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How Art Therapy Can Ethically Address Symptoms of Trauma with Asylum Seekers and Refugees, A Literature Review

Capstone Thesis

Lesley University

May 5, 2021

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Art Therapy

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Abstract

Asylum seekers at the Southern border of the United States of America have experienced a number of complex traumas due to pre-migration experiences in their country of origin as well as anti-immigration laws that cause further oppression and discrimination. The intention of this capstone thesis is to examine how art therapy can ethically address the symptoms of trauma seen in asylum seekers and refugees in the United States. This literature review looked at arts-based and qualitative studies conducted in other countries as well as literature about trauma-informed treatment within the psychotherapy field in order to address the gap in the art therapy field’s research on the use of art therapy within this population in the United States. Themes of resilience and empowerment, identity and acculturation, and loss of home and safety emerged from the literature research and were explored in this capstone thesis. Based on the literature collected, the use of art therapy in conjunction with mindfulness, the expressive therapies continuum, child-parent psychotherapy, trauma-focused cognitive behavioral therapy, and narrative exposure therapy are all approaches that have potential for creating an ethical art therapy program that can serve the needs of asylum seekers and refugees in the United States. Through this capstone thesis, I propose that a program integrating these approaches be established and that further research must be conducted in investigating the effectiveness of art therapy in ethically addressing the symptoms of asylum seekers and refugees in the United States.

Keywords: asylum seekers, refugees, immigration, art therapy, trauma
How Art Therapy Can Ethically Address Symptoms of Trauma with Asylum Seekers and Refugees, A Literature Review

**Introduction**

Migrants seeking asylum in the United States have experienced many traumatic events in their lifetime. The immigration process endured by individuals and families seeking asylum in the United States of America, has only added more layers of trauma to many asylum seekers and refugees. The population of asylum seekers at the Southern border of the United States has increased through the years while the government implements anti-immigration laws that further oppresses and discriminate the population. Due to these policies and the premigration and postmigration experiences of refugees and asylum seekers, many are left with growing needs for mental health services and treatment. This capstone thesis will explore the use of art therapy interventions in conjunction with psychotherapy approaches and examine the potential effectiveness in providing ethical treatment when addressing the symptoms of trauma with asylum seekers and refugees.

Unlike immigrants, asylum seekers and refugees leave their countries as a result of persecution based on gender, sexuality, religion, gang-related violence, and economic and political instability (Mathema, 2018). Since this capstone thesis explores the experiences of refugees and asylum seekers, it is essential to define the difference between the two. Asylum seekers are individuals still in the process of seeking asylum in the host country, while refugees have already gone through the asylum-seeking process and have granted refugee status. While most immigrants migrate to a country willingly, asylum seekers and refugees go through a distinctive, more excruciating process of immigration out of necessity, in order to seek safety in a new country. This population initially experiences trauma while in their home country, then
during their travels to seek asylum, and finally, during the immigration process. As a result of the multiple levels of trauma experienced by asylum seekers and refugees in the United States, the possibilities of “severe and long-term mental health consequences” are high (Sangalang et al., 2019, p. 2).

In the past, the United States has been known as a country that provides safety for refugees and asylum seekers; however, as the years pass and especially during the Trump administration, the numbers of asylum seekers given refugee status has reduced significantly. Data shows that in 1980, nearly 207,116 people were granted asylum in the United States while in 2015, 69,933 people were granted the status and in 2019 merely 30,000 people were granted asylum (Blizzard and Batalova, 2019). The president of the United States, alongside Congress are responsible each year with coming up with a maximum number of people that may be admitted into the country through the refugee program. From 2016 to 2020, during President Trump’s administration, this annual ceiling number dropped drastically. In 2016 the US allowed up to 85,000 people to grant asylum status while in 2020 merely 18,000 people had a chance to gain refugee status (Blizzard and Batalova, 2019).

