with the home culture. For example, a family may not encourage children to speak their mother tongue but instead to speak only English, and let go of their cultural traditions in order to fit in with their American community. Marginalization is a state in which a person clings to or continues to show excusive preference for the home culture to the exclusion of the host culture.

Separation occurs when the individual rejects both cultures and identifies with neither the host culture nor the home culture. For example, a refugee who has experienced severe trauma may become isolated and limit their contact with both home and host culture. Finally, Berry viewed integration or biculturalism as the strategy that offers the most benefit because it allows for a connection of both home and host cultures (Berry, 1997). Integration of the home and host cultures allows fluid navigation between home/host cultures.

Wiese (2010) noted factors influencing the impact of acculturation on youth. Acculturation happens within the context of not just a culture, but also within the complexity of an adolescent's family system. The author described how an adolescent's parents manage the changes that occur during migration and acculturation relative to how the adolescent navigates acculturative stress or the stress of adjusting to a new culture. Parents may need to adapt their parenting style within the context of the new culture. The congruence or incongruence between the family's values with those of the host culture also influences acculturation, notably when the family moves from a collective to an individualistic culture, as is frequently the case in resettlement to the United States. Past trauma, whether experienced by the adolescent or the parent, can affect the functioning of the family system and a history of severe trauma such as war can increase the likelihood of an adolescent developing psychopathology.

Although all migrants experience a degree of acculturative stress, the school environment of the host culture can mitigate stressors for youth. Prior and Neisz (2013) suggested that refugee youths' adjustment can be eased through cultivating a relationship between school and family and helping students find commonalities with classmates. For refugee youth, factors influencing acculturation include gender, age at time of migration, host country language ability, quality of schooling prior to migration, economic status of parent prior to migration, relationship with

parents/caregivers, and resettlement conditions (Hunt, Morland, Barocas, Huckans, & Call, 2002). Refugees arriving in a new country as adolescents can be at greater risk for school failure due to their age upon arrival and increased academic demands expected in middle and high school (Mirza et al., 2014). Migrants who arrive around age 10 appear to have the best outcomes with regard to both retaining their native language and acquiring English, Mirza (2014) reported.

Learning a new language is a complex task and includes the physical requirement to move the mouth and tongue in unfamiliar ways as well as the acquisition of new words, sentences structures, and even new alphabets. Neuroplasticity, which is the ability of the brain to adapt and grow, is present throughout the lifespan; however, neuroscience's exploration of language acquisition details how children's brains have some language learning advantages over adults' brains (Maher, 2013). The greater neuroplasticity of childhood paired with the in-depth social and language immersion that occurs for school-age youth mean that youth typically acquire language and knowledge of the host culture more rapidly than do their parents or caregivers, which sometimes can lead to familial conflict (Li, Legault, & Litcofsky, 2014).

Djuraskovic and Arthur (2010) described a heuristic research project on acculturation in refugees following resettlement after the Bosnian war. The primary researcher and other Bosnian refugees met to discuss their experiences of resettlement and acculturation. In this study, one of the authors (Djuraskovic) described her own experience of moving from her rejection of Bosnian culture after the war, rejecting the host culture, and then finally making peace with both home and host culture through an integration of both cultures. Talking with others who had a similar experience helped Djuraskovic and other participants move to an integrated perspective of their host and home cultures.

Displacement, which is the feeling of not being part of either old or new country, sense of place as a component of identify, remembrance/forgetting, and fragmentation were common themes in Shapiro's (2012) analysis of exiled Bosnian writers. This yearning for home while simultaneously accepting the reality of the loss resembles bereavement models (Lister, 2008), and when refugees' loved ones died during the preflight or flight stages, the loss grieved is broader. Eisenbruch (1990) called this *cultural bereavement* which can be described as an existential crisis that encompasses grief felt over the death of loved ones alongside the losses of an imagined future life, a country, and a culture.

Djuraskovic and Arthur (2010) explored the losses incurred in the process of flight from one'a country and resettlement, and specifically detailed the fragmentation occurring within the author/researcher during her initial flight from Bosnia and the process of resettling to Canada. Pairing Djuraskovic's personal experience with the material from in-depth interviews with other Bosnian refugees resettled in Canada, the authors identified four consistent themes consistent in refugee's stories. These themes were: triggers of immigration, land of opportunities, acculturation, and identity reconstruction. These themes relate to Eisenbruch's (1990) cultural bereavement, the fragmentation noted by Shapiro (2012), and requires the rebuilding of identity noted by Djuraskovic and Arthur. Incorporating one's history with the realization that the old home will never be home again while simultaneously building a new life in a new country requires a reforming of personal identity in the light of the changes brought on by resettlement (Djurasovic & Arthur).

Papadopoulos (2002) described the power of the symbol of home for refugees. Papadopoulos asserted that refugees' desire for home representing not only the dwelling itself, the land, and the home country left behind, but also the relationship of house/home to a sense of

belonging and connection to a place and its people. The potency of the symbol of home has implications for art therapists and this symbol will be further discussed in the art therapy portion of this essay.

Callaghan (1998) described adapting to a new culture as a refugee as “being suspended in limbo” (p. 39). Fragmentation is a common theme in art and literature about refugees. In a phenomenological study on the mental health of refugees from Bosnia, Keyes, and Kane (2004) described refugees’ primary concerns of belonging and adapting. Participant feelings of not belonging in Bosnia or in the United States increased loneliness. Respondent interviews detailed not only sleep disturbances, social isolation, grief, and loss, but also resilience: “refugees also reported feelings of relief and safety because of leaving behind the threat of death, feelings of gratefulness for their new freedom to hope for a better future, and the restored ability to notice beauty” (p. 825). Keyes and Kane’s study put attention on belonging and adapting because “these processes may be the path to positive health outcomes” (p. 827).

For adolescents, learning the language and culture of the host culture while at the same time adapting to the idea of never returning to the country of origin is complicated by the teen years’ rapid growth and development and the academic demands of high school. Although pathology may not be present, the multiple losses incurred in leaving behind the home country paired with changes in the support network and parental stress put adolescents in a vulnerable position. Refugee youth can benefit from having the space to come to terms with multiple losses, rebuild identity in light of those losses, and connect with others who have a shared experience.

Barriers to Care

Health care, including mental health care, can be especially difficult to access due to limited literacy and other language barriers, economic barriers, and a lack of familiarity with the U.S. health care system (Mirza, Luna, Matthews, Hasnian, Herbert, Niebauer, Mishra, 2014; Williams & Thomspons, 2011). Citing a 2001 World Health Organization report on refugee health, Williams and Thompson (2011) noted that refugees have higher rates of posttraumatic stress disorder and other health problems than do economic migrants or those who choose to move to be closer to family. Williams and Thompson ascribe this discrepancy to the multiple losses and other traumatic incidents that preceded resettlement. As an example of the multiple losses incurred by refugee families, more than one refugee family I have worked with witnessed family members killed while the family fled from bombs or gunfire.

In another research study, Warr (2010) found that refugees were referred for mental health care treatment by their primary care physician, a resettlement agency, or a school. Some refugees do not seek mental health care on their own because they are culturally unfamiliar with the concept of mental health. They also have difficulty navigating the complexities of Western health care systems (Warr, 2010).

The impact of a refugee's unfamiliarity with the broader health care system is compounded further by health care professionals who have few refugee patients with limited English proficiency on their caseloads (Mirza et al, 2014; Warr, 2010). Among the barriers reported by Mirza et al (2014), mental health professionals who must work with an interpreter find that much more time is needed for the appointment. The complexities that refugees bring also can be overwhelming to these professionals. Sometimes an interpreter is involved who is

inexperienced or unfamiliar with the mental health care system, which causes challenges for choosing the most culturally appropriate words to describe mental health terms (Bentley & Owens 2008). In a clinical example, I sought to explain the concept of mental health care to a family from Somalial the family was adamant that their child's behavior did not warrant care. For this family, mental health care in their experience equated long-term hospitalization for the severely mentally ill in a state-run facility. This misunderstanding likely related to the word used to describe the child's mental health issue during interpretation. Somali culture has a binary view of sanity and this likely influenced the choice of words by the interpreter.

Violence and persecution may have been institutionalized in their native cultures, meaning that hospitals or clinics may not have been experienced as safe places (CVT, 2005). The decision to go to a hospital in the host country might create a barrier to treatment and may even be re-traumatizing for some refugees. Connections to others, especially trust in others and the community, are severed in times of political violence (Drozdek, 2010).

Treatment Approaches with Displaced People

Treating refugees might require more of a case management style than clinicians generally use because of refugee's unfamiliarity with the kinds of support services that are available to them in the host country (Drozdek, 2010). Drozdek noted that traditional Western psychotherapy focuses primarily on the refugee or asylee as an individual survivor in need of treatment, whereas refugees cannot find lasting individual and communal peace without attention paid to the larger systemic problems that led to or accompanied traumatization. For example, if a refugee fled their country due to persecution after being forced to leave their job because of culture, gender, political views, or religious beliefs, then the resulting losses of the client's

economic independence, and status would also need to be addressed in therapy. Although employment assistance and other facets of case management may be viewed by some therapists as unrelated to psychological trauma or beyond its scope, a return to normal functioning also includes the ability to contribute to the greater community through one's work (Drozdek, 2010; Warr, 2010; Williams & Thompson, 2010). Both justice and healing are culture-specific, however, "crucial ingredients" that lead to healing include:

> Individual and collective healing-safety and trust, recognition, restored capacity to feel effective and have control over existence, transparency of motives and interventions, empathy, engagement, authenticity, mutual respect, positive identity, positive bonding with the other, regaining of self-respect and sincerity. (Drozdek, 2010, p. 14)

In terms of timing, Drozdek recommended the healing process ideally should begin immediately after needs for food, shelter, and safety are met, and this applies to both individual and societal healing (p. 14).

Hobfoll et al. (2007) conducted a meta-review of the trauma treatment literature to create organizing principles for public health interventions following mass trauma. Authors noted that following a traumatic event such as Hurricane Katrina or the terrorist attacks of September 11, 2001, individuals' responses to the same trauma vary based on their prior life experience and the degree of difficulty encountered. Similar to the World Health Organization's Pyramid of Care (2007) recommendations for mental health, Hobfoll et al. described a tiered system of intervention to benefit those affected by mass trauma. In mass trauma, Hobfall et al. noted such tiered interventions would ideally range in application from universal, low-grade mass response, such as public service announcements or leaflets to more specific, intensive therapeutic interventions, such as psychoeducation offered individually or in small groups for those who

have greater difficulty coping with traumatic events. The guiding principles focus on emotional regulation, encouraging resilience, building networks of social support, and helping communities and individuals recover functioning in daily living.

The need for safety is an essential part of the therapeutic relationship for all clients, but even more so with traumatized clients such as refugees. Prior to addressing trauma, the establishment of a safe relationship with the clinician serves as the structure that can provide the client with the structure necessary to express traumatic memories safely. Chu's (1992) model details how clinicians can create a sense of safety within the therapeutic relationship with clients traumatized by sexual abuse. Her mneumonic SAFER, refers to the five things that are necessary in the therapeutic relationship: *self care* via teaching clients healthy coping skills to deal with stress, *acknowledgement* of trauma as negative as opposed to blaming the self, improved *functioning* in maintaining normal activities of daily living, *expression* of self via art/writing/exercise, and the support of the therapeutic *relationship*.

Van der Veer and Van Waning (2004) reported that Chu's model can help clinicians successfully build relationships with those who have survived torture. Van der Veer and Van Waning extended the SAFER model and stated that the creation of a safe therapeutic relationship between clinician and refugee client requires that the therapist has the ability to help the client to contain emotions and the stresses of adjustment to life in a new country. These guiding principles and Van Waning's extension of Chu's model to torture survivors emphasize the importance of providing tools to clients develop emotional regulation skills and manage stress which in turn can serve to increase refugee clients' functioning in activities of daily living

Therapist as Witness

Therapists bear witness to the pain of a client through a combination of active listening and acceptance of what the client shares (Blackwell, 1997). Blackwell asserted that witnessing the pain of a client is the essential ingredient in the therapeutic relationship that provides healing. Further, Blackwell warned that when working with clients who have experienced atrocities, it can cause an overwhelming urge in the therapist to do something to relieve the therapist's own discomfort at the hearing of atrocities. While he agreed that practical actions such as case management are necessary, Blackwell argued that practical solutions to survival needs do not heal client's pain. Blackwell employed concepts from early childhood development theory and attachment theory to describe how therapists can create a therapeutic relationship and environment in which the client can integrate the negative experience of the past and present and find a way to move forward. He deemed empathetic listening paired with a therapist's conscious presence essential.

Despite the appropriate concerns about possible retraumatization of refugees sharing their stories in research, Rousseau and Kirmayer (2010) asserted that researchers must consider the potential for even greater harm incurred by a refugee serving as a passive participant in research following the trauma incurred in becoming a refugee. Dissemination of research about refugees is of such importance in a post-September 11 world that failure to do so becomes a matter of negligence (Rousseau & Kirmayer, 2010).

In research with refugees and other clients who are marginalized, clients' narratives both empower clients and increase public understanding when research is distributed (Hopkins, 2009). Hopkins noted mainstream press descriptions of refugees can paint those seeking to enter a

country negatively and even as a drain on the country's resources; however, narrative has the power to reframe this debate in a more positive light. The resilience, courage, and humanity featured in refugees' narratives can positively influence public opinion and public policy (p. 143).

Trauma

While an in-depth exploration of trauma is beyond the scope of this essay, I have highlighted the key points in trauma literature as they relate to the topic of refugee acculturation. The body's response to traumatic stress affects biology and cognition, including the ability to effectively evaluate the environment for threat. Psychological literature dating back to the 1880s first identified the difficulty trauma survivors had in talking about traumatic events; contemporary neuroscience research has connected this phenomenon with decreased function in the portion brain responsible for language (van der Kolk, 2000). Trauma also negatively impacts a child's ability to soothe themselves when upset, and children who have experienced trauma such as abuse use words less frequently to share their emotions and needs (van der Kolk & Fisler, 1994). A history of trauma may mean that refugee youth can have difficulty in regulating their emotions and can therefore benefit from learning ways to soothe themselves. Further, even if refugee youth have studied English, the language to describe emotions and needs may be less accessible than other terms more commonly used in academic settings. This implies that a less verbally-oriented approach to therapeutic treatment may be helpful.

The first step in treatment for PTSD is stabilization, which includes emotional regulation and verbalization of emotions (van der Kolk, 2004). Further, van der Kolk stated that "traumatized individuals need to have experiences that directly contradict the emotional

helplessness and physical paralysis that accompany traumatic experiences" (p. 336). This implies that refugee youth may benefit from self-directed action to counteract feelings of helplessness and paralysis. The hyperarousal of the limbic system in trauma necessitates a therapeutic emphasis on the cultivation of safety, emotional regulation, and soothing, calming experiences for those who have experienced traumatic stress.

Elements in Art Therapy that Support the Emotional Needs of Refuge Youth

Historically, one of the first mentions of art used therapeutically with refugee children dates to the 1930s. Edith Kramer and Friedl Dicker-Brandies worked with refugee children in Austria, and Dicker-Brandeis continued Kramer's work with children while she was imprisoned at the Terezin concentration camp in Czechoslovakia (Wertheim-Cahen, 1998; Wix, 2009). Wertheim-Cahen cited Marakova's 1990 interview of former Dicker-Brandeis student Raya Englenderova, who said, "for some hours every week she managed to create a fairy world in Terezin...a world that made us forget all the surrounding hardships" (p. 43). Wix quoted another former student of Dicker-Brandies, Helga Kinsky, who said her teacher "didn't make us draw Terezin" (p. 54) but instead asked students to draw or paint their inner world or focus on beautiful natural materials that she brought into the studio.

Letters written by Dicker-Brandeis document that she did not ignore the seriousness of the situation she shared with the children (Wertheim-Cahen, 1998). Wix (2009) described Dicker-Brandeis holding up postcard reproductions of famous art work and telling the children that hundreds of years after the paintings were made, people are still looking at the painting and reflecting on its beauty. She encouraged children to recognize the lasting power of beauty even in the light of the children's significant losses and in most cases, terminal situation.

Some contemporary art therapists have also focused on the art process rather than the resolution of trauma, as in Nabarro's (2005) work with Sudanese girls who had been displaced by war. Nabarro found that playful experimentation and freedom of choice in community-based art workshops led the girls to share their stories. Nabarro observed that making art in community and sharing stories led to less aggressive behavior in the girls, increased positive views by caregivers, and contributed to an increase in the girls' problem-solving abilities.

Pleasure derived from art therapy sessions mitigated the stress of acculturation for immigrant youth in a qualitative study by Lee (2015). Youth were invited to "explore daily life events" (p. 122) through the use of art materials. Through the artwork, participants chose challenging tasks and solved problems creatively without direction of the therapist. The stress and confusion of acculturation were prominent in the interviews with participants' mothers and in the dialogue between therapist and participants during sessions. Participants found enjoyment in art making, and the youths' increased emotional regulation and resulting sense of self-efficacy "appeared to play a critical role in their ability to cope with acculturation challenges" (p. 127). Lee identified three factors indicative of flow: access to a variety of art media, *self-assignment*, and problem solving without assistance of the therapist.

Lee found that art materials helped youth to enter into a flow state, a period of full attention to a task that is at once engaging and comfortably challenging. Flow describes involvement in something pleasurable that captures one's attention so fully as to lose track of time and self-consciousness (Csíkszentmihályi, 1991). Further, Lee noted factors in art therapy sessions that she linked with flow: variety of art media, artistic problem solving, and correction without the help of the therapist. This flow state is a complex interplay between brain, body, and emotion that can be facilitated by the art therapist's guiding a client to particular art materials or

directives (Chilton, 2013). According to Chilton, art therapists may increase the possibility of a client experiencing flow during sessions, including aiding clients in selecting media and creating studio space conducive to flow. Helping clients in emotional regulation also is connected to flow; the art therapist's structuring of art directives with a task that is not too easy nor too difficult but "just right" helped clients find success and satisfaction in session (p. 67).

