



# Out of our mind. Art therapy and mindfulness with refugees, political violence and trauma



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## ABSTRACT

Combining art therapy and mindfulness in meeting the needs of refugees and asylum seekers is a novel innovation. This paper presents the integration of these approaches, and draws on examples from a short term art therapy and mindfulness meditation studio group, named *Inhabited Studio*. Art therapy and mindfulness are demonstrated to complement each other, and where there are points of divergence these are indicated. Consideration is given to how these approaches can be combined to help individuals build strategies for safety, support resilience, and work with multiple levels of loss, after extreme and traumatic experiences. The article considers eleven features of the combination of art therapy and mindfulness meditation. Results of implementation of the treatment approach indicate that, when combined, mindfulness and art therapy address different aspects of the individual experience, and social context, through engagement in processing.

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## 1. Introduction

Refugees and asylum seekers are people who have been forced to flee their country as a result of fear of serious harm, risk of violence, persecution or a threat to their lives. A refugee is a person who has been afforded the legal status of refugee while an asylum seeker is a person who is in the process of applying for refugee status. For the purpose of this article no differentiation is made between the two and the word refugee is used to imply both.

The issue of refugees has been at the forefront of our consciousness in recent times, as a result of the massive influx of Syrian Refugees into Europe fleeing from the violence and destruction resulting from armed conflict in their country. The UNHCR has estimated that 9 million refugees have fled Syria since the outbreak of the unrest in March 2011 (European University Institute, 2015). The most current figures available from the United Nations High Commissioner for Refugees (UNHCR) are that as of mid-2014 the number of refugees worldwide was 13 million (UNHCR, 2015). This was before the recent escalation of the Syrian refugee numbers.

This article is theoretical in nature and considers how the combination of art therapy and mindfulness in work with refugees acknowledges human suffering and traumatic events while at the same time recognises the resilience that exists and the search for healing, health and growth. Examples are taken from a short term art therapy and mindfulness workshop described further on in this article.

## 2. Refugees and mental health

Refugee status is not synonymous with having a mental disorder, but many mental health professionals frame their work in the context of trauma and post traumatic stress disorder (PTSD) because of the presenting needs and behaviours of many in the refugee community who can be distressed and anxious for the future. Whether individuals were politically active, or caught up in the conflict, political violence has devastating and destructive consequences at many different levels. Although some people do end up needing specialist help the majority of people exposed to traumatic events do not develop PTSD (Friedman, 2015; Trimble, 1985).

Political violence has far reaching effects. It can challenge the community and society, lead to fragmentation and destruction and impact on culture at large. Political violence impacts on the individual and can lead to the breakdown of relationships between individuals, community and society itself (Kalmanowitz & Lloyd,

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2005). The personal consequences of violence are interwoven with the political and can include human rights violations, repression, abductions, rape, unjustified imprisonment, intimidation, killing, bombing, terror, terrorism, violence, genocide, displacement, torture and these can impact on the civilians of a country leading to a sense of vulnerability and helplessness and a feeling of un-safety and insecurity (Kalmanowitz & Lloyd, 2005).

The consequences of political violence extend over many years. Keilson (1979) as cited in van der Veer, (1992) studied Jewish children after World War II and distinguished three phases: the first phase as characterised by increase in oppression and persecution, the second phase undergoing frightening events leading to fleeing and the third, dealing with the internal displacement or becoming a refugee. Indeed until today the refugee experience can be characterised by these three phases and extended destabilisation, traumatic experiences, separation, loss. Refugees have survived extreme events before coming and during their flight and then face further challenges in exile.

Understood in this broader context it is no wonder Summerfield (1999) challenges the tendency to frame our work with refugees in terms of trauma. He believes that there is a globalisation of western cultural trends to medicalize distress and argues that for the vast majority of survivors of political violence “posttraumatic stress is a pseudo-condition, a reframing of the understandable suffering of war as a technical problem to which short-term technical solutions like counselling are applicable” (p.1449). It is true that we do not want to medicalize distress and that we cannot take it out of context, and yet we cannot ignore the disadvantaged situation in which asylum seekers live or the suffering they endure.