In January of 2019, the Trump administration began to implement a policy called the Migration Protection Protocol (MPP) or popularly known as the “Remain in Mexico” policy (Mueller, 2019). This policy forces asylum seekers from South and Central American countries such as El Salvador, Guatemala, Honduras, and Cuba to wait for their court hearings in Mexico rather than in the United States. The violence and instability faced by asylum seekers is compounded when they are forced to wait for their immigration hearing in a country riddled with violence. For individuals and families seeking asylum the vulnerable position of remaining in Mexico places them at higher risk of psychical and sexual violence, kidnaping, and even murder.
High levels of cartel related violence present in border cities in Mexico such as Juárez, contribute to this phenomenon and target this population. This policy implemented by the Trump administration, has caused deeper levels of trauma and re-traumatization in the asylum seeking and refugee population.

While attending a Lesley class called “The “In-Between Space”: An Arts-Based Trauma Informed Approach to Collaborating with Refugees and Asylum Seekers” designed and taught by instructor Dr. Kelvin Ramirez, I had the opportunity to go to Juárez, Mexico to better understand the conditions at the border and explore how the Expressive Therapies can aid in alleviating the psychological distress faced by many. There I visited migrant shelters, connected with organizations, lawyers, government officials from Mexico, and artists working on the ground with asylum seekers being impacted by the MPP. It was through this experience that I was able to observe the current conditions at the Southern border, inspiring further research about the effects of trauma within asylum seekers and refugees. The central root of my exploration during this class hinged on the potential of art therapy approaches to address various forms of traumas in a safe and ethical way. The observations I noted in Juarez as well as the art reflections I created help to shape the historical background and themes explored in this project.

In order to analyze the focus of my capstone thesis, I will start by looking at the historical context and background of immigration in the United States of America. Subsequent investigation on the impact of trauma and associated trauma related diagnosis endured by asylum seekers and refugees will be addressed in this capstone thesis. Next, I will explore research conducted in the field of art therapy and how multicultural approaches to art therapy can ethically support this population. Treatment options available in the U.S. and specifically within this population will also be reviewed in order to explore what has been done and what resources
are lacking for treatment within this population. Along with literature on research conducted in the U.S., interventions done in other countries will be investigated with the purpose to provide examples of successful international studies that can be implemented in the United States. After, I will examine emerging themes from psychotherapy, cultural anthropology, and art therapy that highlight the experiences of asylum seekers and refugees. These are: 1) resilience and empowerment, 2) identity and acculturation, and 3) loss of home and safety. Finally, limitations and critique of the literature will also be essential in addressing the missing gaps and the lack of research done on the topic. Since there is insufficient literature written on asylum seekers in conjunction with the art therapy field, my hope is that this project will help build the gap between population and field in order to provide further research and ideas for a program in the United States.

**Literature Review**

**Historical Background**

The United States of America currently has the highest number of immigrants in the world. In 2019 there was an estimate of 272 million immigrants around the world, making it 3.5% of the world’s population (MPI, 219). During the same year in the United States, immigrants made up 13.7% of the countries’ population, with 44.9 million immigrants including “naturalized citizens, lawful permanent residents (LPRs), certain legal nonimmigrants (e.g., persons on student or work visas), those admitted under refugee or asylee status, and persons illegally residing in the United States” (MPI, 2019). Even though the United States has grown over the years to become the country with the largest immigration numbers, the statistics for asylum seekers and refugees are much less impressive. The 2018 statistics show that there were 70.8 million asylum seekers and refugees worldwide, with 25.9 million having gained
refugee status in 37 different countries around the world (Hilado, Chu, Allegra, 2021). In 2018 the United States had a population of 327.2 million people and admitted only 22,517 people with refugee status for that year. On the other hand, Canada, its neighboring country, had a population of 37 million in 2018 and accepted 55,040 immigrants under refugee status. This means that the United States accepted less than 1% of all of the world’s refugee population for that fiscal year.