While achieving a flow state in art therapy can help clients with regulation of emotions, the cultural relevance of interventions and media offered by the art therapist greatly impact a clients' ability to emotionally regulate. Cultural relevance of interventions and art materials used can be determined through researching proverbs, art forms, idioms, and typical emotional expression (Chu, 2010). After researching Rwandan culture, Chu matched the Rwandan cultural value of not displaying strong emotions with her art therapy approach and intervention with survivors of the Rwandan genocide. Because displaying strong emotions was discouraged, Chu chose to use the box as a container for memories and emotions connected to the genocide and its aftermath. Her art therapy groups with a highly structured intervention gave participants the opportunity to safely share their feelings, their art work, and the stories of multiple losses of loved ones. Her clients transformed the sadness and loneliness caused by the losses incurred during the Rwandan genocide through group sessions that culminated in the creation of self boxes. The self boxes featured images, ribbons, and decorative papers that represented elements of participants' memories or hopes for the future. Chu described factors contributing to the group's success: creating a sense of community among participants as well as the importance of choice of art materials as a way to cultivate agency among participants. Chu summed up the participants' use of the intervention by stating that "although the box was an individual, self-contained object, the participants used it to express a sense of connection with others, whether

through images that reflected career aspirations, transcendent faith in God, or important relationships with loved ones" (p. 10).

Using materials common and relevant to the culture also factored in Chilcote's (2007) work with Sri Lankan children displaced by a tsunami. The fluidity of watercolor helped the Sri Lankan children connect with the painful losses brought about by the traumatic event. She noted that the artistic sensibilities and rich artistic cultural heritage in Sri Lanka assisted with connection to art therapy. As a U.S. art therapist who was raised in an individualistic culture, Chilcote noted that working with clients from a collective culture requires flexibility, collaboration, and openness to the culture on her part as the therapist. Key concepts in Chilcote's work with Sri Lankan children affected by a tsunami included the use of art materials familiar to children, allying with respected and trusted community members, and th therapist's openness to children's needs in the moment rather than what she thought the children needed. Working within a school offered Chilcote connection to community of teachers, a comfortable structure for children, and a physical space to make art safely.

Symbols of the life before and after a sudden change in circumstance also factored into Isfahani's (2008) case study of a young Eritrean woman seeking asylum in England. Isfahani detailed the evolution of the client's symbols including houses, pots, swans, and flowers. Isfahani found home to be a potent symbol for her client. Isfahani's (2008) client stories of preflight, flight, and resettlement and Eritrean culture included descriptions of her father being arrested, being left without family and passport on the streets of London, memories of attending mosque in Saudi Arabia, and the Eritrean coffee ceremony, as well as the uncertain nature of her future.

While comparing the ritual nature of the art therapy session with the client's descriptions of the coffee-making tradition in Eritrean culture, Isfahani (2008) linked the hospitality shown to guests in one's home with the preparation for an art therapy client. Far from all that was familiar, her Eritrean client benefited from the spending time in the studio, a place where she felt welcome. Creating an inviting atmosphere occurs not only within the context of the therapeutic relationship and its unconditional positive regard, but also through the art therapist's creation of an inviting space through art materials and furnishings (Goebl-Parker, 2010). An inviting atmosphere helped the client feel welcomed and "respected, valued, and contained" (Isfahani, 2008, p. 86), and the pleasure found in art therapy sessions helped the young woman navigate the challenges of seeking asylum.

Just as Isfahani captured the way the art studio can provide an atmosphere of safety for clients, Kalmanowitz and Lloyd (2005) described how an art therapist themselves can extend an atmosphere of safety and containment for clients despite the lack of a set studio space. In their work in the former Yugoslavia, the therapists arrived at the construct of a *portable studio* when faced with providing art therapy in a war zone. The portable studio expands the idea of an art therapist as provider of art materials within the safety of a studio to one who holds "a belief in the individual as possessing internal resources rooted in experience, resilience and culture rather than being a powerless victim for whom the therapist alone holds the solutions" (p. 108). The art therapist's belief in client agency serves as containment—something that contributes to their ability to heal following difficult or traumatic experiences.

Kalmanowitz (2016) expanded the idea of containment from therapist to the qualities of media. Her combination of mindfulness and art therapy appears to be based in an awareness of the kinesthetic-sensory elements of art therapy, although the media exploration was not

described by the author as a mindfulness exercise per se. Kalmanowitz encouraged an "exploration of the qualities of the materials" to help refugee women "to get to know the aesthetic and sensory qualities of the materials and the feelings and sensations they may have elicited in the body" (p. 78). She described teaching such mindfulness techniques as focusing on the breath, listening to sounds outside the studio, and focusing on the other sensations of one's body. When one of the women in this case study found making art to be overwhelming, she reported using the mindfulness exercises to regulate her emotions (p. 82).

The Kinesthetic-Sensory Approach and Rationale for this Population

Media exploration with a focus on sensation and movement rather than on verbal processing is the basis for the kinesthetic-sensory approach to art therapy. This approach offers comfort and safety via an emphasis on exploration of art materials chosen by participants, which may help with adjustment and increase participants' sense of agency. Because the frustration to express one's thoughts and feelings verbally in English can be a significant stressor for refugee youth, the explicit de-emphasis on verbal processing may also have therapeutic effect. The facilitator encourages the development of language by describing each material's sensory qualities in English and by describing the possible uses of the art materials available. The facilitator encourages artistic risk taking while asking for help, conversation among participants, and sharing of materials, and this creates an environment of hospitality.

The application of the Expressive Therapies Continuum (ETC) is thought to contribute to clients' ability to regulate their emotions (Hinz, 2009) and contribute to posttraumatic growth (Lusebrink & Hinz, 2016). The ETC offers a framework for art therapists in selection of art media and art interventions that best correspond to a client's particular clinical need and

developmental level (Lusebrink & Graves-Kagin, 1978). As a client-centered method of regulating the emotions associated with trauma, the ETC also provides a method to create a trauma narrative (Lusebrink & Hinz, 2016). The ETC has three levels: cognitive/symbolic, perceptual/affective, and kinesthetic/sensory, based on the different parts of the brain involved in trauma correspond to each level (Lusebrink, 2010; Lusebrink & Hinz, 2016). As a clinical example with an adolescent referred to art therapy for anxiety, I chose a kinesthetic-sensory intervention by offering air-dry clay with an intervention that required limited verbal discussion of the art created. The selection of media and intervention that guaranteed success while minimizing the client's potential fear related to the need to create an aesthetically pleasing art product. The soothing nature of the art supplies paired with the ease of the intervention allowed the adolescent to experience relief from anxiety symptoms and to connect with the kinesthetic experience of relaxation during session. Kinesthetic-sensory interventions offer a client-centered method to regulate the emotions associated with trauma, as well a method to create a trauma narrative (Lusebrink & Hinz, 2016).

The kinesthetic-sensory level of the ETC highlights rhythm, repetition, sensation, and movement (Hinz, 2009), and movement and sensory-based art interventions have been used to successfully address trauma symptoms (Hass-Cohen, 2016; Lusebrink & Hinz, 2016). The use of kinesthetic-sensory interventions in art therapy are particularly relevant when cultural norms discourage speaking of a traumatic event and therefore hinder verbalization of a trauma narrative in the therapeutic setting (Harris, 2009). The brain stores traumatic memories in a nonsequential or disorganized way and while verbalizing what happened during a traumatic event may be helpful for some (Hass-Cohen, 2016), speaking of war atrocities or other trauma can be contraindicated for clients from some cultures (Harris, 2009). Therefore, kinesthetic-sensory

based art therapy interventions may serve as the first step for creating safety for those with complex trauma symptoms:

> For the client who perceives threat, the recommendation is to focus on the art-making, and, at least initially, avoid processing the content of the art, which support increase in positive rewards and decrease in negativity that may arise from the exploration of meaning-making. (Hass-Cohen, 2016, p. 115)

Kinesthetic activities such as movement and tearing paper were found useful to create a sense of safety in clients in an Israel war zone (Hazut, 2005). For those impacted by trauma, Hazut found that the kinesthetic experiences of "standing and moving provides release and positive reinforcement" (p. 100). The author also compared the tearing of paper to the ritualistic rending of garments at Jewish funerals, adding a symbolic dimension to the kinesthetic experience of tearing paper.

When Kalmanowitz and Lloyd (2002) offered a kinesthetic-sensory intervention to support teachers who had survived war in Kosovo as a model for an activity for the teachers' young students. The authors described the teachers experience of playfulness and delight as they explored working with salt dough. The mood of the initial session with teachers had been somber, as it fell just days following the first anniversary of a NATO bombing that had destroyed their town. The teachers' drawings and stories with war imagery reflected experiences of grief and loss. In the session that followed, the their playful, salt-dough sculptures sharply juxtaposed their drawings of war. The authors described the teachers' responses to the kinesthetic-sensory intervention as not simply positive, but joyful (p. 46).

As noted by Malchiodi (2008), sensory based interventions utilizing kinesthetic-sensory activities can also lead a child's symptoms to worsen and clinicians must have the appropriate understanding. Describing the importance of cultural sensitivity in choice of art media, Malchiodi mentioned that the studio can be more inviting when it features familiar objects. For some clients, traditional craft materials such as fabric and yarn will be more familiar (p. 28).

Play

Play is defined as activity engaged in for amusement or recreation, sport, and games and "often, specifically, the natural activities of children" (Webster's New World Dictionary, 1988, p. 1036). Burkhardt (2011) noted that in order for an activity to qualify as play, it must meet five criteria. First, play is not be required for survival. Second, the activity is characteristically "spontaneous, voluntary, intentional, pleasurable, rewarding, reinforcing or done for its own sake" (p. 14). Third, play is not functional, as in the playful fighting of rough and tumble play or a child pretending to mow the lawn. Fourth, the activity must be repetitive, although the author cautions that behavior that is repeated in a pathological or addictive way would not qualify as play. Lastly, play occurs less frequently when basic needs for nourishment and protection from the elements are not met.

Social play first happens between an infant and caregiver, although Howes (2011) noted that social play differs across cultures regarding types of parent-child social play. Howes found that play helps children to help have control over their emotions and described how children with better control over their emotions tend to have better peer relationships. Because play offers children the chance to practice emotional regulation skills with peers and, in turn, have improved peer relations, opportunities for play in school and at home are beneficial.

Fisher, Hirsch-Pasek, Golinkoff, Singer, and Berk (2011) connected play to positive learning outcomes in an educational setting. The authors, who described enhanced well-being, communication skills, literacy, and self-regulation skills as benefits of play, noted the importance of free play. Accordingly, free play helps children develop regulation of emotions, an essential social skill. Glazer (1999) noted the power of play and metaphor to help children endure traumatic or threatening situations, for example as part of children's experiences of the Terezin concentration camp. Glazer emphasized that children's play offered a mental escape for the adults viewing children's play. Glazer's (1999) descriptions of Dicker-Brandeis's approach to teaching parallel definitions of play:

> Dicker-Brandeis saw the principal aim of teaching to be the liberation of concealed sources of children's creativity, the development of their fantasies and imaginations, and the possibility of authentic self-expression as well as enhancement of independent judgment and observation, which in their sum, contribute to the consolidation of self-confidence and independence. (p. 197).

Play provides children the opportunity to approach problems symbolically and creatively, and in doing so, transform those problems and learn to regulate their emotions (Landreth, 2002). In art therapy, the art image can show an alternate resolution to a traumatic situation or it can playfully or symbolically allow the child to come to terms with a change such as death, illness, or unwanted separation from a loved one. Creating safety through child-directed sensory exploration of art or play materials offers children the chance to calm themselves and to experience positive emotions (Malchiodi, 2008).

Play is closely related to the concept of flow. In both play and flow, there is a sense of fluidity and motion (Kapitan, 2013). Play has a somewhat derogatory context for adults, however, and literature on play focuses primarily on children. “Just playing” and “goofing off” are seen as particularly negative behaviors in adults in the U.S., due to a higher cultural value placed on purposeful activity (Tippett & Brown, 2014). Play is primarily an open-ended and even incomplete activity that is also process oriented, rather than results oriented (Brown, 2009; Burkhardt 2011). Similarly, a process-based art therapy session is one that can be done solely to improve the mood through the kinesthetic/sensory pleasures of scribbling, playing with clay, or painting (Lusebrink & Graves, 1978).

The relationship between client and therapist is the ground upon which art therapy is built and can provide a playful avenue for clients to mend themselves in relationship while simultaneously trying out new ways of being. Panksepp (2008) described the human brain as incomplete at birth, noting that play “helps construct the fully social brain by engendering robust epigenetic changes in higher neocortical regions of the brain” (p. 61). The social brain is built via interaction with caregivers and through play (p. 61). The relationship between art therapist and client parallels this type of parent-child interaction; therefore, it is possible that the therapeutic relationship can also support the growth of the social brain through a client’s attachment to the therapist.

Learning how to regulate emotions is essential for all children and emotional regulation is especially crucial for children who have experienced trauma. Specific to refugee youth, the learning of cultural norms, language, and emotional regulation skills can happen through social play. In an examination of the history of play, Sutton-Smith (2011) described how play teaches the basic emotions experienced by humans. Play gives children the chance to master or regulate

their emotions in a more forgiving environment, as opposed to learning to regulate emotions when in a crisis situation as an adult. Although negative emotions are present in children at play, Sutton-Smith described happiness as the intended result of play.

Opportunities for social play in the U.S. have decreased due to many schools' increased emphasis on standardized test scores while reducing recess (Ramstetter, Murray, & Garner, 2010), a practice that results in reduced time for social play (Panksepp, 2008). When social play is less likely at school, refugee youth have fewer opportunities to learn the "soft skills" needed for success. Therefore, one primary purpose of the current study was to utilize a playful approach to art therapy to give refugee youth the opportunity to connect with peers, share their stories of acculturation, and regulate the challenging emotions that accompany acculturation and trauma.

Traumatized children spontaneously enact play and artwork that offers them healing. Children's artwork and simultaneous play narratives created by children who have survived trauma may feature themes of resilience, fairy tales, and visions of a more hopeful future (St. Thomas & Johnson, 2004). Play may help children integrate difficult life experiences, thereby "transcending otherwise insurmountable realities" (p. 89). In artwork found in Terezin after World War II ended, children's drawings of playgrounds were discovered. The curious thing is that these drawings featured playgrounds despite that Terezin was a place where no playground existed (Glazer, 1999).

Play does not necessarily occur naturally in an institutionalized setting, therefore an art therapist's invitation to play gives clients permission to explore art materials with curiosity. While the invitation begins with the therapist and their inviting, warm demeanor, the different

qualities of art materials and interventions also can be deployed, giving clients permission to play with art media with curiosity. Media dimension variables vary with regard to structure, difficulty, and fluidity (Graves-Alcorn & Green, 2013), and in my clinical experience, the offer of interventions with less structure and complexity increase a sense of playfulness in sessions. A therapist's warmth and genuine caring can help bridge the gap no matter the client's experience or background.

The art studio is a hospitable place where all are welcome. The invitation extends from the therapist to the space where the session is held, be that of a studio, office, or even a coffee table in a client's living room during a home visit (Ferrara, 2004). Art materials are also part of the invitation and the way art therapists reverently treat clients' artwork and the metaphors that arise from it all contribute to a client's well-being (Schreibman & Chilton, 2012).

Joy

Joy is the feeling of gladness, happiness, great pleasure ,and delight. Joy is linked to vocation, a sense of purpose or meaning in life, and well-being. It is a word often used to describe children and is used with less frequency when talking about adults.

Although rarely noted in mental health literature, joy is an explicit element in the fields of positive psychology and positive art therapy. Positive art therapy extends the concepts of positive psychology into art therapy (Wilkinson & Chilton, 2013). Wilkinson and Chilton (2013) challenged art therapists to research how art therapy can aid clients by "promoting positive emotions, capitalizing on the healing effects of flow, and spotlighting strengths" (p. 8). Key to positive psychology is helping clients recognize and intentionally utilize their strengths Positive psychology and positive art therapy both recognize the serious nature of clients' concerns yet

offer them a chance to build upon their strengths in order to escape or transmute their worries and fears. Positive psychology focuses on health and well-being rather than symptoms and pathology, and the roots of positive psychology are grounded in the study of resilience (Seligman, 2011). Seligman initially studied historical outliers who faced difficult situations yet remained optimistic despite overwhelming odds and threats to self and family. His curiosity about these outliers led to a current interest in promoting tools to increase health, happiness, and overall well-being. Although happiness can be situational in nature, Seligman described *authentic happiness* as a broader topic that encompasses overall well-being. Seligman further clarified the different features that make up well-being, noting the five elements of well-being theory, that of "positive emotion, engagement, meaning, positive relationships, and accomplishment" (p. 16). These five elements that make up well-being also happen to mirror the elements contained within art therapy sessions.

Beauty

Philosophers from Plato to Hume have studied and debated beauty, perhaps due in part to the subjectivity of beauty (Vaillancourt, James, Manion, & Ting, 2007). Although individual ideas of beauty differ, Vaillancourt et al. (2007) asserted that everyone experiences a pleasurable feeling internally when viewing something beautiful. Connecting studies on neuroscience, Vaillancourt et al. identified regions of the brain thought to be impacted by beauty, including those connected to sight and the mesolimbic reward circuit that is responsible for decreasing cortisol levels and increasing the release of endorphins. Vaillancourt et al. hypothesized that it is through the activation of these areas of the brain that beauty enhances a person's immune function and therefore encourages healing. Although research on beauty and aesthetics appears

to be headed in a promising direction in neuroscience, the curative or restorative properties of beauty are currently inconclusive from a neuroscience perspective (Vaillancourt et al).

The presence of beauty adds value to our lives and has been found to contribute to physical and mental health in a qualitative public health study (Forssen, 2007). Forsen (2007) found that beauty added value to women's lives despite not being valued by others. Creative tasks such as sewing lace to a piece of clothing or tending a garden brought "a sense of happiness" (p. 231) to the women in the study. Forssen found that creating beauty, as well as the women's own appreciation of their craft, also contributed to their overall sense of well-being.

Architect Anita Rui Olds (1988) noted the healing and nurturing capacity of beauty in the constructed environment in which "beautiful places reinforce the message that healing and transformation are possible" (p. 221). Olds described her insights from a long career as a designer of children's hospitals, day cares, and playgrounds. She claimed that the environment influences health, stating, "beauty and aesthetic qualities of a facility effect children's emotions and convey messages about their worth and possibilities for recovery" (p. 221).

Theologian McCormick (2010) argued that while beauty is sometimes seen as a luxury reserved for those who can afford it, beauty is the birthright of all. He noted that the experience of beauty offers inspiration and the possibility of transcendence of our worries and struggles. Many philosophers and religious texts to support his argument. Moreover, moments of beauty take on new significance in light of suffering (Shapiro, 2012), an assertion that echoes McCormick's (2010) belief that beauty offers inspiration and the possibility of transcendence. Shapiro (2012) described the ways that artists in Sarajevo actively resisted the siege on their city through the creation of art. Ferrucci (2009) stated that beauty is a vital need and that without it

“we do not know anymore how to be happy. Without beauty, we become arid, furious and desperate” (p. 9).