### 3. Art therapy and trauma

There is much written on art therapy and trauma with a small minority of articles focusing on art therapy with refugees. Art therapy journals spanning 1985–2014 reveal a mix of approaches to trauma in general with the two most common including the creative expressive approach (expression of thoughts and feelings in a therapeutic relationship) (Appleton, 2001; Baker, 2006; Chilcote, 2007; Chu, 2010; Leclerc, 2011; Pynoos & Eth, 1986; Schweitzer, Vromans, Ranke, & Griffin, 2014 to name some) and a psychodynamic approach (insight-oriented with a focus on unconscious processes, transference and countertransference, ego, object relations) (Avrahami, 2005; Mallay, 2002). Additionally since around 2001 there has been a strong emergence of neuroscience and the brain in trauma work, and art therapy has followed this trend (Chapman, 2001; Gantt & Tinnin, 2009; McNamee, 2004; Spring, 2004; Talwar, 2007). As a result of an increasing amount of evidence based research, cognitive behavioural therapy (CBT) has also become prevalent in trauma literature and art therapists working in trauma have explored the connection between CBT, trauma and art therapy too (Sarid & Huss, 2010; Talwar, 2007). Some of the psychodynamic approaches to the arts therapy and trauma have begun to include an emphasis on the use of art which emphasizes a connection between the body, biology and the mind (Malchiodi, 2010; Rappaport, 1998; Talwar 2007).

### 4. Mindfulness and trauma

Mindfulness as a way of being is key to Buddhist philosophy, but it is also a universal phenomenon pointing to the nature of the mind (Kabat-Zinn, 2003). Mindfulness meditation practice involves the focus of one’s attention on the present moment towards building a conscious awareness of the body, sensations, feelings and thoughts (Gunarantana, 1992; Hanh, 1999). In an attempt to operationalize this all-inclusive idea, many have defined mindfulness meditation

in more concrete terms. Kabat-Zinn (2003) for example defines mindfulness as: “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (p. 145). Different mindfulness meditation exercises are utilized (Brahm, 2006; Hanh, 1999; Kabat-Zinn, 2003), to make mindfulness accessible alongside the operational definitions.

Briere (2012) suggests an intimate connection between trauma and mindfulness and writes that mindfulness increases the ability of the individual to handle the emotions that they have, as opposed to trying to escape them. Trauma is responsive to mindfulness in that it works towards increased awareness and acceptance rather than to the decreasing of awareness and of shutting down and can assist in both emotional processing as well as cognitive processing through this attitude of acceptance, non judgement and present focus. For these reasons mindfulness has become a core component of trauma therapy as part of the CBT approach (Briere, 2012; Follet, Palm, & Pearson, 2006; Hayes, Strosahl, & Wilson, 1999; Kabat-Zinn, 2003; Linehan, 1993).

## 5. Inhabited studio

### 5.1. Context

Hong Kong is a signatory to the UN Convention Against Torture, but not the UN Refugee Convention. As of April 2014, Hong Kong had 47,000 asylum seekers registered in the city (Kao, 2014). Asylum seekers are not allowed to work or study and can wait for many years for their claims to be heard.

### 5.2. Participants

Participants in the Inhabited Studio were refugees and asylum seekers from seven different countries, predominantly Africa, but also two from Iran. Participants were clients of the only Non Government Organisation (NGO) in Hong Kong, which served the psychosocial and practical needs of the refugees, and were referred to the Studio as they had sought emotional or psychosocial support from the NGO. In addition to the social dislocation, the participants suffered from physiological symptoms such as hyper arousal, anxiety, aches and pains, difficulty in concentrating. Many felt displaced and disconnected, some felt isolated and alone and all described structuring their days around activities that would keep their thoughts at bay. This response to traumatic events is mirrored in the trauma literature (Briere, 2012; Herman, 1992; van der Kolk, 1994).

### 5.3. Holistic approach

A holistic approach to working with refugees ideally includes work with the external world (eg. social systems, communities, schools, families and cultural and religious institutions) as well as the internal world (eg. psychological support, prayer). Clients who visited the NGO were supported by case workers and social workers for the external support, while psychological support was provided by counselors (both secular and connected to the church) and the art therapist. Many of the clients in the NGO were transient; living unstable lives, with very little routine and were erratic in their visits to the NGO.

As a result of the former, a model of short term work was therefore sought, which could make an impact on a diverse group of people in a short space of time and the Inhabited Studio was conceptualized by the first author in response to this need. The Studio included both art therapy and mindfulness equally and carried the spirit of an immersive art therapy studio. The Studio fostered creativity, experimentation, imagination and authentic expression in a supportive

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