**Asylum Seeking Process in The United States**

**Premigration**

The immigration process for asylum seekers in the United States can be long and excruciating. At first, asylum seekers experience a period called premigration, which refers to the time the individual or a “family leaves their country of origin and travels to a refugee processing center” (Hilado et al., 2021, p. 217). The premigration period initially starts while asylum seekers are still in their home country and where they are first exposed to traumatic events that may lead to psychological distress (Hilado et al., 2021). Violence and traumatic events may also occur during the travel stages of premigration, where asylum seekers may be most vulnerable. This is especially true for individuals traveling from Central and South America to seek refuge in the United States that are an easy target to exploitation and kidnapping by Mexican drug cartels. Since the implementation of MPP or the “remain in Mexico” policy in 2019, the risks of asylum seekers being exposed to violence and traumatic events have increased (E. Valenzuela, personal communication, 2020).

The Coordinator for Migrate Services for the state of Chihuahua, Mexico, Enrique Valenzuela (personal communication, 2020) explained that due to the MPP families waiting at the Mexican border are at risk of exploitation not only by drug cartels but also by employers,
shelters, and government officials. Employers willing to hire asylum seekers at the border exploit them by providing low wages and extensive hours of labor-intensive jobs. Some shelters designated for asylum seekers may also exploit asylum seekers since they know they can’t afford to go anywhere else for help. Shelters may do this by asking for food, clothing, and various donations from organizations where only some of the donations fall into the migrant’s hands. Finally, government officials at Customs and Border Control (CBC) can exploit this population by many ways such as not accepting concrete evidence of endured persecution or by going the extra lengths of deleting the proofs of persecution needed for their court hearings in the United States.

Once individuals or families reach CBC to start their asylum-seeking claims, “applicants undergo a rigorous multistep process” (Hilado et al., 2021, p. 217) starting with a series of interviews. The interviews are performed by an asylum officer in which a series of questions are asked in order to evaluate the individual’s background and experience in their country of origin. Questions about one’s trauma experience, travel experience to the United States, and questions about family members living abroad or in the United States are among some subjects asked during this initial interview (Bray, n.d.). Families applying for asylum also go through this same interview process, however, there is a priority in keeping their cases together. Even though unification is prioritized, cases of families being separated during the application process have been recorded (Hilado et al., 2021). Due to this rigorous and re-traumatizing process, families and individuals seeking asylum have expressed fear, uncertainty, and additional trauma when ongoing the process of premigration in the United States.

Postmigration
The postmigration stage starts when an individual or family has been granted refugee status and are able to resettle in their new country. During postmigration, refugees are provided with a “3-month housing allocation from the U.S. Department of State ($1,250 total per person in 2020)” (Hilado et al., 2021, p. 2020). This very low amount of money is supposed to help refugees relocate to a new city where they’re expected to find housing, a job to afford living expenses, learn to navigate social services, health care, and school for the children, all within this 3-month period. Organizations such as the International Rescue Committee help refugees by providing services, such as financial and social support in this challenging stage; however, ultimately, families and individuals are left with the pressures of needing to adjust to this new system and to become economically self-sufficient (Hilado et al., 2021).

**Trauma History and Symptoms Within Population**

Trauma and the symptoms of post-traumatic stress disorder (PTSD) have been observed and studied since its formal diagnoses in the early 1960’s (Piotrowski, 2020). Post-traumatic stress disorder was first observed in World War I and Vietnam War veterans experiencing symptoms of shell shock and neurosis and was initially considered to be a personality disorder (Piotrowski, 2020). The DSM-V (2013) has since categorized PTSD as a trauma and stress-related disorder which lists extensive criterions including:

1. directly experiencing the traumatic event(s).
2. witnessing, in person, the event(s) as it occurred to others.
3. learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. experiencing repeated or extreme exposure to aversive details of the traumatic event(s). (p. 271)
In 1992, Herman recognized that trauma and PTSD definitions have expanded and called this expansion complex trauma. Brown (2008) defined complex trauma as the “inter- and intrapersonal effects of multiple and repeated exposures to varieties of interpersonal violence and violation” (p. 4). There are many traumatic experiences that fit into the definition of a complex trauma. Domestic violence, sexual abuse, human trafficking, natural disasters, torture, and witnessing of violence are some examples of complex trauma (Hays, 2016). As mentioned previously, asylum seekers flee their home country due to an array of reasons that may include one or more of these examples of complex trauma. Another form of complex trauma expressed by Hays (2016) that applies to all asylum seekers is forced immigration. Forced immigration means that individuals have to make a choice between staying in their country and facing more violence and possibly death or migrating to another host country that could give them a sense of safety and protection. This means that asylum seekers and refugees may be at higher vulnerability of experiencing one or more complex traumas in their home country, during their journey to the country of asylum and through their asylum-seeking process in the United States.