CHAPTER 3: METHODS

In my art therapy work with refugee youth, I have used kinesthetic-sensory interventions since 2004. In working with clients from a variety of cultures, I have found that an emphasis on the kinesthetic-sensory aspects of art making, rather than verbally discussing the art created, can be more effective in helping refugee youth regulate emotions, form social bonds with others, and experience a sense of accomplishment or mastery. However, when explaining my practice to other therapists, they find it difficult to understand how one can even work with children from diverse cultures when they speak languages other than English. The "how" of my practice seems to be important for these other clinicians; thus, it is essential to separate and articulate the distinct elements contained in an art therapy session with refugee youth. The purpose of my study was to identify these specific elements of the kinesthetic-sensory approach to art therapy and to examine the factors contained within the approach which impact clients.

Research Methods and Design

The study utilized case research and featured four participants who were referred by the school due to concerns about their adjustment to life in the United States. All four participants were admitted to the United States as refugees. They attended four hour-long sessions of group art therapy during the school day. Data from these four sessions comprised the first sample in the study.

The second, subsequent sample of participants involved semi-structured interviews with two of the original four participants, which took place after the four art therapy sessions had ended. Triangulation of the data was introduced through these semi-structured interviews, as this

procedure allowed me to follow up on preliminary findings from the sessions and compare them with in-depth reports from a sub-sample of two group participants (Kapitan, 2010). The group members served as co-researchers by helping to inform me about their experience during the group. The participants were selected for two reasons. Firstly, they most closely reflected the experiences of the refugee population of the school and, secondly, my limited financial resources did not allow additional participants. That is, despite being from two different countries, both participants spoke fluent Arabic, meaning that's only one interpreter was needed for the semi-structured interviews, thus lowering the overall cost of translation. Further rigor was introduced by working with a linguist to explore the subtleties of the participants' language recorded i the transcripts of the semi-structured interview.

I chose Lee's (2013) multiple case study research as a model for the study. Lee's study examined the use of art therapy with young immigrants who were experiencing acculturation difficulties. However, my research was not a full replication of her study. She sampled three elementary school-aged boys who were born in Korea and had immigrated with their parents to the United States. They had been referred by school counselors, based on the boys' behavioral problems in school, as well as emotional struggles, along with an interest in art. Lee's participants were selected with three criteria in mind: the children were immigrants, they had an interest and skill in art, and their parents agreed to the child's participation in the study. Sessions were 1-hour long, with each child participating in one to two sessions. A nondirective approach to art therapy was used in sessions. Data sources included the videotaped sessions and interviews with participants conducted post-session, their parents, the agency's therapist, and the agency case files for each child. As a researcher who was also bilingual in English and Korean, Lee was able to use either language in her sessions when needed. Her sessions were videotaped for post-

session interviews with participants about their experience of the art therapy sessions. Finally, the study used grounded theory methodology, which analyzed data using content analysis. Data analysis was recursive, with coding completed manually through line-by-line analysis of the data.

Although inspired by Lee's design, my study diverged from it by featuring an instrumental case study design with the rationale that I was seeking to "better understand a theoretical question or problem" (Hancock & Algozzine, 2006, p. 32). Specifically, I sought to better understand how the kinesthetic-sensory approach impacted participants and I hoped to learn more about "the story of what happened" (McLeod, 2011, p. 229) during the group from the participants themselves. I utilized thematic analysis to examine the data. Data included the sessions, semi-structured interviews with two of the participants, participant art work, and my own notes and art work. Each of the four group sessions were audio taped, as was the post-session interview in order to facilitate analysis. Participants' art work was used during the post session interviews as a focus for reflection with participants about their thoughts and experiences.

All participants attended a small-group art therapy experience consisting of four weekly 60-minute art therapy sessions, which was part of the art therapy services I offered as classroom-based intervention. The classroom-based interventions were aligned to the state's arts and humanities standards and focused on the development of social and conflict resolution skills. For the purpose of the research study, the art therapy group focused on the artistic process and experience and, as in Lee's study, the sessions were structured to encourage a state of flow via the kinesthetic-sensory interventions.

After the group completed the 4 weeks of sessions, two participants were selected to participate in an hour-long semi-structured interview about their acculturation experience and how the art therapy group may or may not have affected acculturation. I selected the participants for the follow-up interviews based on my observation of members of the group and whose experiences seem to most closely reflect those of the refugee population of the school. The two participants selected both spoke the same language, Arabic, and an interpreter helped translate my questions and participants' responses during the semi-structured interview. After I transcribed this interview and analyzed the contents, I met with a linguistics professor fluent in Arabic and English, Dr. Maha Kohlko, who aided in gaining a more nuanced understanding of the meaning of the semi-structured interview. Dr. Kolhko helped clarify the best translation in English for concepts participants described in Arabic.

Participants

The target population for the art therapy group was adolescent girls who were struggling with acculturation as determined by school staff. Participants were girls who had arrived in the United States within the last two years. Participants were attending a local intensive ESL program within a school setting and they all had an interest in art and were willing to voluntarily participate in the art therapy group during the school day.

Students who met the selection criteria for the research study were identified by the school counselor, mental health specialist, and administrators. Information about the study as well as consent forms were translated into the students' native languages and sent home to their parents or guardians. For those forms that were not returned, bilingual staff members at the school phoned parents to ensure that the information and forms were received, and forms were

sent home again if needed. Students who did not have a signed permission form or whose parents or guardians declined consent to have their child participate in the study were not selected for the research study.

Participants were identified by school staff. The school's mental health coordinator and principal felt that all students in the school could benefit from art therapy and described the entire student body as potentially at risk of acculturation difficulties due to migration during adolescence, a time of great developmental changes. Students who were in danger of academic failure were not considered as potential subjects as participation might be a hardship on them.

Demographics. Refugee girls were described by school staff as a group at higher risk of acculturation difficulties. In some cultures, families place a higher value on male children and therefore seek out health care for them; however, this can mean that girls ar not as likely to receive health care including mental health care (J. Garmon, personal communication). Additionally, the school had an existing therapeutic group designed to support adolescent boys but there was not a group for girls (J. Garmon, personal communication).

The four participants in the study were girls between the ages of 15 and 18 who had arrived in the United States within the previous twelve months. Pseudonyms were chosen for the participants in all accounts of the study. Haya and Laila spoke Arabic. Rose spoke some Arabic, but not enough to converse with the other participants. Esther and Rose spoke French and Swahili. During the group, participants alternated between speaking their home language and English. Demographic details are listed in Table 2.

Table 2.

Participants' Pseudonyms

Pseudonyms	Country of Origin
Rose	Congo
Esther	Congo
Haya	Iraq
Laila	Syria

Note. Although participants attended school together, they were not well-acquainted prior to the start of the group despite countries of origin.

Apparatus

Sessions were conducted in a room adjacent to the office of the school's mental health coordinator. Large windows overlooked the parking lot and a small playground where sounds of preschool children laughing and playing during recess could sometimes be heard through the windows. The room had two large rectangular tables, a smaller side table, plastic school chairs, and two upholstered chairs. A sink was located across the hall in the girls' restroom. The room contained a cabinet with a lock, however others also had access to it outside of the group therefore participants' art work and most art supplies could not be stored at school. A variety of art materials were available (Table 3) to participants and additional art materials were made available each session.

Table 3.
Art Supplies by Session

Session 1		
▪Pencils ▪Colored pencils ▪Watercolor paper ▪Copy paper ▪Construction paper ▪Precut magazine images images for collage	▪Ceramic tiles ▪Ceramic paint ▪Watercolor paint ▪Tempera paint ▪Air dry clay ▪Paintbrushes in a variety of sizes	▪Water ▪Water containers ▪Paper towels ▪Paper plates for palettes ▪Scissors ▪Glue
Session 2		
▪All supplies from previous session ▪Matte board ▪Palette knives	▪Black and white copies of organs, bones from anatomy text for collage	▪Craft knife ▪Acrylic paint ▪Ruler ▪Kraft paper roll
Session 3		
▪All supplies from previous sessions ▪Yarn ▪Notebook of craft activities with pictorial directions	▪Colorful duct tape ▪Pompoms ▪Thumbtacks ▪Clothespins ▪Wooden craft sticks	▪Chenille stems ▪Materials for reuse: toilet paper rolls, cardboard

Note. In session 4, participants had access to all supplies from the previous three sessions.

Data Collection and Analysis

Results were analyzed using thematic analysis. Boyatzis (1998) described thematic analysis as “a way of seeing” and this in depth analysis clarifies patterns in data (p. 4). Thematic analysis allows the researcher to note the frequency of words or concepts included in the data, but also to explore the subtlety contained within or hinted at within the research through the interpretation of these concepts. I analyzed and coded the data gathered in the sessions for latent and manifest themes, and analyzed the semi-structured interviews after they were transcribed. Although participants spoke their home languages at times during session, this data was not translated or coded due to prohibitive cost of interpretation. I coded themes by hand in a line-by-line analysis of session transcripts, and then I counted the coded themes. I then compared the

emergent themes with the data that arose from participant semi-structured interviews and artworks. The themes that arose most frequently were the themes detailed herein.

Informed Consent Procedures and Protections

I spoke to the parents who attended the fall 2016 parent night to explain art therapy services offered at the site. Prior to data collection, I completed the training to ensure the fair and ethical treatment of research subjects. I received approval from the Institutional Review Board of Mount Mary University on September 30, 2016. The study was approved by the data management office of the school district on November 21, 2016. Consent forms were translated into the native languages of those who were selected, and these forms were sent home to their parents. Parents signed and returned these forms. A student assent form was also translated into the native languages of the participants selected, and girls signed this prior to participation. I met with participants prior to the start of the study in order to explain the purpose of the study, and to explain how their information would be kept confidential.

Intervention and Procedures

Art materials were provided and participants were invited to use them as they chose. If participants hesitated to choose materials, I prompted them to choose by asking, "What do you want to work with today?" If participants needed help finding specific materials or using an unfamiliar material, I provided assistance by finding what they needed. If I did not have the art material they wanted or needed during session, I found a reasonable substitute when necessary, such as the use of part of a manila file folder as a substitution for matte board. I provided help when requested. If participants needed help using material or tool they were not familiar with, I modeled or demonstrated the use of the material, such as the use of a palette knife.

Data was collected from a variety of sources. Data included art work made in sessions, session notes, audio tapes of sessions, and audio taped semi-structured interviews with two participants following the fourth session of the group. My response art and journal were also used as data. At the end of each of the four sessions, I used response art, notes, and journal entries as tools to record my observations of each session while the information was fresh in my mind. Journal entries also allowed for processing of the selection of themes during data analysis.

The audio recordings of the four sessions were transcribed word for word, however it is important to note this transcription captured only the English words used during sessions. The transcripts were analyzed by hand and coded line-by-line in an open coding process, and then broad themes were selected that best captured the coded transcripts. This initial analysis included both my (the facilitator's) and participants' languages. These themes were cross checked with session notes, participant artwork, and my response art and notes. The audio recordings of the semi-structured interviews were coded and analyzed, and the themes from the post-session interviews were then compared with the themes that emerged from sessions. The initial coding confirmed the relevance of the literature review. As a first result, the initial themes were: connection, joy/pleasure, beauty, media dimension variables, language anxiety, and the importance of the role of the therapist.

Although these initial themes were useful, data analysis seemed incomplete. I reread the semi-structured interview transcripts and session transcripts. Setting aside the initial themes, I completed a second line-by-line manual coding of sessions and the semi-structured interviews. The recursive process of reviewing the data, as well as recording questions and observations in my journal, offered deep reflection over the course of the analysis. This second analysis of semi-

structured interviews and sessions led to the following refined themes: (a) worry, (b) language anxiety, (c) resettlement stressors, (d) joy (i.e., “art helps us feel good”), (e) sharing home country with others, and (f) interior experience.

The phenomenon in the study became clearer at this point and I was then able to isolate my own language contained within the transcripts, which I coded and analyzed for themes. These themes were: media, group process, language scaffolding, and art room as symbolic of home. The use of media is an essential to art therapy; therefore, I further analyzed this data to extract subthemes contained within the broader media theme. These were: verbal explanation of media, media instruction, offering choices, and processing.

Participants relied on each other as well as translation software when necessary in order to express their thoughts and feelings in English. All four sessions were conducted in English without an interpreter, and participants’ language reflected this dynamic. The semi-structured interviews were conducted in participants’ language with the help of an interpreter, and the recordings of the semi-structured interviews were further analyzed with a linguist who is a native Arabic speaker.

Setting

This study took place at a public school designed for newly arrived middle and high school students for whom English is a second language (ESL). School personnel are culturally and ethnically diverse and many speak multiple languages. Some of the teachers settled in the United States as refugees or asylees. When possible, interpretation is offered for students in the classroom and through the school office to help parents with school-related issues. Student test

scores at enrollment determine their eligibility for the program. Students with limited English ability typically attend the ESL program for one year. However, if a student has had interrupted schooling due to war or displacement, this might mean a student attends for more than one year. Many students who speak English as a second language complete the ESL program and then attend school in a typical middle or high school where they do not have the benefit of intensely scaffolded English instruction.

The ESL program offers a variety of free support services to students, including a clothes closet, family resource center, and counseling for placement in a traditional high school upon completion of the program. The local community mental health organization provides school-based sessions for students who qualify for services through their health insurance, and two volunteer therapists serve select youth who are undocumented and uninsured. Although school - ased mental health services are available, families must complete an intake at the community mental health center located off-site in order for their child to access mental health services. For some families, this requirement means that mental health services are less accessible, due to transportation difficulties according to the school counselor (J. Garmon, personal communication, December 2017).

Validity and Ethical Considerations

Participant names have been concealed for the sake of the study in order to protect their privacy. All session notes, demographic information, journal, and interview transcripts were stored in a locked cabinet for the duration of the research. Taped interviews were conducted the week after the last group session. All pieces of art work were de-identified in photographs in order to protect participants' privacy. De-identified photographs of art work were stored

electronically in a password-protected file on my password-protected personal computer. The students' direct and indirect identifiers were concealed for current and future published information or presentations about the study to in order protect participants' privacy. All art work was returned to participants at the conclusion of the study. All written materials were de-identified and stored in a locked cabinet in the researcher's office.

All forms were translated into participant's native languages and sent home by school staff for parents to sign. The plan for the study was submitted to the school's administration and approval was granted prior to application to the school system's data management office. Approval by the school system's data management office was granted prior to the start of research.

At the group's close, participants requested that the group continue. As a therapist, this seemed an ethical imperative since continuing the group was in participants' best interest. The group continued for four additional sessions. The artwork, content, and discussion of those additional sessions were not analyzed, however, nor were they included in this study.

Role of Researcher

In this research study, I both facilitated the art therapy group and served as the researcher. In my role as therapist, I provided the same therapeutic services as in previous school-based groups in this setting. In order to capture the tone and content of the sessions, I audiotaped sessions and photographed the art products from sessions. I transcribed the audio taped sessions, then coded and analyzed the data.

Limitations of Study

Due to the lack of funding for this research, it would have been cost prohibitive to hire multiple interpreters for the semi-structured interviews. This is a limitation. Similarly, gathering detailed case history information from parents was not possible due to the prohibitive cost of interpretation. The research design was biased in favor of spoken and aural language rather than nonverbal or kinesthetic information, due to the use of audio recordings for the analysis of data, and this is another limitation.

CHAPTER 4: RESULTS

Transcriptions of each session yielded 91 pages of data. Analysis of the data was designed to reduce the volume of data, making it more manageable to see patterns contained within each session. After organizing the case record, I coded the data by hand in a line-by-line analysis. I used open coding in reviewing the data, and completed two rounds of coding. The recursive process of reviewing the data as well as recording questions and observations in my journal offered deep reflection over the course of the analysis.

Case Record

Session One

Prior to the first session, I arranged art materials on the window ledge in the room and placed a bowl of candy in the center of the table. In the first session, three of the four participants were present and Laila was absent due to illness. I invited participants to establish rules for our sessions. All agreed to the rules. The rules were read at the start of each successive session, as follows: respect each other, help each other, be kind, clean up, and "what is said here, stays here." I invited them to share their names, countries of origin, and the languages they spoke.

I offered participants their choice of art supplies and demonstrated how to make a pinch pot and a bird image out of air-dry clay. Participants chose to work with air-dry clay, and the air-dry clay allowed for self-correction. During art making, I asked participants what they had done over winter break. All three participants made pinch pots and cooking pots. At the end of the session, I displayed a collage and discussed how it was made. I invited participants to share what they had made with each other, and explained that we would meet again the following week.

Session Two

Just before the second session, I arranged art supplies, added a few new supplies, and placed the candy in the center of the table. It rained softly at the beginning of the session, and the rain could be seen through the large windows. We reviewed the rules and I asked each participant to share their name and how they were feeling at the beginning of group. All four participants attended; however, Esther arrived after the session had started. I let them know they could paint the clay pieces they had made the week prior and invited them to choose what media they wanted to work with during the session. I demonstrated the use of a palette knife for Laila.

School had been cancelled for a snow day since our previous session, so I asked participants how they spent the snow day. Many had not seen snow before and they were excited about it. I reminded them that we would have two more sessions after this one. While participants made art, I drew in crayon on paper. Collage images precut from magazines covered the table as participants sifted through them, and the images depicted led to discussion of mermaids and Canadian geese. I mentioned how I had seen Canadian geese flying while I drove to the session that's day, and I shared how geese travel along their migratory path.

Haya made a pencil drawing of her sister and I asked her to tell me about it. She shared that her sister lived in Iraq. I told a Japanese folktale about a young man who travels far from home. We discussed the art work made during session. Laila painted a ceramic tile with a dancer. Haya made a pencil drawing of her sister and decided to take it home that day. Esther made two collages, one of two fawns and one of a forest with a pond. Rose made a collage with a woman running in the countryside.

Session Three

In the third session, Esther arrived early. We chatted informally as I arranged the art supplies and candy. Before the other girls arrived, she described feeling worried about a test. The others arrived and we started by reviewing rules. I reminded all that the following week would be our last session. As a response to Esther's worry, I invited participants to rate their stress or worry as they shared their names and how they were feeling. I described stress and worry. I rated my own stress level as a 3 and explained the number was higher than usual because I had a report I needed to finish at work. They rated their own stress or worry from 0 to 10, with 0 being none and 10 being the highest ever felt. Laila offered to write participants' names in Arabic.

I introduced a binder of craft projects with pictorial directions that they could use for ideas. Participants chose their art supplies and we chatted about how they had spent a recent holiday. Esther used the pictorial directions to make a God's Eye. She asked for help and I explained how she needed to tie off the yarn to start with a new color. Rose was interested in a printmaking project of a tree she had seen in the binder and also asked for help. I explained printmaking to Rose and she played with the supplies for a while and then switched to drawing with colored pencils. She drew a landscape of a tree with birds swimming in water below. Haya painted a butterfly on ceramic tile. Laila started an elaborate photograph holder she found in the binder that featured a cardboard, wreath-like base with clothespins to hold the photos.

Participants shared how to say butterfly in their languages as we talked about their art at the end of session. By the end of the session, the rain had stopped and the laughter and squealing of young children could be heard from the playground below. I asked participants to rate their stress at the end of group, and two of the girls described a reduction in their symptoms.

Session Four

For the last session, I had homemade cookies and juice along with our usual candy. We reviewed rules and checked in by saying names and feelings. I shared that I felt sad that today was our last group. Laila was tearful at the beginning of session and could not say why. I offered participants the choice to work on a project of their choosing or to make a goodbye card for fellow participants. Haya, Esther, and Rose worked on goodbye cards while Laila struggled to cut out her photo holder. Haya drew a picture of two birds and then helped Laila paint the clothespins. I asked the group if they would like for me to hang their finished art from the earlier sessions on the wall and they agreed. Laila stopped working on her project to make a goodbye card. They took time to write individual messages on each other's cards and, once all had finished writing, we cleaned up the art supplies and gathered in a semi-circle in front of their art on display. Each of the girls read their cards and shared their thoughts about the end of the group. The participants thanked each other for being part of the group and offered thanks to me. We then ate cookies and drank juice. Each took their cards home and Laila took her photo holder home at the end of the session, but I explained I would return the rest of their artwork the following week. All were agreeable to this.

Primary Findings from Initial Analysis

In preparation for conducting the data analysis and writing up the results, I read widely and this reading influenced my initial search for themes in the data I collected. After coding the sessions notes, six themes arose: (a) connection, (b) joy/pleasure, (c) beauty, (d) media dimension variables, (e) language anxiety, and (f) the importance of the role of the therapist. I then set these initial findings aside in order to gain perspective. I found that although these

themes were described in the review of the literature, the role of the therapist was not as clearly defined the literature. As I reflected on what I had learned from the research group about my praxis, I reread the semi-structured interview transcripts. One statement by Haya regarding my understanding of the participants weighed upon my mind and I felt perplexed by wanting to better understand the mystery contained within this statement. Despite another thorough rereading each of the session transcripts, I could not see any clear indication of what this meant.

Findings from the Second Round

Haya's statement was: "She understands us, even if we are not able to communicate but we felt she understood us even though we weren't speaking." This comment led me to complete a second round of coding in order to satisfy my curiosity. I recoded the semi-structured interview transcripts by setting aside the initial codes and themes, and read through each line of transcript and summarized each line with one or two words that best reflected the content of each line. I then reviewed and recoded the four group sessions using the same method. All of the analysis was conducted by hand, rather than via computer aided analysis of the text. Computer-aided analysis could have been useful with counting of words, however, I analyzed data by hand because computer-aided analysis could not fully capture the meaning and subtle meanings within the participants' words. In my second review and recoding of sessions, three themes emerged from the participants' comments. These themes were: worry, sharing the home country with others, and "art helps us feel good." Participants' discussion of their art work featuring flora, fauna, and people from their home countries allowed participants to share images their home country with others. While humor was also a theme of sessions, it was not consistent in comments among all participants.

These themes were verified through participants' spoken language, written language, and nonverbal communication. Sharing the home country with others was evident in all participants' art images and in their spoken language. For the benefit of the reader, the following passages were transcribed verbatim to accurately represent the participants' actual spoken (and when relevant, written) language, without correcting any grammatical errors.

Theme A: Worry

Participants expressed concerns regarding their limited ability to speak English and their worry over using English in their classes. Worry was evident in their art making as well, as seen in Esther's taut winding of yarn around the God's eye and in Haya's concern over not being able to draw a perfect circle. Participants appeared tense as they quietly entered sessions, with books held tightly against their bodies. At the start of the third session, Laila wiped tears from her face and described worry over images of Syrian children seen on her phone.

Worry and concern over academic performance and far away family members were also expressed by participants during sessions. For example, Esther, who had previously expressed her worry over a test, shared her relief that she had done well on the exam. This led me to invite the other participants to scale their worry or stress at the beginning and end of that session. I asked participants to choose if they wanted to rate either stress or worry. I offered a rating scale from 0 to 10, and they could say 0 if they didn't feel stress or worry and 10 as the highest stress or worry they have ever felt. I rated my own stress to give them an example and explained that I had a report to do for my job, which made me feel worried. During this session, three of the girls decided to rate their worry and one decided to rate her feeling of fatigue. At the end of the session, I asked participants to rate their worry again. With this informal post-test, two of the

four participants noted their worry had decreased and the participant complaining of fatigue also noted an improvement.

During the fourth session, one participant described her feelings of worry and concern after viewing images on social media of crying children in her home country. Several participants commented on not being able to speak or write well as they worked on cards for one another. The participant who had been worried about the math test in an earlier session commented on her English ability in the last session:

> Esther: I like the card. I want to thank you for working . . . because I don't speak English very good.
>
> Researcher: You're doing a really good job, though.
>
> Esther: Thank you for all the things. I don't know English.
>
> Researcher: But every week, you say a little bit more, I think it's good practice for you because every week you come here with all these kind people who want to be your friend. Was it nice to read the messages from everyone?
>
> Esther: Yes.

All participants created art work featuring people or things found in their home country and then explained their connection to these people and things to the group. Through their discussion with the group about friends, families, and things in their home country, participants connected to each other and also to the people they left behind. Connection to home culture through art appeared to decrease participants' grief regarding being separated from friends and family. Because participants also discussed their shared experience missing friends and family, this seemed to normalize their grief and homesickness.

When Laila was asked what she learned from the art therapy group, she asked to use her phone and let another participant speak first. She then typed in Arabic in order to translate her thoughts into English. While the rest of the group spoke, her head was bowed and she looked intent as she typed quickly. When all had finished speaking and it was her turn to speak, she described entering group with feelings of sadness and helplessness one day after watching a video of children suffering in her country, but then described how her work in the art therapy group positively impacted her sadness. Laila read from her phone the below translated passage:

> But now, ah, I am happy, and I am understand. I can no help children but I want to study engineering to help children's dreams. And I learned that . . . when beautiful making stuff, and I learned that life is beautiful... and something as simple as this group can change your mind and how you feel like sad, bad, mad.

For the participants, the specific worries they described about day-to-day life fluctuated but the worries were generally related to academic performance and speaking English. The underlying worries described by participants related to family members and friends left behind, and for one participant the ongoing strife in her country. Homesickness related to those left behind and was also a commonality among participants. The art therapy group provided a space where participants could discuss these worries openly if they chose to do so, and while some participants chose not to speak of worries, transcripts from the semi-structured interviews confirmed that this normalization of worry via others' discussion of academic performance, language, and those left behind, was beneficial for Haya and Laila. This will be addressed during the discussion of the semi-structured interviews.

Theme B: Sharing Home Country with Others

Although the participants had similarities in that all participants were refugees, they were from different countries. Each of the participants chose to share memories of their home country with the group and this seemed to be spurred by their collective art making. Connecting to the home culture appeared to be facilitated through art. Participants chose to depict images from their home cultures on their own, which they then shared with the group. In Session 1, participants crafted pots and bowls that they described as tools for cooking in their home cultures (Figure 1). Laila offered to write everyone's name in Arabic. All participants shared how to say butterfly in their native languages after Haya painted a butterfly on ceramic tile (Figure 2).

Figure 1. Cooking pots made from clay during the first session.

Figure 2. Butterfly, paint on ceramic tile.

Rose, Haya, and Laila spoke about the plants and animals indigenous to their countries and this discussion occurred as a direct result of the art images chosen or depicted by participants. Rose described her drawing (Figure 3) during the discussion at the end of the third session:

Rose: . . . and this is a flower, and this tree is in the water.

Researcher: It grows in the water. And what are those?

Rose: Birds.

Researcher: Oh, I didn't see that it was in the water. So those are birds? That's so cool. I haven't seen that many trees that grow in the water. In your country are there lots of trees that grow in the water?

Rose: Yeah, yeah.

Researcher: Nice. In your country is there a lot of rain?

Rose: Mm hmm.

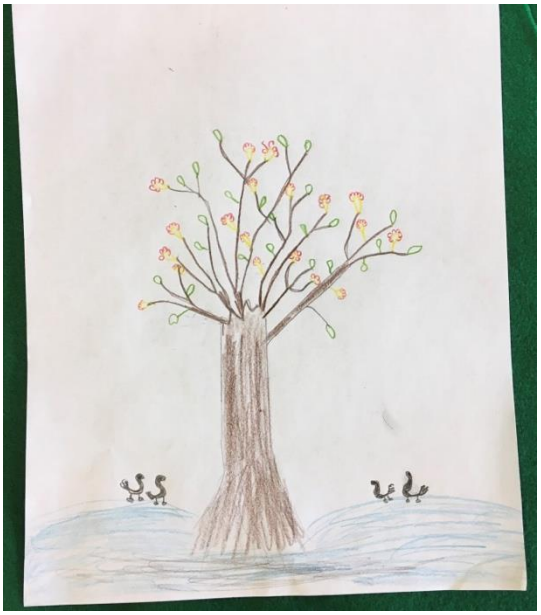

Figure 3. Tree with trumpet flowers and waterfowl, colored pencil on paper.

Loved ones also were a topic of conversation. Haya drew a portrait of her sister and described later how she shared the image with her sister via a video-enhanced phone call (Figure 4). Haya described how she misses her sister who still lives in their native country. Laila chose to create a photo holder in order to display the photos of her friends and family, many of whom live either in her home country or in another third country (Figure 5).

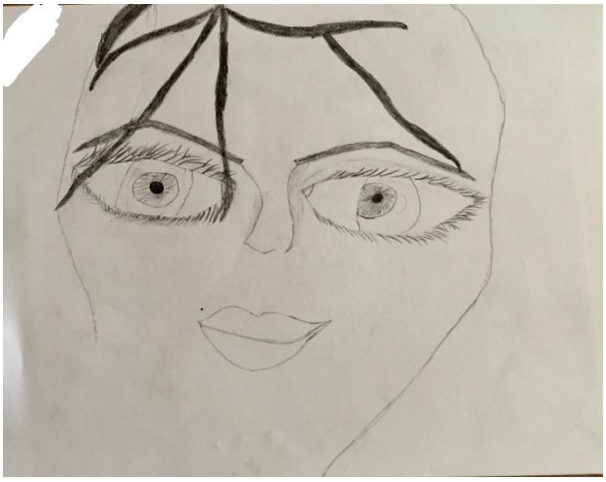

Figure 4. My Sister's Smile, pencil.

Figure 5. Photo holder (in progress), mixed media.

Sharing about each other's countries built group rapport and helped participants practice their English at the same time. Through these discussions in English, participants learned about one another and the life experiences they shared. The climate of the home country as compared to the United States was mentioned across sessions by many participants, with an emphasis on snow since most participants had not experienced snow until coming to the United States. This topic of discussion was likely influenced by the timing of the research, which occurred during the winter.

Theme C: Joy/"Art helps us feel good"

All participants described the art group helped them to feel happy or good. Haya described her favorite part of the first session as "I saw the smiles on our faces" and making art. Haya described feeling happy in the remaining three sessions and in the last session thanked the group by saying, "you helped me, you made me feel good."

Figure 6. Esther and Rose making goodbye cards.

In the first and second sessions, artwork created by Laila, Haya, and Rose featured individual figures, which could have been a reflection of their feelings of isolation. In the third session, increased social interaction and connection among participants was seen both in art work and in sharing materials. The third session, Laila offered to write other participants' names in Arabic, as previously noted. In the third and fourth sessions, participants' artwork featured paired birds and butterflies in groups which implied their increased connection with others. In the third session, participants' discussion also related to making friends and their pleasure at seeing fellow art therapy group members during the school day. The groups and pairs of animals seen in the artwork paralleled an increase in social interaction among participants. In the fourth session, all made cards upon which each wrote kind messages for one another and participants

discussed feeling happy to be able to continue seeing each other in the school hallways despite the completion of the group. Laila said during the last session, “Thank you for this group, and thank you for friends. And friends to me is good.”

Haya made an initial sketch of the butterfly on paper and then mixed paints on a palette to reach her desired effect on the tile. While she painted, the group discussed how to say butterfly in their home languages. At the end of the session, she described the pleasure it brought her:

Haya: Here I made the butterfly.

Researcher: Uh huh

Haya: And I like to see it because I like to see butterflies.

Laila was absent due to illness the first session. In the second session, she described feeling sick yet at the end of the group held up her tile with a pirouetting dancer with a shy smile, saying, “I like (it) a lot.” In the third session, she described feeling worried at the start of session and worked intently the entire session on her photo holder. She was reluctant to stop at the end of session, but my assurances that she would be able to finish the piece in the next session helped. In the last session, she was tearful and when asked how she was feeling, she said, “I don’t know, I can’t think.” At the end of session, she used her phone as a translator in order to describe how art helped her to improve her mood.

Throughout the sessions, participants chose the art supplies and the subject matter. Esther used pictorial directions from a book of craft activities to create a God’s Eye with yarn and wooden craft sticks during Session 3 (Figure 7). She had described feeling worried about a test at the beginning of the session. She spoke less overall during the four sessions, likely in part due

to her limited English vocabulary. She wound soft pink, off white, and then red yarn tightly around the wooden sticks. The resulting God's Eye was round and soft despite being tightly wound, and she smiled as she spoke about her piece.

Researcher: Esther, you want to share about your God's Eye? Was it fun?

Esther: Yes, it's fun.

Researcher: It turned out really nice. Can I touch it?

Esther: Yeah.

Researcher: Oh, it's really soft, really nice.

She described feeling good at the end of three of the four sessions and described her art with positive terms (i.e., "soft," "nice").

Figure 7. God's Eye, yarn and wood.

Participants created goodbye cards for one another during the last session (Figure 8). Haya wrote this message on a card for a fellow participant: "Hello, I will miss you and thank you for sharing your art or your feeling. Thanks." Rose requested that the group continue to meet after the last session. On another's goodbye card Rose wrote, "I very like how all of us we work

every Wednesday that we pass a little time together and share something about our culture and draw together. I love you all." Their words reflected the connection they had experienced through being part of the group.

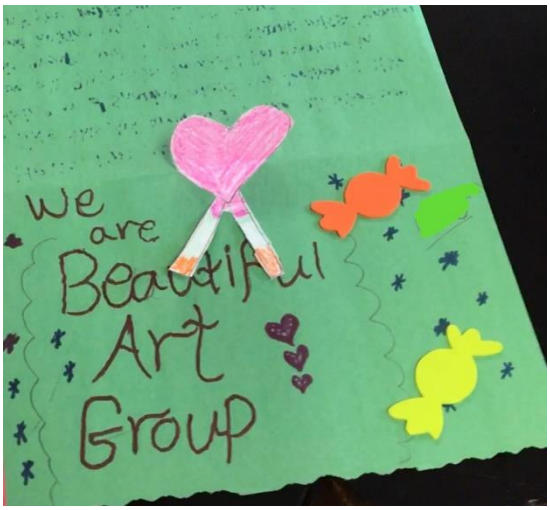

Figure 8. "We Are Beautiful Art Group" goodbye card, mixed media.

As participants exchanged cards, they read the messages fellow group members had written on them. They talked about their enjoyment in using art materials and how quickly time passed when using them, which is a possible indicator of flow. Processing happened in English and I offered participants time to compose their thoughts before speaking. While Laila took time to translate her thoughts from Arabic to English using her phone, Haya volunteered,

> Haya: Me, I go next. I am happy to do some art and I . . . I don't know. I learned how to draw more, like to see, more students draw and like . . . yeah.
>
> Researcher: More time to practice makes you a better artist.
>
> Haya: Yeah. I like to draw, so I learned. So I want to thank all of the students here and I want to thank you, because you helped me and make me feel good. Thank you.

Participants were positive about the art work made during sessions. Two of the participants expressed feeling worried or felt sick prior to the start of two sessions, and both of those participants shared that the art therapy group helped them. Two of the other participants

did not describe feeling worried or sick prior to the start of sessions, though one had described feeling fatigued, and both of these participants also expressed that the group was helpful for them. The art making as well as the group interaction appeared to improve participants' moods, and this is important to note.

Sharing materials appeared to increase rapport with participants through conversation. Conversation amongst participants happened spontaneously during art making and through the facilitated group discussions that occurred at the beginning and end of each session. Collectively shared collage images, scissors, and glue sticks were placed in the center of the table, which facilitated exchange of conversation and materials. Participants' generous sharing of materials, shared smiles, and spontaneous conversation demonstrated subtle bids for affection among participants.

Findings from Semi-Structured Interview

The semi-structured interview was conducted with both participants simultaneously with an interpreter provided by the school. This was necessary in order for the participants to miss the least amount of class time possible and also due to the interpreter's schedule. Both participants spoke Arabic and the interpreter spoke Arabic and English. The interpreter was Syrian and had been employed as an English teacher in Syria. Her interpretation was detailed enough for me to ask follow up questions, but in order to insure accuracy, I later sought the help of a linguistics professor who is fluent in Arabic and English for more nuanced information about participants' responses in the interview.

The themes that emerged from the interviews were language anxiety, resettlement stressors, and the interior experience of group members. These themes are related to the themes

found in sessions and appear to break down what specifically was helpful for participants. The detailed linguistic analysis of the specific terms used by participants offered expansion on the themes and offered insight into the interior experience of these girls. Language anxiety expounded on the theme of worry that emerged from the sessions.

Theme D: Language Anxiety

In working with refugee clients, unconditional positive regard is further extended to include unconditional positive regard for the client's language ability. The group participants described their worry regarding English in sessions; the semi-structured interview participants expounded on their feelings of discomfort and shyness in speaking English. Both had studied English prior to arrival in the United States and they specifically described having a complete understanding all I had said in the group. Although their receptive language abilities were strong, they reported feeling anxious and described experiencing stress since their ability to express themselves in spoken English had not yet caught up with their listening comprehension. As a reminder, the words in the below passage were interpreted during the interview from Arabic to English with the help of an interpreter,

> Researcher: So what's different about art therapy group and class?
>
> Haya: In class there is no amusement, it's only about writing (laughs). But in your class, in the art group, it's all about drawing.
>
> Laila: There is a difference between art group and class. In class you are supposed to do what the teacher tells you to. You are supposed to write and read and I feel anxious. But in the art group it's more free, and we get to do what we want to do. The class is okay, but it's just stressful.