Since complex trauma is largely present with refugees and asylum seekers, some of the goals of this study are to understand the diagnoses and symptoms of complex trauma as well as which interventions can be helpful when working with this population. Turrini’s et al. (2017) study examined systematic reviews in order to answer two questions: (1) which mental health disorders are prevalent in asylum seekers and refugees and (2) which psychosocial and pharmacological interventions are most efficient with this same population. Results from this study showed that “rates of depression and anxiety were as high as rates of PTSD, affecting on average one out of three asylum seekers and refugees” (Turrini et al., 2017, p. 11). The study was also able to determine that psychosocial interventions such as Cognitive behavioral therapy
(CBT) and dialectical behavioral therapy (DBT) were successful in decreasing PTSD symptoms with this population (Turrini et al., 2017). Later, my project will further explore the use of trauma-focused CBT and how it can be beneficial when working with this population.

Complex trauma experienced by asylum seekers and refugees may also be passed down through generations. Asylum seekers may be at higher chance of having symptoms of PTSD, depression, and anxiety due to trauma that was passed down from previous generations in their family. This phenomenon called transgenerational trauma can be single events such as a death of a child in the family, or social events such as war, political violence, and detention and discrimination affecting a whole group of people (Mohn, 2020). Hays (2016) explains:

In response to the same traumatic events, members of minority groups may experience greater vulnerability secondary to personal and cultural histories of trauma (including the transmission of trauma effects across generations) and lesser access to resources and political power that goes along with minority status. (p. 142)

**Family Separation**

Families seeking asylum in the United States go through similar experiences when compared to alone individuals. However, the chance of families being separated in the immigration process can contribute to additional layers of trauma in family and especially in children. First, families may experience separation during the premigration process where a member of the family leave the country of origin first and the rest of the family follows at a later time. Suárez-Orozco, Bang, and Kim (2011) explained that families may choose a “stepwise” process where historically, the father or mother go through the immigration process first in hopes of establishing financial security in order to then bring the partner and children that was left behind in the home country. When both parents decide that it is best for them to go through the
process first and then bring their children later, the children are usually left in the care of grandparents or extended family. In other cases, parents may send their children to the United States unaccompanied in order to reunite with the parents or as seen “in more recent years, to escape the horrors of gang violence” (Conway, Roy, Hurtado Choque, and Lewin, p. 301, 2020).

Another form of family separation may be experienced once families arrive at the border and are placed in detention centers. This is due to the “zero tolerance” policy implemented by the Trump administration in 2017 (U.S. Department of Justice, 2018). The execution of this policy demanded that children crossing the Southern border with their parents were to be separated from their parents in the immigration process in order to prevent families from entering the country “illegally”.

Even though this specific experience of family separation is not associated with the asylum-seeking process, it is important to look at these experiences in order to understand how family separation can impact family dynamic and childhood trauma.

During the experiences listed above, children are separated from one or both caretakers, which results in disruptions in attachment (Suárez-Orozco et al., 2011). When attachment between a young child and parent is disrupted, it is observed that the child starts to experience emotional withdraw from their parents while becoming attached to the new caretaker (Suárez-Orozco et al., 2011). This emotional withdraw may happen through phone or video calls while the child is separated from the parent or whenever reunification is possible. In older children, these same disruption in attachments manifests as anger or need for complete independence from the parent. Dreby (2006) reported in a study that due to this need for independence in adolescent children of migrants, some relationships between parent and child become almost absent. In some reported cases, parents stop calling home altogether due to the children not wanting to speak to their parents living away from them. Therefore, impact of family separation, during any
immigration or asylum-seeking process, can cause serious impacts on family dynamics and relationships between parent and children.