The contrast between the way participants reported their inability to speak in class and the way I had witnessed them speaking in English in group required fleshing out. I described participants' use of Arabic as well as English in the group, and Haya replied that while she understood the teacher, she felt unable to speak in class.

> Researcher: How about you, Haya? You were able to speak English in group. So you could hold up your picture and talk about your picture with other students.
>
> Interpreter: She did? (expressing surprise)
>
> Researcher: Yes, they all would hold up their work and speak about it.
>
> Interpreter: In *English*? (expressing shock)
>
> Researcher: Yeah.
>
> Interpreter: Good!
>
> Haya: I try in class. I know the answers when the teacher asks me, but I can't answer because I can't speak. But here, I do everything because I feel comfortable.

This speechless feeling of knowing the answer but being unable to answer or to speak helped elaborate the worries and academic pressure that group members had shared.

Both participants also described feeling shy with regard to language. Laila described feeling shy particularly around boys in the classroom, and how boys had teased her in the past in the country where she fled prior to coming to the United States. "Shyness" has two translations in Arabic (Kolko, personal communication, February 10, 2017). *El khajal* would equate to the English word shyness. *Al heya* also means shyness but it means being shy as a girl. This latter term also implies modesty and can be seen as having positive meaning (Kolko, personal communication, January 2018). In Laila's and Haya's home countries, they did not attend class

with boys. It is possible that these participants felt able to speak freely in the art therapy group because they were in a group of girls without boys present.

Language anxiety related to my journal entry about mermaids following our discussion of mermaids during Session 2. In that session, I told a Japanese folk tale about a sea princess and we talked about mermaids. In my journal entry written just after the session concluded, I wondered if the story was too dark or sad to tell the girls. After drawing a mermaid, I compared mermaids to the girls in the group, describing how both the girls and mermaids live in two worlds:

> The whole mermaid thing—fish out of water, half this/half that. That metaphor might really resonate—half child and half woman, partially American because at school every day and partially of their home culture; able to live in two environments. Adaptable . . . Also, siren song—what about American culture speaks to them? Mermaids in stories (sometimes) don't have a voice on land—metaphor that works with them. (January 21, 2017)

While the findings from the sessions pointed to speaking English as a stressor, the semi-structured interviews elaborated on the significance of this stressor. It also highlighted the speechlessness or speech paralysis that one participant felt in class despite having a clear understanding of the material and knowing the answer. The increased stress of attending classes with boys was also an issue for the semi-structured interview participants, although it is unclear if attending co-educational classes was also a stressor for other participants who were not interviewed.

Theme E: Resettlement Stressors

Both participants described their families as a source of support when they came to the United States. Laila described feeling anxiety prior to arrival and not attending school in the country where she and her family had fled. She described working rather than attending school. Once in the United States, she began attending high school. Although both Laila and Haya described their teachers in the United States as helpful, they also described feeling pressured to do well in school. It was unclear if this was a self-imposed pressure or pressure caused by the expectations of their families. Neither mentioned experiencing prejudice nor discrimination; however, both wore headscarves daily in a city where this is not a common occurrence.

Grief over the people and places left behind was an ongoing stressor for both participants. These participants were able to communicate with their loved ones; however, this has not always been the case for my refugee clients in the past. In nations with ongoing conflict, communication with loved ones can put them in harm's way. At the time of this study, possible ways to communicate with family members abroad had expanded to include telephone calls and texts, online messenger services or email, letters, social media, or video calls facilitated via the Internet. Although connection with loved ones was described in positive terms by participants, the pain associated with separation from loved ones was considerable:

> Researcher: What has been difficult about adjusting to life in the United States?
>
> Haya: My sister is still in Iraq and to be apart hurts me, hurts the whole family.
>
> Laila: The feeling of being away from home, that we might not have the chance to go back home in the future. The distance between here and there. This feeling troubles me.

At the close of the semi-structured interview, I thanked participants and explained that I will share my results with them when I am finished with my research. I had saved their artwork in order to discuss it during the interviews. We stood to gather participants' art work and

package the art safely for their ride home on the school bus. The participants shared how the group helped them have some degree of control over their painful memories

> Laila: If you have another (art therapy) group, I want to be in it. I don't want it to end. I like it. I need this group because it saves me from thinking about what happened in Syria.
>
> Researcher: Do you agree?
>
> Haya: Yes.

Although the group was intended as an aid to adjustment to U.S. school and mainstream culture rather than as a group designed to resolve trauma, participants' responses indicate they experienced some relief during the group from the stressors of resettlement and their painful memories.

When making art, participants described experiencing what appeared to be a flow state. For Haya, her intense focus as she drew the image of her sister resulted in a feeling of decreased physical distance:

> Researcher: When you made this how were you feeling? You seemed very focused. There were people talking and eating, and you were drawing so, so, so focused. So, what happened for you when you were drawing this?
>
> Haya: When I was drawing her, I saw myself in my sister.
>
> Researcher: So, it's almost like she was sitting here next to you?
>
> Haya: Mmm hmm.

Later in the interview, the same participant elaborated. She described this feeling she had when drawing as a support in adapting to life in the U.S., in the following:

> Researcher: If you were going to ask another student to come to the group, what would you say?
>
> Haya: I would tell the person coming to the group that this art group will help you to adapt to life in the U.S.
>
> Researcher: And if they said, “what does that mean? I don’t understand,” What would you tell them?
>
> Interpreter: How?
>
> Haya: (laughs) When you draw something, it becomes part of you. Like when I was drawing my sister, it is part of me.

Theme F: Interior Experience of Group Members

The semi-structured interviews allowed a window into the interior experience of participants. Participants described the alleviation of stressors and worries by a feeling of comfort and safety. Both participants described feeling comfortable in the group as well as feeling accepted by the group. Laila described feeling comfort with other participants and art work when she described what she would tell another student about the group,

> I would tell whoever is coming to this group, you will do something you are comfortable with, you are doing something you are happy with, you will do something that will be part of you. You will do something that other people will be enthusiastic to look at and they will not criticize you for it. No one will tell you, “you are a failure.” They will tell you that it’s nice and they will make you feel enthusiastic.
>
> I will tell the person . . . that it’s nice, it’s comfortable. And it makes you relax. There is one girl in the group and she didn’t know how to draw, and it’s not important if you know how to draw or not.

A misconception I have heard from past clients is that one must be artistic or have significant art experience in order for art therapy to be useful. Laila's quote details how the art therapy group was a place of comfort, relaxation, and acceptance no matter one's artistic ability. This quote also implies the power of the group's acceptance, not just of art work but of each of the participants. These comments seemed to be related a feeling of emotional safety as well as connection to other participants. This seemed to allow them to take artistic risks while also reducing anxiety.

When asked what they thought about the group overall, Laila and Haya reported increased self-expression and improved mood and self-efficacy as possible benefits of the group:

> Haya: This group is really good because it helps me to reveal what I feel inside.
>
> Laila: I feel that the idea behind the art group is a really good idea. It is a successful idea. I feel that the other girls who will come to the program will feel successful, they will feel happy.

I asked both participants to speak about two particular art works that they seemed highly invested in creating. Haya described liking the subject matter that she had chosen (Figure 2), and described enjoying drawing, "I like butterflies, I don't know why I like it when I see butterflies. I like to draw it."

Laila described a complex art work that she created over two sessions (Figure 9). She initially sketched the image of a ballet dancer with a pencil in her sketchbook, then cut out the dancer. She then used the drawing as a stencil to paint on ceramic tile and, lastly, painted a similar design using the stencil on paper because she had leftover paint. She had been absent

Figure 9. Dancer, paint on ceramic tile.

during the first session due to illness and in the second session she joined the group after initial introductions. It was during this second session that she started the drawing and she described her process as follows,

> Laila: At that time I was feeling unhappy inside of me, I was anxious. When I was drawing, I felt happy and I felt like my soul was dancing. When I was drawing, I felt optimistic.
>
> Interpreter: She said, "When I drew this picture, I was depressed . . ."
>
> Laila: When I was drawing I felt optimistic. It is like . . . my soul and optimistic.

As we reviewed the interview and the translation, Kolko explained the Arabic word that initially translated as optimism has a greater depth than the English word optimism implies. She noted, "*rhohey beterous*" is often used in Arabic to describe happiness,

> When you are really happy, we say, "*rhohey beterous*" —it means my soul or spirit is dancing. It is something within us. When you are falling in love or when you feel you

> have the whole world in your hands. It's the maximum joy possible (M. Kolko, personal communication, February 10, 2017).

The phrase is linked to Sufism and also implies "an elevation of the spirit" and "releasing one's spirit from all restrictions" (M. Kolko, personal communication, March 14, 2017).

Both Haya and Laila described the happiness they felt in group; Laila juxtaposed the sadness she had upon arrival to the art therapy group with the feeling she had when drawing. Discussion and clarification with Dr. Kolko implied that the Laila experienced not just happiness but a feeling of lightness when making art. The deeper meaning of the phrase *rhohey beteros* suggests that the participant was in a flow state, but also indicated that the participant felt joy while drawing the image of the dancer.

Establishing a sense of safety is generally the first goal of trauma treatment and yet the feeling safety or comfort within a session is difficult to validate with concrete evidence. This led to some questions for me regarding the nature of the process participants described. As summarized on Table 4, the themes and the content of the interviews told part of the story, yet one part of the semi-structured interview perplexed me. Haya had said, "She (the researcher) understands us, even if we are not able to communicate but we felt she understood us even though we weren't speaking." Laila also commented on feeling accepted, no matter the aesthetic value of the art work. Both comments appeared to relate to attention to and understanding of participants' nonverbal cues, but it was not clear which specific actions led them to feel understood.

Table 4. Themes of session transcripts and semi-structured interview

Data Source	Characteristic Responses	Emergent Themes
Session transcripts	"Worry about math test" "No test today"	Worry
	"I can draw my friends' names in Arabic" Sister still lives "in my country"	Sharing home country with others
	"I love our drawing" "This group can change your mind and how you feel like sad, bad, mad" "I am happy to do some art"	Joy/ "Art helps us feel good"
Semi-structured interviews	"I know the answer when the teacher asks me, but I can't answer because I can't speak"	Language anxiety
	"We left my sister in Iraq" "Too far away from my country" "To be apart hurts me, hurts the whole family" "Before coming to the United States I was afraid." "When I came here, I was unsure if I was going to work or not."	Resettlement stressors
	"When I was drawing, I saw myself in my sister" "This group is really good because it helps me reveal what I feel inside" "When you draw something, it becomes a part of you." "When I was drawing, I felt optimistic. It is like my soul and optimistic."	Interior experience

How Does This Work?

Throughout my research process, I continued to reflect on the following question: What led participants to feel understood even when they weren't speaking? The idea of understanding someone when they weren't speaking seemed paradoxical. In a note, I described that while my language use was more important than I had thought, "How did I make them feel that? What did

I do? I don't know "(January 20, 2018). I went back to the first session again, and this time I highlighted my own language. I then extracted the codes that related to my language alone, leaving out the codes from participants' language. I wrote these codes on individual pieces of paper and then grouped them into stacks with related words. I continued doing this grouping and regrouping until there were no words left.

In examining these groups made by combining individual codes from my language in the first session, four themes captured the meanings of the groups of individual codes. The themes that best represented the first session were: media, group process, language scaffolding, and art room as home. After examining the codes and identifying themes from the first session, I reflected on the themes found in my language from the remaining three sessions. These themes were consistent with the earlier themes from the first session: media, group process, language scaffolding, and connectedness. In reviewing the second, third, and fourth sessions, I realized that connectedness encompassed language scaffolding and the nurturing setting of the art room. Both aided in building group rapport among group members.

Theme G: Media

Art therapists use media in a variety of ways during sessions, but until this thorough analysis of my praxis, I did not have a clear picture of the many ways that media usage, hands-on instruction, and media explication unfolds in sessions. The theme of media is complex, and I sorted and analyzed each phrase related to media to discern how I spoke about media in the group. The theme contained the verbal explanation of media and art processes, media instruction, offering a choice of media, and processing. Each of these served to "scaffold" or support participants in having a successful art making experience.

Verbal explanation of media. During sessions, I had multiple media options for participants to use and I would describe their choices at the start of group. In order to assist them with their choice, I verbally explained media and art processes, including what types of products could be made with the media available. When a participant expressed interest in creating a hand-painted tile, for example, I would describe the finished uses of the decorative tile as a wall hanging or trivet. I then detailed the media necessary, such as ceramic paint, a tile, a brush, and a cup of water for washing the brush.

Throughout all four sessions, I repeated the names of art materials and described their qualities and textures. In the first session, I described the texture of clay and asked yes or no questions to get the participants to describe the fluid nature of the clay, for example, "Is it weird? Is it squishy? Is it soft?" Later, when demonstrating the use of a material, I narrated my actions with the art supplies. If a participant used a nonverbal gesture or their native language to request an art material, I would elaborate in English. For example, when someone asked, "Colors, miss?" I replied "Oh, do you need paint? What color do you need?"

Media instruction. Media instruction included demonstration and problem solving on the use of media. During the art making portion of the group, participants sometimes needed instruction or help with using an unfamiliar material. Examples included demonstrating the use of clay, a palette knife, and a craft knife. Sometimes participants needed assistance, such as when I held the God's eye still in order for Esther to tie off a piece of yarn to complete the piece. Problem solving could be as simple as recommending someone sit at a different table in order to spread out their work, but it also meant helping a participant talk out a problem. This also included keeping finished and unfinished pieces safe, as in offering folders for storage of work between sessions, and additional supplies when needed (e.g., a smaller or larger paint brush).

Offering choices. After checking in with participants and reviewing the rules, I explained the media available for the day. Although some items were consistent throughout sessions (i.e., construction paper, crayons, colored pencils), I brought new items as I got to know the participants' interests and abilities. In reviewing the sessions, I heard myself describe the art materials available and noticed that these descriptions were often followed with the question "What do you want to do?" During art making, I offered a choice between two cutting tools with one tool featuring more control and the other less. If participants were crowded at the table, I offered a choice to move some supplies or to change seats to facilitate art making.

Verbal processing. My focus in sessions was not to have participants verbally process their images in detail, and when I examined my own language I found that I was the one who described their art making. I spoke to them of the commonalities of collage images, for example, and offered a narration of sorts for participants' art making. A wide variety of precut images covered the table as participants selected the images they would use for collage, while I commented on some of the images on the table. I speculated about an image, such as wondering aloud where the photograph was taken, commenting on the beauty of a photo of a beach, or remarking that an underwater scene reminded me of mermaids. I found it interesting to hear this, and noticed that it served as a way of coaching participants in how to talk about images.

At the end of each session, participants had the opportunity to discuss their finished art work with the group. I invited them to explain how they made their piece and this simplified the task, given that all processing happened in English. Due to the need to use English, participant responses were limited to what they were able to say. They generally spoke about what materials they used to create the piece.

Theme H: Group Process

The structure of the group remained constant through the 4-week span. I welcomed participants and invited them to put their belongings down. I let group members know at the beginning of the session that we would meet for a total of four sessions, and as sessions progressed, I reminded them of the date when the last group would happen. In the first session, I led participants to create rules for the group, as is common in therapeutic groups. The rules were stated simply as participants worded them: what is said here stays here, respect each other, clean up, be kind, and help each other. The groups' rules were listed on a whiteboard, and I asked for volunteers to read them aloud each session once all arrived. After reviewing the rules, I repeated my name and how I was feeling each day as a model for participants. After each had shared their name and how they felt, I offered a brief description of art media and types of things that could be made with the media and art making followed. I facilitated a brief discussion about art making and finished art pieces. A brief closing followed the art making portion of the group.

In examining the data, I noticed that many of the codes primarily related to building rapport and were comparable to a therapeutic group for native English speakers. These codes included using participants' names, repeating participants' questions, offering encouragement, asking for clarification, thanking participants, praising them, and providing reminders regarding time. The psychoeducational topics I mentioned included normalizing test anxiety and explaining the concepts of stress and worry.

The structure of sessions—with a clear beginning, middle, and end, and clearly stated rules—offered predictability to participants. Although this is a typical routine for therapeutic groups, it was especially helpful due to the short duration of the group. The predictability of

sessions likely positively impacted participants' feeling of safety during sessions and this sense of safety and predictability may have contributed to their ability to connect with each other and take artistic risks. Although both the structure and rapport-building practices such as using participants' names are consistent with group therapy utilizing other therapeutic modalities, the therapeutic use of media within this art therapy group was specific to art therapy and built upon the structure and practices of group therapy.

Theme I: Art Room as Symbolic of Home

After sorting into related groupings the one- to three-word codes for each line of my own words from the sessions, I was left with a larger group of codes. They were less similar than the other codes and did not fit as neatly into one theme as did those about media, for example. The codes included storytelling, acceptance of mistakes, culture, asking for help, laughter, and sweets. While the word "connectedness" expressed some of this thematically, it did not seem to entirely capture their full meaning of the codes. Together, these codes reminded me of my prior work with young children. Specifically, when taken together, they brought to mind the nurturance required when working with young children. However, this observation seemed incongruent to me because the participants were adolescents. I described this reaction to an art therapy colleague and she helped me to see the congruence in the need for nurturance and warmth for both young children and recently resettled adolescents, saying "the art room is home" (Ann Church, personal communication, March 2017). This idea of the art room as symbolic of home captured the mood of the group as one of nurturance as well as the potent metaphor of home ,and also encapsulated the different codes into a unifying theme. When I considered these elements—storytelling, acceptance of mistakes, culture, asking for help, laughter, and sweets—

all were contained within the umbrella of the "art room as home," as a theme that appeared to demonstrate their "conceptual relatedness" (Joffe & Yardley, 2004, p. 62).

Storytelling. Central to this idea of the art room as home was storytelling. In response to undersea images on the table for collage in Session Two, for example, I shared a Japanese folktale with the participants. This folk tale is somewhat similar to the story of Rip Van Winkle. Urashimataro, the young man in the story, visits an enchanted kingdom under the sea but suffers when he loses touch with his loved ones on land, due to the accelerated passage of time under the sea. Contained within the folk tale are messages of filial duty, feeling caught between two worlds, and homesickness.

Later during this same session, I told participants that I had seen Canadian geese as I drove to school to meet them. I shared a story of how migrating geese work together. I explained how the geese take turns leading and following—when one tires as the leader of the group, the tired goose falls back and another goose takes its place as leader**.** Contained within this brief story were messages that paralleled the benefits of participating in a therapeutic group: that of sharing burdens and working together. This story also reflected the nature of the participants' shared experience of migration, the temporary nature of the school setting, traveling toward an unknown future and the transitory nature of the therapeutic group itself.

Acceptance of mistakes. As I coded the sessions, I noticed my accepting response to my own mistakes and to the participants' frustrations when their art work did not meet their expectations. When I made a mistake, such as dropping a pair of scissors or making a mess by getting paint on the table, I said, "Oops!" and laughed. I comforted Laila when she became frustrated that the circle she drew was not perfect. While I was not surprised by unconditional

positive regard in response to participants' frustrations, it was illuminating to see the way I modeled humor and acceptance of my own mistakes.

Due to the evident participants' worry and ,specifically, their language anxiety, this modeling of acceptance of my own mistakes seemed important to note. I model acceptance of mistakes for clients because I feel mistakes are not just a part of learning but an essential part of the creative process of art making. In my own language learning, I make mistakes frequently, yet I persist despite these errors, as they are necessary in becoming more fluent. I believe modeling of acceptance of one's mistakes contributed to the belief Laila shared in the semi-structured interview that the group was a place where one could comfort and freedom from criticism where, "no one will tell you [that] you are a failure." Youth who resettle at adolescence are learning language at a developmental period where acceptance by peers is at its height; therefore, art therapy offers a type of in-between space (i.e., not school yet not home) where they can feel free to make mistakes while they explore art during this time of transition of place, culture, and language.

Openness to culture. Contained within the code of "culture" was both sharing of my own culture and expressing interest in the participants' home cultures. In response to one participant's drawing of her sister, I shared the English saying, "the eyes are the window of the soul." I expressed interest by asking about their culture, language, traditions, flora, fauna ,and climate of their home country. This, too, modeled acceptance.

Asking for help. I asked participants to translate the word "butterfly," and then asked them to teach me how to pronounce the word in each language. I asked participants to help me by sharing materials with me or by showing me how they had used art media. By asking for

participants' help, I acknowledged their knowledge and expertise. Through my modeling the skill of asking for help, participants' comfort in asking others for help appeared to increase. My recognition of their expertise also likely added to each participant's sense of agency.

Laughter and sweets. During the first coding, I did not initially notice my own laughter as I transcribed the audio recordings. I laughed throughout sessions and while sometimes my laughter related to a mistake as previously mentioned, such as art media rolling off the table or a dropped item, this was not always the case. I made jokes with participants, as when Haya said that she had made a snowman and I responded, "Snowman or snowwoman?"

The sweets I offered at each session were also a source of laughter. Prior to the session, I filled a bowl of candy and placed it at the center of the table. Throughout the four sessions, I offered candy to participants at the beginning and end of sessions. Although all were welcome to eat the candy, few ate it during art making. At the end of sessions, there would be dozens of pieces of candy left, and so I encouraged girls to take some. Only then would the participants take the rest of the candy. For the last session, the bowl of candy was nearly full. I had not yet offered my usual talk that encouraged the girls to take the remaining candy. The girls laughed loudly while my back was turned; when I turned to face the table to see what they were laughing about, there was not a single piece of candy left in the bowl. When I commented with surprise on the once full but now empty bowl of candy, all participants dissolved into laughter, as did I. In the fourth session, we also shared cookies and juice at the close of the group as a way to mark the end of our weeks together. I talked about how I had made the cookies and offered to share the recipe. Both the laughter and offer of refreshment appeared to contribute to a mood of comfort and lightheartedness.

Theme J: Language Support

Language support describes the way I modeled language to help participants use English in the group. In my journal, I wrote, "I can't separate being an ESL teacher and art therapist. . . As I transcribe, I hear myself correct their language without judgment or specific attention to the error." A passage from the second session demonstrates this language correction that occurred as I helped a participant get the paint she needed to create a dancer on tile:

> Laila: No have pink? Pink?
>
> Researcher: No, I don't have pink, but we can make pink. You know how to make pink.
>
> Laila: Yeah, red and white.
>
> Researcher: Correct, you know what to do. How about I get you a little bit of white? Okay?

I noticed I did not correct the participant outright with her "no have pink?" but instead offered a complete sentence in return, "No, I don't have pink, but we can make pink." This use of complete sentences was intentional in the first two sessions in order to encourage participants to converse, yet I noticed in the third session that this changed. When I was busy moving from participant to participant helping them with more craft-like pieces, I spoke more naturally and sometimes my sentences were fragmented. For example, when Laila struggled to make a perfect circle on cardboard, I suggested that she use a pencil with yarn tied around it to act as a makeshift compass in order to draw the circle. My sentence was incomplete but it was paired with a nonverbal whistle that signified an arc. After my comment, Laila was then able to complete her circle:

> Researcher: Okay, alright. So, I think . . .

Laila: Umm . . .

Researcher: Oh, I have a good idea! Wait a minute! You can get the yarn and tie it around the middle and . . . (makes whistling sound) . . .

At the beginning of each session, I modeled what participants could say by offering them a structure to describe how they felt. I would explain what they needed to say and follow with my own response such as, “I’m Jennifer and today I’m feeling happy to see you all.” Although this modeling is common at the beginning of a therapeutic group, in this group, I repeated the prompt (“My name is_____, and I’m feeling____”) multiple times each session. Sometimes students were reluctant to ask others for art materials. I often modeled the words to phrase a request for supplies, saying “Could you pass the ruler, please?” When I noticed a participant hesitating to ask for supplies, I said “She wants you to pass the glue” and then let participants know they could say simply, “Glue, please.”

When I asked participants about what they had done when school was cancelled due to snow earlier in the week, I offered options, “Did you make a snowman or play in the snow?” Generally, I asked a broad question to the group, as in the above example. I began by asking, “What did you do on the snow day?” and then, when there was no response, I followed up with the either/or question about the snowman. This either/or phrasing was also used on multiple occasions when I offered art materials in order to help participants make decisions on art materials.

Through the analysis of the subcategories within the theme of language support, I noticed the specific structural components which supported participants’ language development. Providing a specific way of stating a response was one component, as seen in questions with either/or phrasing and modeling polite requests. More subtle were the indirect corrections,

including complete sentences in response to a participant's fragment, as well as correcting their speech when I repeated it to insure my own comprehension. Similarly, when participants gestured I would confirm their nonverbal response verbally to insure that my own comprehension was accurate.

This language support offered linguistic structure for participants to express themselves. My use of spoken language to confirm my understanding of their gestures and nonverbal cues might have led to one participant's observation that I knew what they were saying even though they weren't speaking. Despite that all of the participants did not share the same native language and I did not speak their languages, this use of English language support offered a common frame of reference, which helped all of us understand one another. The experiential qualities of art therapy in concert with this attention to the nonverbal cues and gestures allowed for a support to participants in learning English.

The Beginnings of a Conceptual Framework

In reviewing the themes from my own language transcript, I could see how each emergent theme helped to create a structure of emotional, artistic, linguistic, social, and temporal supports for participants, summarized in Table 5. These supports relate to principles of recovery from mass trauma (Hobfoll et al., 2007), and emotional regulation, encouragement of resilience, and building networks of social support in particle. These themes also seem to relate to the modeling of tools to use for stress management (Vander Veer and Van Waning, 2004). The idea of the group offering a structure of supports led to saturation of the data. In a journal entry, I detailed this realization:

> Broke down all sessions 2, 3, and 4 and divided themes . . . and it occurred to me that *all* of this is scaffolding. Media—giving them information, skills, materials needed for success in art making. Group process gives them the structure to work together . . . (Memo, January 27, 2018)

Table 5. *Themes of Researcher.s Language*

Emergent Themes	Characteristic Responses
Media	Media Dimension Variables/Verbal explanation of media "Is it squishy?" "This will make it stronger." Media instruction "You'll need scissors" "What we'll do is we'll trace it and then we'll cut it out." Offering choices "Do you want to draw it first?" "You can work on a project or you can make a card." "What do you want to do today?" Processing "You made three dancers." "That's a beautiful image." "Hey group, she wants to tell you about her picture."
Group process	"Can somebody read one of the rules for me, please?" "Has anybody ever had a test where they felt a little bit worried about a test?" "After 10 minutes we'll have to stop and clean up."
Language Support	"You can just say, 'glue, please'." "Did you make a snowman or play in the snow?" "You can say, 'My name is_____ and today I'm feeling _____.'"
Art room as symbolic of home	Storytelling Japanese folk tale Migrating geese Acceptance of mistakes "Oops!" "Okay, we were going to cut that off anyway!" Openness to culture "Did you make a special Iraqi cake?" "Is that a tree like you see in your country?"

	Asking for help "Will you shut that for me, Rose?"
	Laughter and sweets "Runaway pompoms!" "Does anybody want candy?" "Snowman or snowwoman?"

Note. Session themes demonstrate the underlying structures that offered support to participants.

Scaffolding of participants served to support their emotional regulation, similar to the way architectural scaffolding stabilizes and supports a building during renovation. Psychologically, scaffolding provides the stability and safety needed for clients to regulate their emotions and identify patterns that no longer serve them.

I then reflected on my earlier notes and journal entries to see how the themes from my language in the sessions related to my journal entries, notes, and art work. The themes that emerged from my notes and journal entries were: the art process, the relational nature of the group and flight/landing. Reflecting on the lists of themes and on the drawing I had made after the first session (Figure 10), I wrote on the connection I observed between the themes, noting "The thing that ties it together—it's a safe place to land. It's holding the client" (Memo, January 27, 2018). The idea of safety and landing related to the scaffolding theme; its expansiveness confirmed scaffolding as encompassing language and the art room as a safe place.

Therapists often speak of "holding the space" or "holding the client" to describe the process that reflects the way a therapist helps a client feel safe in the context of the therapeutic relationship, as well as connoting a sense of safety in the room where therapy is conducted. "Holding" is a concept from attachment theory, as referenced by Blackwell (1997) with his work with survivors of torture. In the art therapy context, Kalmanowitz and Lloyd's (2005) concept of

the *portable studio* described the studio as a container for refugee clients, but also extended the idea of container to the person of the art therapist. As they described it, the person of the art therapist can serve as container for refugee clients (Kalmanowitz & Lloyd, 2002).

Although its full exploration is outside the scope of this paper, *scaffolding* refers to the process educators use to offer varying degrees of assistance to students in order for them to comprehend and master content. Hammond and Gibbons (2001) defined it as "teacher assistance and support that is designed to help learners more towards new skills, concepts or understandings" (p. 15) and linked scaffolding to Vygotsky's theory of the Zone of Proximal Development. The Zone of Proximal Development relates to the degree of help a learner needs from another person in order to grasp a new concept or skill that exceeds their capacity (Connery, Steiner, & Marjanovic-Shane, 2010).

Scaffolding can be offered by a teacher or other adult, as well as by a peer who is an expert in the subject matter. The support of scaffolding is temporary in nature and flexible to the context in which learning occurs (Hammond & Gibbons, 2005). Scaffolding does not mean an expert does something for a learner; rather they offer the support needed for the learner do the task themselves (Hammond & Gibbons, 2001, p. 18). Scaffolding captures the interactional and constructive nature of the relationship between teacher and student (p. 9). Just as a parent can hold a growing child's hand while they take their initial steps and then gradually lets the child walk on their own, an expert can assist a learner until they are ready to move towards independent thought and work.

In this study, the concept of scaffolding synthesized the emergent themes and provided an answer to the question I wrote in my journal, "How do you establish safety?" (Memo, January

27, 2018). I concluded that this structure of supports was a kind of scaffolding. The scaffolding metaphor, in fact, can be extended to each of the themes: media, group process, language support, and art room as home. It appeared that providing this scaffolding across all of these thematic areas seemed to stack the deck for participants' success in the group. Through the simultaneous offering of expert support and guidance in media, clear expectations, predictable routine of the group, and subtle language instruction within the nurturing quality of the art room, vulnerable participants felt comfortable to risk self-expression and, in so doing, described not just relief from worry and stress but also increased happiness and comfort.

Scaffolding also relates to the rebuilding of identity that Djuraskovic and Arthur (2010) described as a stage of the resettlement period, while it also resembles the restructuring of the brain that occurs as one learns a new language. The repair of the self's fragmentation noted by Djuraskovic and Arthur also bears resemblance to the restructuring of the brain that occurs as one repairs trauma. Finally, scaffolding may also serve as a potential antidote to the fragmenting nature of cultural bereavement described by Eisenbruch (1990).

Figure 10. "Bird in the Hand," ink on paper.

A sketch I created in response to the first session reflected scaffolding and safety (Figure 10). I drew the sketch quickly after I wrote up the notes from the first session. “Bird in the Hand” captured the simultaneous experience of maintaining receptivity to clients and their needs as they transition to life in the United States, the increased awareness of nonverbal communication and heightened senses required in observation, and the notion of a safe place to land. Metaphorically, the bird contained the ideas of migration and hope, for as Emily Dickinson wrote, “hope is the thing with feathers.” The image resonated in a larger way as well, in that the group (the hand) allowed me the opportunity to witness the experience of joy (the bird) of participants. The hand also reflected the participants’ experience of loss (empty hand) but also their receptivity to art, hope ,and joy (bird). This image echoed the birds seen in the participants’ artwork as well.

CHAPTER 5: DISCUSSION

Examining the data was akin to looking at a complex piece of art in a museum that one continues to return to see or a song that one plays repeatedly in order to figure out the poetry of the lyrics. As I went back to the data repeatedly, I would see something else that I had missed or had not noticed. It was a fascinating process to be able to examine something so familiar and yet so mysterious. During data analysis, I had to dissemble the familiar process of facilitating a group in order to understand how and why it works.

Primary Findings: ESL-Informed Art Therapy

Having worked with ESL students for two decades, it is second nature for me to speak more slowly, simplify my vocabulary, and check for comprehension regularly. I had not considered how this skillset may also contribute to clients' experience during an art therapy group. In analyzing the transcripts, this invisible factor became visible for me.

While I knew students were anxious about their limited language skills, I did not consider how my method of speaking would impact my study participants. This seems obvious in retrospect. I believe my particular method of speaking encouraged the participants and helped them feel comfortable during the group. It seemed that because the language was less stressful, they had more energy to devote to making art. Conversely, the relaxation participants found in art making also might have led to greater ease with language. Because language anxiety was a significant stressor for participants, they described distress related to seeking perfection in their spoken use of English. Developmentally appropriate adolescent concerns about peer approval and avoidance of ridicule exacerbated their language anxiety. This anxiety contributed to speechlessness in their educational setting even when the girls knew the answer to a teacher's

questions. Participant concerns about boys' perceptions of them also contributed to speechlessness. Art therapy, thus, offered a way for participants to express themselves nonverbally (and verbally if they so chose), while the lower stress and relaxation experienced in art making reduced worry related to language.

An emergent result was the way that art making seemed to facilitated clients' ability to move from receptive language to expressive language. There is a particular period in language development when one's spoken language (*expressive language*) is outpaced by one's internal understanding of the language (*receptive language*). In other words, you understand much more than you can verbalize. Art making and the discussion of art made in session during art therapy offers a parallel to this phase of language development. Art therapy features both expressive and receptive components in the choice to verbalize about one's art work or not. Receptivity can also be seen in the sense that one can mentally picture a completed drawing. Once the imagination "receives" this picture, the mental picture can then be expressed via art materials. Given that the art making process has some parallels to the linguistic structures of receptive and expressive language, I wonder whether art making somehow helps refugee youth in making this developmental leap.

The impact of art therapy on language development was the topic of my master's thesis, yet I did not consciously consider it as a factor in my current study. Because I know this gap between expressive and receptive language exists, I worked to give participants the vocabulary and language structures they needed to feel successful. Psychologically, this gap between the expressive and receptive functions of language also relates to trauma theory in that traumatic experiences are stored in the body yet are difficult to verbalize. Art therapy allows for the

kinesthetic-sensory expression of difficult emotions or traumatic experiences, and provides relief for clients without the necessity of verbalization.

This gap between expressive and receptive expression was paralleled by participants' initial hesitance in art making. Through the application of kinesthetic-sensory interventions of low complexity, modeling of interventions, and the safety of the studio environment, participants were able to express themselves through art making. I named art supplies, art methods, and sensory descriptors of art making and media (e.g., clay is squishy) while demonstrating how to shape and manipulate the clay and encouraging them to try the same. In modeling the social language needed to share materials, I said things like, "could you pass the scissors?" Again, I heard this in the transcripts but did not recognize its full impact until I had ruminated on the transcripts at length.

The scaffolding of language development around the art process and social interactions seems to help establish trust, build rapport, and create a sense of safety. Helping participants learn to speak to one another facilitated ease in sharing of materials, but also increased rapport among participants. Their requests increased exchanges of art materials and more English was spoken as they began to request materials from one another. This increased communication appeared to impact trust among participants in a positive way, as seen in the increase in sharing of art materials, participants teaching each other how to use materials, and the bird imagery which appeared in multiple participants' art. When participants could ask each other for materials, their comfort in group appeared to increase, as evidenced by their increased jokes, laughter. This comfort seemed to correspond to a sense of safety among the participants.

In working with refugee clients, ESL-informed art therapy helps build rapport but also provides a safe place for clients to build language skills. Because self-expression in the English language was identified as a significant stressor for participants in this study, ESL-informed art therapy offers a way for clients to both build language skills and reduce stress through participation in group therapy. In working with refugee clients, unconditional positive regard is further extended to include unconditional positive regard for the client's language ability. Focusing on art making rather than verbal processing benefits clients who speak English as a second language as expressive language skills are still in development. Art therapy offers these clients to safely express their internal experience in a less threatening way than does verbal-based therapy.

Secondary Findings: Joy and Flow Facilitation

Although I had considered the impact of playfulness and flow on clients, I had not considered the "flow-facilitating" skills described by Chilton (2013). Flow-facilitation skills that I had used with participants included: helping clients select media, helping with emotional regulation, creating studio space conducive to flow, and offering art directives that were neither too easy nor too hard.