In recent studies, family separation has shown to be a contributor to one of the numerous adversities experienced by families seeking asylum in the United States (Conway et al., 2020). Studies have also shown that refugee families experience a high number of adverse childhood experiences or ACES that can impact a child’s growth and development. Solberg and Peters (2019) explained that when a child experience these adversities early in life, that they can lead to a number of difficulties in adulthood such as “risky health behaviors, chronic physical health conditions, and adverse mental health outcomes” (p. 145). Family separation along with other immigration trauma when experienced in childhood can therefore contribute to the mental health and physical health of asylum-seeking and refugee children.

**Predictors for Symptom Reduction**

Some studies have been done about trauma and the symptoms found within refugees and asylum seekers. Kindermann et al. (2020) conducted a longitudinal study to determine if predictors can be explored in order to measure mental health symptoms during the early phases of asylum seekers’ immigration process in Germany. The study looked at literature researched that concluded that asylum seekers are at high risk of developing posttraumatic stress disorders, depression, panic disorders, and substance related disorders (Kindermann et al., 2020). The results of this study determined that cultural and religious background, sociodemographic, language proficiency and gender were significant predictors of reduction of mental health symptoms within this population. Kindermann et al. (2020) explained that being from an Eastern European, or a country of a Western background was identified of being a predictor when reducing symptoms of depression and PTSD. Kindermann et al. (2020) explained that in
comparison, asylum seekers fleeing Africa or Asia to Western countries may experience alienation and higher stress due to the sudden change in cultural norms. Since asylum seekers fleeing Eastern Europe already have similar customs and cultures to Western countries, they don’t feel the need to go through an intensified process of acculturation. Asylum seeking individuals that differ from the standard Christianity religion seen in Western cultures also have more difficulties with acculturation stress and alienation. Individuals suffering from social, cultural, and religion alienation have higher symptoms of depression and PTSD, therefore, asylum seekers fleeing Eastern European countries show less symptoms when arriving at their new host country.

Language proficiency was another predictor of symptom reduction in asylum seekers in Germany. Asylum seekers that spoke either English or German were able to communicate about their traumatic experiences which lead them to express how they feel emotionally and psychologically (Kindermann et al., 2020). A 10-year study conducted in Canada followed South Asian refugees and their experience with acculturation and how language proficiency can reduce symptoms of depression. The study showed that individuals that gained proficiency in English were able to find employment which provided economic and social stability within the individuals (Beiser and Feng, 2001). Refugees that were able to speak the language of their host country, had a better chance of obtaining access to health care, government assistance, and services (Beiser and Feng, 2001). Language proficiency and acquisition assisted refugees when engaging in a new culture which minimized symptoms of isolation, alienation and depression all together (Kindermann et al., 2020).

Trauma Informed Art Therapy
The American Art Therapy Association (AATA) defines art therapy as an “integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (ATA, 2020). Art therapy works as integrating art-making and psychological approaches in order to provide a multitude of mind and body expression. The AATA expresses that the process of creating art and reflecting on both the product and process can help clients to “increase awareness of self and others, cope with symptoms, stress and traumatic experiences; enhance cognitive abilities; and enjoy the life affirming pleasures of making art” (AATA, 2020). Art therapy even though rooted on artistic expression, does not exclude language but rather it can be an integration into talk therapy.

One way that art therapists are able to determine which theoretical approaches and methods are appropriate for each client is by using the expressive therapies continuum (ETC) (Hinz, 2009). Since every client in treatment has unique goals they wish to achieve in the therapeutic setting, the ETC helps art therapists to navigate “what media to use, under what circumstances, and with which particular clients” (Hinz, 2009, p. 4). The ETC works by using both the left and right hemispheres of the brain by utilizing three creative levels: (1) kinesthetic/sensory level, (2) perceptual/affective level, and (3) cognitive/symbolic level. The kinesthetic/sensory level works well with all ages, especially young children since it does not require any words. Artmaking comes from using movement and internal and external sensations in order to generate self-expression. The perceptual/affective level of the ETC focuses on “information processing and image formation” (Hinz, 2009, p. 6). At this stage, clients are able to broaden their perspectives by learning about the world around them which promotes “effective interpersonal, communication and satisfying relationships” (Hinz, 2009, p. 6).
cognitive/symbolic level is better suited for adolescent and adults as it is the most sophisticated of the three levels. This level is considered sophisticated due to fostering the ability of clients to “process information outside of their own personal experience” or worldviews (Hinz, 2009, p. 11). The ETC is an essential tool in art therapy as it can be used to determine which approaches are most ethical and appropriate for each client. This can help guide art therapists when working with asylum seekers and refugees with diverse backgrounds and worldviews.