The transcripts of the sessions fleshed out the qualities of my attention when facilitating the group. For example, flow facilitation appeared in my showing alertness to multiple factors simultaneously: to art media, to language, and to the nonverbal cues that a group member might need help with or encouragement in using the media chosen. When I offered Laila help in creating a makeshift compass to draw a circle, it offered her more control than simply sketching freehand on the corrugated cardboard. This alertness also extended to the mood and noise level

in the room, from the playground below, and the busy school corridor outside. Simultaneously, I was alert to the social interactions between the girls, the languages they were speaking, the tone of voice, speed and cadence, and laughter and other nonverbal signals. An art therapist attends to all these elements in order to facilitate clients' overall success in group sessions, but maintaining alertness to these elements in particular seem to be flow-facilitation skills. Time passed quickly for me and for the group members and we often commented that the time seemed short.

After sessions, I reflected on participants' experiences and the research via my own art making. This reflective process helped me view sessions more objectively and also to maintain my own connection with the joy I saw participants experience in session. I found that when I focused not on trauma, but on the moment, I myself could remain more focused on participants' resilience, the connection with others participants found in the group, and the hope I felt about their collective futures. The *instillation of hope* in clients is a primary tenet of group therapy (Yalom, 1970, p. 6) and it is essential for the therapist themselves to have hope regarding the healing power of a group (p. 7). This focus on the joy of the moment allowed me in turn to be more present with participants and attentive to their art-making process.

Just as language is a function of receptivity and expression, joy, too, seems related to receptivity. One must remain open to joy in order to receive it. Joy is an ephemeral concept; as I discussed in the literature review, joy is more often written about in religious or spiritual terms rather than in psychological literature. The joy I felt in relationship to these sessions felt at once sacred and precious, an unexpected gift. Should a therapist walk away from a therapy session feeling joy? This question brings to mind advice my grandmother shared with me: you must learn to receive gifts with the same grace with which you give them. This seems related to

Kapitan's (2003) suggestion that art therapists maintain their receptivity to the creativity contained in sessions in order to remain both attuned to clients and to prevent burnout.

When I started this research study, it seemed to me unlikely that I would find some kind of evidence that art therapy invokes joy. My research indicated that participants experienced not just relief from troubling memories and ongoing stressors, but also joy. For example, Laila said, "At that time, I was feeling unhappy inside of me, I was anxious. When I was drawing, I felt happy and I felt like my soul was dancing. When I was drawing, I felt optimistic." Joy was also evidenced when Haya said, "When you draw something, it becomes a part of you. Like when I was drawing my sister, it is part of me." The last phrase — "it is a part of me" —could also relate to Haya's possible feelings of relief from the separation and loss that had co-occurred with resettlement. Participant experiences of pleasure/joy may be related to Media Dimension Variables as well as to flow. This finding builds on Lee's (2015) evidence regarding indicators of flow as leading to "enjoyment, fulfillment, focused attention, and self-rewarding experiences."

The capacity of art to offer relief also seemed present in Laila's detailing of her art process. As she drew the dancer, optimism replaced the unhappiness and anxiety she felt when the session began. Her words described the way she felt when drawing: "I felt my soul" and "I felt like my soul was dancing." The transcendent feeling she described translated to a state likened to falling in love, and this joy was invoked by her art making.

Tertiary Findings: Structural Supports

Although kinesthetic/sensory interventions are useful, they tell only part of the story. The structure underpinning sessions scaffold refugee youth in a way that supports creative risk taking and increased rapport (via sharing of art materials and stories) amongst participants.

Despite that the sessions might resemble a traditional arts and crafts class, the underlying structures present in art therapy provide support and a sense of predictability, and therefore create conditions for participants to experience success. Art media, group process, language support, and the comfort and safety of the art room all combine to create an atmosphere of acceptance of participants, their art, and their linguistic ability. This support provides the antidote to their tendency toward perfectionism with an attitude of "you can't get it wrong," as refugee youth are empowered to take risks and persist despite difficulties.

Implications and Considerations for Future Research

Mental health literature on refugees prominently features trauma and pathology experienced prior to resettlement; however, van der Kolk (2004) described stabilization as a prerequisite to in-depth discussion about their past traumatic experiences. Art therapy interventions with a kinesthetic-sensory focus also offered refugee clients in this study a means to stabilize via the regulation of emotions. Art therapists' flow-facilitation skills and the related ability to notice nonverbal cues can be significant assets when working with refugee clients learning a new language.

Having a linguist's help in the analysis of the participants' speech in translation was essential to understand the concepts the participants addressed in this study. In future research, I would like to have funding to do semi-structured interviews with interpreters from a variety of languages in order to determine how group art therapy benefits are described in other languages. Hearing an in-depth explanation of the nuances of the Arabic language used by the participants in the semi-structured interviews prompted me to consider what other insights might be offered through having a clear understanding not just of the terms used to describe health or its lack, but

also of the metaphoric and poetic language used to describe health in the languages of clients. The words that describe anxiety or discomfort, wellbeing, and joy would be helpful to know for clinicians, and having some knowledge about how a client's language is used metaphorically might provide a deeper understanding of artwork. Future research into the words used in Arabic, for example, to describe terms to connote mental and emotional well-being or discomfort, is recommended.

The interplay between the ETC and MDV with refugee youth also require more study. Particularly, the cultural variability of the MDV needs in-depth examination. The MDV appears to be a culturally bound phenomenon, but the specific limitations of the current theory of MDV across cultures are unclear.

Communication with loved ones left behind in the home country (or those left behind in the country where they sought safety following the flight from home) has always been an issue for my clients, but during this study I witnessed the impacts of social media and smart phones. In reviewing the transcripts, it seems that due to this technological change, students are never far from war and images of war, and in a more immediate way than my clients in the past. This immediacy also means that they are more connected on a day-to-day basis not just to relatives and friends, but also to potentially traumatizing images and news. Just as with U.S.-born teens, this access to technology is a double-edged sword and a topic that requires further study.

For future research, I would like to have quantitative measures in the languages of the participants as well as technical support for the data analysis. These data could help to ascertain what specific variables are at work. Rubesin (2015) suggested several measures for use in

research with refugee youth, some of which have been tested with a variety of refugee populations.

Limitations

Immigration policy and refugee resettlement were debated on the front pages of most major newspapers as the time this study was conducted, and the resultant polarizing political rhetoric created an environment of uncertainty and fear for refugees living in the United States. An executive order banned travel from the United States to Muslim countries in January 2017, which meant that the study's participants would be less likely to be able travel to their home countries in the future. Due to political uncertainty, the safety of the studio might have had a greater impact for refugees in general and for Muslim refugees in particular than had the study been conducted at a less volatile time (Seddio, 2017). Haya and Laila's head coverings identified them as visibly Muslim during a time when people from Muslim countries were described as a security threat in the United States. Although their responses in the semi-structured interviews did not reflect that they had experienced discrimination related to religion or choice of dress, it is possible that the political climate had a greater impact on them than on Esther and Rose who were not visible members of a religious minority.

While the research findings are not statistically significant due to the methodology and small sample size of this qualitative study, the findings do suggest the need for future research into art therapy's potential impact on increasing a sense of connection for refugee youth. The research also offers clinicians a model for working with refugee youth in a group setting and implied that art therapy can be a complement to academic programming for refugee youth in schools. The girls spoke their native languages during sessions and these comments were not

translated due to the prohibitive cost of translation. The multiple rounds of coding and analysis offered some test-test reliability, although my acting as both researcher and group facilitator is another limitation.

Conclusion

It seems somewhat paradoxical that joy was a factor in sessions with clients who have experienced significant losses. When one has survived the worst things the world can offer, hopelessness can be debilitating. Yet awareness of even a moment of joy offers a glimpse that recovery might be possible. This awareness can be encouraged by a therapist. The therapist's cultivation of this awareness during sessions can remind clients that, as Hoffman (2013) wrote,

> Our lives are made up of equal parts sorrow and joy, and it is impossible to have one without the other . . . this is why our world is so precious . . . [and] even in the darkest hour the roses still bloom, the stars still come out at night. (pp. ix–x)

Joy reminds us of the beauty that still exists in the world despite loss. Though hard to quantify, these moments of joy are what makes life worth living.

References

Achiron, M. (2001). The wall behind which refugees can shelter. *Refugees, (2)*123. Retrieved from http://www.unhcr.org/3b5e90ea0.pdf

Bentley, J. A., & Owens, C. W. (2008). *Somali refugee mental health cultural profile.* Harborview Medical Center's Ethnic Medicine Website. Available online at: Ethnomed.org. Retrieved from https://ethnomed.org/clinical/mental-health/somali-refugee-mental-health-cultural-profile

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, *46*(1), 5-34. doi:10.1111/j.1464-0597.1997.tb01087.x

Bhugra, D., & Becker, M. A. (2005). Migration, cultural bereavement and cultural identity. *World Psychiatry*, *4*(1), 18–24.

Birman, D. (2002). *Mental health of refugee children: A guide for the ESL teacher.* Denver, CO: Spring Institute for Intercultural Learning.

Birman, D., Simon, C. D., Chan, W. Y., & Tran, N. (2014). A life domains perspective on acculturation and psychological adjustment: A study of refugees from the former Soviet Union. *American Journal of Community Psychology*, *53*(1-2), 60-72. doi:http://dx.doi.org.mmu.ezproxy.switchinc.org/10.1007/s10464-013-9614-2

Blackwell, R. (1997). Holding, containing and bearing witness: The problem of helpfulness in encounters with torture survivors. *Journal of Social Work Practice, 11* (2), 81-89.

Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development.* Thousand Oaks, CA: Sage Publications.

Brown, S. (2009). *Play: How it shapes the brain, opens the imagination and reinvigorates the soul*. New York, NY: Penguin.

Burkhart, G. (2011). Defining and recognizing play. In Pellegrini, A. (Ed.). *The Oxford Handbook of the Development of Play*. New York, NY: Oxford University Press, (pp. 9-18).

Callaghan, K. (1998). In limbo: Movement psychotherapy with refugee and asylum seekers. In D. Dokter (Ed.), *Art therapists, refugees and migrants: Reaching across* borders (pp. 25-40). London, England: Jessica Kingsley Publishers.

Center for Victims of Torture (2005). Working with torture survivors: Core competencies. In *Healing the Hurt*. Minneapolis, MN: Center for Victims of Torture.

Chilcote, R.(2007). Art therapy with child tsunami survivors in Sri Lanka. *Art Therapy: Journal of the American Art Therapy Association, 24*(4),156-162. doi: 10.1080/07421656.2007.10129475

Chilton, G. (2013). Art therapy and flow: A review of the literature and applications, *Art Therapy: Journal of the American Art Therapy Association, 30*(2), 64-70, doi: 10.1080/07421656.2013.787211

Chishti, M. & Hipsman, F. (2015). The child and family migration surge of summer 2014: A short-lived crisis with a lasting impact, *Journal of International Affairs, 68* (2), 95-114.

Chu, J. (1992). The therapeutic roller coaster: Dilemmas in the treatment of childhood abuse survivors. *Journal of Psychotherapy Practice and Research. 1*(4), 351-370.

Chu, V. (2011). Within the box: Cross-cultural art therapy with Rwandan genocide survivors. *Art Therapy: Journal of the American Art Therapy Association*, 27(1) pp. 4-10

Csíkszentmihályi, M. (1991). *Flow: The psychology of optimal experience.* New York, NY: Harper Perennial.

Cuesta, A. R., & Yousefian, S. (2015). A contrastive study of Arabic and Persian formulas against the evil eye used by women. *Procedia-Social and Behavioral Sciences, 212*, 131-139. DOI : 10.1016/j.sbspro.2015.11.310

Cumming-Bruce, N. (2015, July 9). Number of Syrian refugees climbs to more than 4 million. *New York Times,* Retrieved from http://www.nytimes.com/2015/07/09/world/middleeast/number-of-syrian-refugees-climbs-to-more-than-4-million.html

Czmanski-Cohen, J. (2010). "Oh! Now I remember!": The use of a studio approach to art therapy with internally displaced people. *Arts in Psychotherapy. 37*, 407-413.

Djuraskovic, I. & Arthur, N. (2010). Heuristic inquiry: A personal journey of acculturation and identity reconstruction. *The Qualitative Report. 15*(6), 1569-1586.

Dokter, D. (1998). Being a migrant, working with migrants: Issues of identity and embodiment. . In D. Dokter (Ed.), *Art therapists, refugees and migrants: Reaching across borders* (pp. 145-154). London, England: Jessica Kingsley Publishers.

Drozdek, B. (2010). How do we salve our wounds? Intercultural perspectives on individual and collective strategies for making peace with our past. *Traumatology, 16* (6), 5-16.

Eisenbruch, M. (1990). The cultural bereavement interview: A new clinical research approach for refugees. *Psychiatry Clinics of North America, 13* (4), 715-735.

Fagen, P.W. (2011, April 7). Refugees and IDPs after conflict: Why they do not go home. *United States Institute for Peace Special Report.* Retrieved from http://www.usip.org/sites/default/files/SR268Fagen.pdf

Ferrara, N. (2004). *Healing through art: Ritualized space and Cree identity.* (Doctoral dissertation, McGill-Queen University). Retrieved from

https://books.google.com/books?id=BA4rrh5HYK8C&dq=art+therapist+office+space&lr=&source=gbs_navlinks_s

Ferrucci, P. (2009). *Beauty and the soul: The extraordinary power of everyday beauty to heal your life.* New York, NY: Jeremy Tarcher.

Fisher, K., Hirsh-Pask, K., Golinkoff, R., Singer, D., & Berk, L. (2011) . Playing around in school: Implications for learning. In Pellegrini, A. (Ed.). *The Oxford handbook of the development of play,* (pp. 341-360). New York, NY: Oxford University Press.

Fitzpatrick, F. (2011). A search for home: The role of art therapy in understanding the experiences of Bosnian refugees in Western Australia. *Art Therapy: Journal of the American Art Therapy Association, 19* (4), 151-158.

Forssen, A. (2007). Humor, beauty and culture as personal health resources: Experiences of elderly Swedish women. *Scandinavian Journal of Public Health, 35,* 228-234.

Glazer, H.R. (1999). Children and play in the Holocaust: Friedl Dicker-Brandeis-heroic child therapist. *Journal of Humanistic Counseling, 37*(4), 194-200.

Goebl-Parker, S. (2010). Aesthetic listening: A Reggio-inspired studio research paradigm for art therapy. In H. Burt (Ed.), *Art therapy and postmodernism: Creative healing through a prism* (pp. 325-343). London, England: Jessica Kingsley.

Graves-Alcorn, S. & Green, E. (2013). Expressive Arts Therapy Continuum: History and theory. In Green, E. & Drewes, A. (Eds.), *Integrating expressive arts and play therapy with children and adolescents* (pp. 1-17). Hoboken, NJ: Wiley and Sons.

Gray, B.L. (2012). The Babushka Project: Mediating between the margins and wider community through public art creation. *Art Therapy: Journal of the American Art Therapy Association, 29* (3). 113-119.

Hammond, J. & Gibbons, P. (2001). *Scaffolding: A focus on teaching and learning in literacy education.* Primary English Teaching Association: Newtown, Australia.

Hammond, J. & Gibbons, P. (2005). Putting scaffolding to work: The contribution of scaffolding in articulating ESL education. *Prospect. 20(1).* 6-30.

Hancock, D. & Algozzine, B. (2006). *Doing case study research: A practical guide for beginning researchers*. New York, NY: Teachers College Press.

Harris, D. (2009). The paradox of expressing speechless terror: Ritual liminality in the creative arts therapies' treatment of posttraumatic distress. *The Arts in Psychotherapy. 36,* 94-104.

Hass Cohen, N. (2016). Secure resiliency: Art therapy relational neuroscience trauma treatment principles and guidelines. In King, J. (Ed.), *Art therapy, trauma and neuroscience: Theoretical and practical perspectives* (pp. 100-138). New York, NY: Routledge.

Hazut, T. (2005). From dark black to bright pink: The power in coping with life under threat, Israel 2001-2002. In D. Kalmanowitz & Lloyd, B. (Eds.) *Art therapy and political violence: With art, without illusion* (pp. 91-105). London: Routledge.

Herman, K., Parker, A. & Suomi, S. Burkhart, G. (2011). Gene X environmental interactions and social play: Contributions from Rhesus Macaques. In Pellegrini, A. (Ed.). *The Oxford handbook of the development of play* (pp. 58-69). New York, NY: Oxford University Press.

Hernandez, M. (2009). Psychological theories of immigration. *Journal of Human Behavior in the Social Environment, 19,* 713-729.

Hinz, L. (2009). *Expressive therapies continuum: A framework for using art in therapy*. New York, NY: Routledge.

Hobfoll, S., Watson, P., Bell, C., Bryant, R., Brymer, M., Friedman, M.J., Friedman, M., Gersons, B, DoJong, J., Lyane, C., Maguen, S., Neria, Y., Norwood, A., Pynoos, D., Ruzek, J., Shalev, A., Solomon, Z., Steinberg, A., & Ursano, R. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry, 70*(4), 283-315.

Hocoy, D. (2002). Cross-cultural issues in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, *19*(4), 141-145.

Hoffman, A. (2013). *Survival lessons.* Chapel Hill, NC: Algonquin.

Hopkins, L. (2009). Why narrative? Reflections on the politics and process of using narrative in refugee research. *Tamara Journal, 8* (8.2), 135-145.

Howes, C. (2011). Social play of children with adults and peers. In Pellegrini, A. (Ed.). *The Oxford Handbook of the Development of Play* (231-244). New York, NY: Oxford University Press.

Hunt, D., Morland, L., Barocas, R., Huckans, M. & Call, S. (2002). Understanding, preventing and treating problem behaviors among refugee and immigrant youth. Center for Multicultural Human Services: Falls Church, VA. Retrieved from Bridging Refugee Youth & Children Services website brycs.org

Isfahani, S.N. (2008). Art therapy with a young refugee woman-survivor of war. *International Journal of Art Therapy*, *13* (2), 79-87.

James, L, Sovci, A., Garoff, F. & Abbasi, R. (2014). The mental health of Syrian refugee children and adolescents. *Forced Migration Review, 47* (Sept. 2014), 42-44.

Joffe, H. & Yardley, L. (2004). Content and Thematic Analysis. In D. Marks & Yardley, L. (Eds.), *Research methods for clinical and health psychology* (pp.56-68). London: Sage Publications.

Johnson, P.G. & St. Thomas, B. (2001). Child as healer. *Migration World Magazine, 29*(5), 33-39.

Junge, M., Alvarez, J., Kellogg, A., Volker, C., & Kapitan, L. (2009). The art therapist as social activist: Reflections and visions. *Art Therapy: Journal of the American Art Therapy Association, 26* (3), 107-113.

Kalin, A. & Murphy, J. (2005). The moment in and out of time: Reflections on context and timing in art therapy interventions in Kosovo. In D. Kalmanowitz & Lloyd, B. (Eds.) *Art therapy and political violence: With art, without illusion* (pp. 60-75). London, England: Routledge.

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

Kalmanowitz, D. & Lloyd, B. (2005). Inside the Portable Studio: Art therapy in the former Yugoslavia 1994-2002. In D. Kalmanowitz & Lloyd, B. (Eds.) *Art therapy and political violence: With art, without illusion* (pp. 106-125). London, England: Routledge.

Kalmanowitz, D., & Lloyd, B. (2002). Inhabiting the uninhabitable: the use of art-making with teachers in Southwest Kosovo. *Arts in psychotherapy*, *29*(1), 41-52.

Kapitan, L. (2003). *Re-enchanting art therapy: Transformational practices for restoring creative vitality*. Springfield, IL: Charles C. Thomas.

Kapitan, L. (2015). Social action in praxis: Shifting the ethnocentric lens in cross-cultural art therapy encounters. *Art Therapy: Journal of the American Art Therapy Association*, 32(3), 104-111, DOI: 10.1080/07421656.2015.1060402.

Kapitan , L. (2013). Art therapy's sweet spot between art, anxiety, and the flow experience, *Art Therapy: Journal of the American Art Therapy Association, 30* (2), 54-55, *doi*: 10.1080/07421656.2013.789761

Kapitan, L. (2010). *Introduction to art therapy research*. New York, NY: Taylor and Francis.

Keyes, E. & Kane, C. (2004). Belonging and adapting: Mental health of Bosnian refugees living in the United States. *Issues in Mental Health Nursing. 25*, 809-831.

Kowitt, S. D., Emmerling, D., Gavarkavich, D., Mershon, C. H., Linton, K., Rubesin, H. & Eng, E. (2016). A pilot evaluation of an art therapy program for refugee youth from Burma. *Art Therapy*, *33*(1), 13-20.

Kromm, K. & Sturgis, S. (2008). Hurricane Katrina and the guiding principles on internal displacement: A global human rights perspective on a natural disaster[Special Report],. *Southern Exposure, XXXVI, (1 &2)*. Retrieved from http://www.brookings.edu/~/media/events/2008/1/14%20disasters/0114_isskatrina.pdf

Kuo, B. C. H. (2014). Coping, acculturation, and psychological adaptation among migrants: a theoretical and empirical review and synthesis of the literature. *Health Psychology and Behavioral Medicine*, *2*(1), 16–33. http://doi.org/10.1080/21642850.2013.843459

Landreth, G. (2002). *Play therapy: The art of the relationship*. New York, NY: Brunner-Routledge.

Lee, S.Y. (2015). Flow indicators in art therapy: Artistic engagement of immigrant children with acculturation gaps. *Art Therapy: Journal of the American Art Therapy Association*, *32*(3), 120-129, DOI: 10.1080/07421656.2015.1060836

Li, P., Legault, J. & Litcofsky, K.A. (2014). Neuroplasticity as a function of second language learning: Anatomical changes in the human brain. *Cortex: A Journal Devoted to the Study of the Nervous System & Behavior*, *58*, 301-324.

Linesch, D., Ojeda, A., Fuster, M.E., Moreno, M. & Solis, G. (2014). Art therapy and experiences of acculturation and immigration, *Art Therapy: Journal of the American Art Therapy Association*,*31*(3), 126-132, DOI: 10.1080/07421656.2014.935586

Lister, S., Pushkar, D., & Connolly, K. (2008). Current bereavement theory: Implications for art therapy practice. *Arts in Psychotherapy, 35*, 245-250.

Lusebrink, V.B. & Hinz, L. (2016). The expressive therapies continuum as a framework in the treatment of trauma. In Juliet King (Ed.) *Art Therapy, Trauma and Neuroscience: Theoretical and Practical Perspectives* (42-66). New York, NY: Routledge.

Lusebrink, V. B. (2010). Assessment and therapeutic application of the Expressive Therapies Continuum: Implications for brain structures and functions. *Art Therapy: Journal of the American Art Therapy Association*, *27*(4), 168-177.

Lusebrink, V.B. & Graves-Kagin, S. L. (1978). The expressive therapies continuum. *Art Psychotherapy*, *5*,171-179.

McLeod, J. (2011). *Qualitative research in counseling and psychotherapy* (2nd edition). Los Angeles, CA: Sage.

Maher, K. (2013). Neuroplasticity in the SLA classroom: Connecting brain research to language learning. In N. Sonda & A. Stewart (Eds.), *JALT2012 Conference Proceedings*, 201-209. Hamamatsu, Japan: JALT. http://jalt-publications.org/proceedings/articles/3260-neuroplasticity-sla-classroom-connecting-brain-research-language-learning

Malchiodi, C. (2008). Effective practice with traumatized children: Ethics, evidence and cultural sensitivity. In C. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 22-40). New York, NY: Guilford Press.

Mirza, M., Luna, R., Mathews, B., Hasnain, R., Herbert, E., Nievauer, A., & Mishra, U. (2014). Barriers to healthcare access among refugees with disabilities and chronic health conditions resettled in the US Midwest. *Journal of Immigrant and Minority Health, 16*, 733-742.

McCormick, P. (2010). A right to beauty: A fair share of milk and honey for the poor. *Theological Studies, 71*, 702-720.

Mooney, E. (2014). The inside story: Internal displacement in Syria. *Forced Migration Review, 47* (Sept. 2014), 44-45.

Nabarro, M. (2005). Feast of color: Creating something out of very little-art making as a psychosocial intervention with children of a forgotten war, Sudan. In D. Kalmanowitz & Lloyd, B. (Eds.), *Art therapy and political violence: With art, without illusion* (pp. 76-90). London, England: Routledge.

Oh, S. A., & van der Stouwe, M. (2008). Education, diversity, and inclusion in Burmese refugee camps in Thailand. *Comparative Education Review*,*52*(4), 589-617.

Olds, A.R. (1988). Designing for play: Beautiful spaces are playful spaces. *Child Health Care. 16*(3), 218-221.

Panksepp, J. (2008). Play, ADHD, and the construction of the social brain: Should the first class each day be recess? *American Journal of Play*, *1*(1), 55-79.

Papadopoulos, R. (2002). Refugees, home and trauma. In R. Papadopoulos (Ed.), *Therapeutic care for refugees: No place like home* (pp. 9-68). London, England: Tarnac.

Parisian, K. (2015). Identity formation: Art therapy and an adolescent's search for self and belonging. *Art Therapy: Journal of the American Art Therapy Association*. *32*(3), 130-136.

Pipher, M. (2002). *Middle of everywhere: The world's refugees come to our town.* New York, NY: Harcourt.

Potocky-Tripodi, M. (2002). *Best practices for social work with refugee and immigrants.* New

York, NY: Columbia University Press.

Prior, M. & Niesz, T. (2013). Refugee children's adaptation to American early childhood classrooms: A narrative inquiry. *The Qualitative Report, 18* (39). 1-17.

Ramstetter, C. L., Murray, R., & Garner, A. S. (2010). The crucial role of recess in schools. *Journal of School Health*, *80*(11), 517-526.

Rousseau,C., Bagilishya, D., Lacroix, L., & Heusch, N. (2003). Working with myths: Creative Expression workshops for immigrant and refugee children in a school setting. *Art Therapy: Journal of the American Art Therapy Association*, 20(10), 3-10.

Rousseau, C., & Kirmayer, L. J. (2010). From complicity to advocacy: The necessity of refugee research. *American Journal Of Bioethics*, *10*(2), 65-67. doi:10.1080/15265160903506418

Seligman, M. (2011). *Flourish: A visionary new understanding of happiness and well-being.* New York, NY: Free Press.

Schreibman, R. & Chilton, G. (2012). Small waterfalls in art therapy supervision: A poetic appreciative inquiry. *Art Therapy: Journal of the American Art Therapy Association*, *29*(4), 188-191, doi: 10.1080/07421656.2012.730924

Schrieber, S. (1995). Migration, traumatic bereavement, and transcultural aspects of psychological healing: Loss and grief of a refugee woman from Begameder County in Ethiopia. *British Journal of Psychology, 68,* 138-142.

Schuchman, D. & McDonald, C. (2004). Somali mental health. ethnomed.org https://ethnomed.org/clinical/mental-health/somali-mental-health

Seddio, K. (2017, July). Trauma, psychopathology, and the refugee crisis: A call to action. *American Journal of Public Health, 107*(7), 1044-1045. doi: 10.2105/AJPH.2017.303857.

Shannon, P., Vinson, G., Wieling, E., Cook, T., & Letts, J. (2015). Torture, war trauma, and mental health symptoms of newly arrived Karen refugees. *Journal of Loss and Trauma, 20*(6), 577-590.

Shapiro, M. (2012). Bosnian blues. *Peace Review: A Journal of Social Justice. 24*, 490-497.

St. Thomas, B. & Johnson, P. (2007). *Empowering children through art and expression : Culturally sensitive ways of healing trauma and grief.* London, England: Jessica Kingsley Publishers.

St. Thomas, B. & Johnson, P. (2004). Play: The lantern of hope. *Journal of Poetry Therapy, 17* (2), 81-90.

Sutton-Smith, B. (2011). The antipathies of play. In Pellegrini, A. (Ed.), *The Oxford handbook of the development of play* (pp. 110-115). New York, NY: Oxford University Press.

ter Matt, M. (1997). A group art therapy experience for immigrant adolescents. *American Journal of Art Therapy. 36*(1). 11-20.

Tippett, K. (Interviewer) & Brown, S.(Guest), (2014, June 19). Play, spirit and character [Radio broadcast]. In *On Being*, Minneapolis, MN: Krista Tippett Radio Productions. Podcast retrieved from http://www.onbeing.org/program/play-spirit-and-character/143

Tyrer, R. & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: A systematic review. *PLoS ONE 9*(2): e89359. doi:10.1371/journal.pone.0089359.

United Nations High Commissioner for Refugees, (April 26, 2018). *Situation Syria Regional Response: Total Persons of Concern by Country of Asylum*. Washington, DC: United Nations High Commissioner for Refugees. Retrieved from https://data2.unhcr.org/en/situations/syria

United Nations High Commissioner for Refugees, (2015). *Populations of Concern* [Update]. Washington, DC: United Nations High Commissioner for Refugees. Retrieved from http://www.unhcr.org/5461e5ec3c.html

United Nations High Commissioner for Refugees, (2017), *UNHCR Statistics: The World in Numbers*. Washington, DC: United Nations High Commissioner for Refugees. Retrieved from http://popstats.unhcr.org/en/overview

Vaillancourt, D., James, M., Manion, M., & Ting, M. (2007). Beauty and healing. *International Journal of the Humanities, 5*(4), 217-232.

Van de Veer, G. & Van Waring, A. (2004). Creating a safe therapeutic sanctuary. In Wilson, J. & Drozdek, B. (Eds.) *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees and War and Torture Victims*, (pp. 187-219). Routledge.

Van der Kolk, B. (2000). Posttraumatic stress disorder and the nature of trauma. *Dialogues in Clinical Neuroscience*, *2*(1), 7–22.

van der Kolk, B.A. & Fisler, R. E. (1994). Childhood abuse and neglect and loss of self-regulation. *Bulletin of the Menninger Clinic, 58*(2), 145-168. Retrieved from https://search-proquest-com.mmu.ezproxy.switchinc.org/docview/618525160?accountid=9431

Warr, S. (2010). Counseling refugee young people: An exploration of therapeutic approaches. *Pastoral Care in Education, 28*(4), 269-282.

Wertheim-Cahen, T. (1998). Art therapy with asylum seekers: Humanitarian relief. In D. Dokter (Ed.), *Arts therapists, refugees and migrants: Reaching across borders* (pp. 41-61). London, England: Jessica Kingsley Publishers.

Wilkinson, R. & Chilton , G. (2013) Positive art therapy: Linking positive psychology to art

therapy theory, practice, and research, *Art Therapy: Journal of the American Art Therapy Association*, 30(1), 4-11, DOI:10.1080/07421656.2013.757513

Williams, M. & Thompson, S. (2011). The use of community-based interventions in reducing morbidity from the psychological impact of conflict-related trauma among refugee populations: A systemic review of the literature. *Journal of Immigrant and Minority Health, 12*, 780-794.

Wix, L. (2009). Aesthetic empathy in teaching art to children: The work of Friedl Dicker-Brandeis in Terezin. *Art Therapy: Journal of the American Art Therapy Association*, 26(4) , 152-158. http://dx.doi.org/10.1080/07421656.2009.10129612

Yeh, L. (2011). *Awakening creativity: Dandelion School blossoms*. Oakland, CA: New Village Press.

Yohani, S. & Larsen, D. (2009). Hope lives in the heart: Refugee and immigrant children's perceptions of hope and hope-engendering sources during early years of adjustment. *Canadian Journal of Counseling, 43* (4), 246-264.

Yoon, E., Chang, C., Kim, S., Clawson, A., Cleary, S. E., Hansen, M., Bruner, J, & Gomes, A. M. (2013). A meta-analysis of acculturation/enculturation and mental health. *Journal of Counseling Psychology, 60*(1), 15-30.

Zwart,M. (1998). Mourning rituals in non-verbal therapy with traumatized refugees. In Dokter, D. (Ed). *Arts Therapists, Refugees and Migrants: Reaching Across Borders* (pp. 62-79). London, England: Jessica Kinglsey Publishers.

Appendix A: Consent Form

August 31, 2016

Dear Parent or Guardian,

I am a doctoral student in Art Therapy at Mount Mary University who is conducting research on the benefits of art for teens who are adjusting to life in the United States. This letter requests your permission to allow your child to participate in my research.

If you agree, your child will be invited to participate in four group art experiences with other teens (for 45 minutes each) and one hour-long individual meeting with me. Everything we do in the sessions will be helpful and interesting for your child, and not beyond what is normal for a teen therapeutic support group that school officials have approved.

I realize how important it is to protect your and family by keeping all information confidential. Because your child will be asked to make art works about their adjustment, I will keep their art stored in a locked cabinet until the end of sessions, when the art will returned. I also will need to take photographs to use in my research, but no one will be able to identify anything about your child or any family members. No names, addresses, descriptions, pictures that show faces, or other details will be collected or used. I will audio record the individual art session, however, no one will hear or be able or use the tape other than myself and I will destroy it after my research is complete.

At any time you can change your mind about allowing your child to be in my research and your child can decide not to continue coming to the art sessions. Your decision whether to give permission will not affect any services you and your child are receiving. You can also ask to see a copy of the research when it is complete.

Some of the possible benefits that your child may have by coming to the art sessions include feeling better and more positive about life in the U.S., being able to manage difficult feelings, sharing with other teens what it is like to adjust to a new culture, and feeling more comfortable at home and at school.

Although the art sessions are designed to support your child's adjustment and no one has to talk about anything that feels too private, it is possible that your child might feel uncomfortable at times during the art sessions. Sometimes drawing pictures reminds people of good or bad memories, and that might feel unpleasant. But if this happens, your child will be able to take the time to share what they're feeling with me and the other teens who may have similar feelings.

The reason I am committed to this research is because I believe it will help people in the U.S. understand the kinds of experiences that help or make it hard for immigrants. This research will also help your child's school create better services for immigrant children and their families.

If you have any questions about this study, please contact me via phone (phone number removed for privacy purposes) or via email at (email removed for privacy purposes). If I am not immediately available, I will return your call as soon as possible. If you wish to speak to Dr. Bruce Moon, my research course advisor about the study, you may reach him at XXX-XXX-XXXX. If you have concerns regarding your child's and family privacy or rights as a research participant, you may contact Dr. Maureen Leonard at Mount Mary University via email at (email removed) or via phone at XXX-XXX-XXXX, ext. XXXX.

Sincerely,

Jennifer Beasley, LPAT, ATR-BC

I grant permission for my child to participate in the study of Art Therapy and Acculturation in Newly Arrived Refugee Youth being conducted by Jennifer Beasley. I have reviewed and fully understand the contents of this consent form. I understand that I may refuse to participate or withdraw from the study at any time. I understand that my child's information will be kept confidential. I have been given a copy of this consent form.

Printed Parent or Guardian Name_____

Parent or Guardian
Signature_____Date_____

Child Participant's
signature_____Date_____

Witness to participant's
signature_____Date_____

Appendix B Student Assent Form

October 10, 2016

Student Assent Form

My name is Jennifer Beasley. I am an art therapist and a doctoral student at Mount Mary University. I have used art therapy to help teens adjust to life in the United States for over ten years.

I am doing a study to learn about using art therapy with teens who are new to living in the United States. I am asking you to help because we don't know much about how art therapy helps kids your age adjust to living in a different culture.

If you agree to be in this study, I am going to ask you some questions about living in a different culture. You will also participate in an art therapy group for 4 sessions. I want to know in what ways the group helped you.

You can ask questions about this study any time. If you choose at any time not to finish, it is okay to ask to stop.

I want to know what you think. There are not any right or wrong answers. It isn't a test or a school assignment.

If you sign this paper, it means you have read this paper and that you want to be in the study. If you don't want to be in the study, **do not** sign the paper. Being in the study is your choice, and no one will be upset if you don't sign this paper or if you change your mind later.

_____ _____

Your signature Date

_____ _____

Witness Date

Appendix C: Interview Protocol

J. Beasley
cell XXX-XXX-XXXX

Interview Protocol

Thank you for taking time to meet with me today. My name is Jennifer Beasley, and I would like to talk to you about your participation in the art therapy group. I want to know more about what helps kids your age adjust to living in a new culture. I am interested in understanding how art therapy can be used with kids your age who are adjusting to life in a new culture.

This interview will be recorded so I can be sure I do not miss any of your words. Your responses will be kept confidential. This means that in my paper on this research, I will not identify you by name or any other means. You can share what you feel comfortable with, and you do not need to share anything that makes you uncomfortable. You are free to stop this interview at any time.

Any questions?

Do you agree to participate in the interview?

Background

Name of participant:

What grade are you in?

When did you come to the United States?

General Questions:

Tell me about your experience of adjusting to life in the United States.

What has helped you to adjust to life in the United States?

What has been difficult about adjusting to life in the United States?

Questions about the art therapy group

What art materials were enjoyable for you?

Tell me about making this piece of art.

Did the art therapy group support adjusting to life in the United States?

What did you think of the art therapy group?

If you were going to ask another student to attend the group, what would you say?

What would make an art therapy group like this better for students like you?

Thank you so much for helping me with my research. This information you shared will help those who work with refugees adjust more easily to life in a new country and a new culture.