The ETC has the potential to be a successful tool when working with asylum seekers and refugees as it has the power to guide clients’ in creating metaphors and symbols that help to contextualize their trauma (K. Ramirez, personal communication, 2021). Alfred (2019) created a capstone thesis that examined the benefits and usefulness of the ETC with trauma survivors. This study used a phenomenological single-study qualitative approach in order to collect data that analyzed the effectiveness of the ETC in reducing trauma-related symptoms in women that have experienced trauma. The study found that the use of the ETC was successful in helping clients’ gain self-empowerment, self-validation, and a sense of safety and balance within themselves” (p. 29). The ETC as seen in Alfred’s study, has the possibility of allowing clients to look at their own trauma experiences with a new lens by engaging in self-expression and exploration of different art materials. Clients are able to explore their trauma through the different levels of the ETC at their own pace in order to create a safe exploration. The ETC therefore can work as a guide to therapists as well as a safer approach for exploring the complex trauma experienced by asylum seekers and refugees.

When using art therapy with survivors of trauma, it can be a powerful tool in the healing process as the traumatic experiences and emotions attached to the trauma can sometimes be too difficult to express through the use of language. Jones et al. (2018) expressed that art in therapy
is used as a way of externalizing deep and intense pain that’s caused by trauma or mental illness. The act of expressing these emotions through artmaking, transforms the pain caused by trauma by “relieving intensity, tensions and isolation” (Jones et al., 2018, p. 45). Art therapy is not only a tool used for self-expression but also a tool that can help relieve symptoms associated with trauma by externalizing the pain and utilizing a creative way of healing.

Art Therapy with Asylum Seekers and Refugees

**Strengths Based Research**

Some studies have been conducted on the use of art therapy in addressing trauma with asylum seekers and refugees; however, most of these studies looked at this population going through the process of seeking asylum in other countries instead of the United States. This section of my capstone thesis first looks at the literature researched in other countries and categorizes them by themes relating to strengths and challenges. Next, it focuses on the arts-based research conducted in the United States.

Kalmanowits and Ho (2017) conducted a qualitative phenomenological study in Hong Kong in order to look at how art therapy in conjunction with mindfulness techniques can be used when working with asylum seekers and refugees distressed by political trauma. The objectives of this study were to: (a) understand how these holistic techniques were perceived by this population, (b) ethically “explore cultural relevance of art therapy and mindfulness meditation” (p. 108), and (c) explore whether the combination of these practices can be beneficial when strengthening resilience. Kalmanowits and Ho explained that there is growing literature that looks at the use of art therapy and mindfulness meditation for trauma survivors; however, the literature does not “examine it in the political violence context, specifically, with a focus on resilience” or in relation to asylum seekers and refugees (p. 108). Through analyzed data, the
researchers were able to find common themes among the participants. These themes were: memory, identity, self-regulation, communication, imagination, resilience, and worldview. The study found that participants were able to regulate their emotions safely and freely express themselves, and they “became aware of their sensory responses” and triggers caused by their trauma (Kalmanowits & Ho, 2017, p. 112).

Similar themes were explored in Kalaf’s and Plante’s (2019) arts-based study conducted in Lebanon. The study focused on describing how an expressive arts workshop can assist Syrian refugee children ages 11 to 16 in addressing their resilience in an ethical and culturally proficient approach. The study looked at literature in order to determine the extent of research done about the use of expressive arts within this population and how art therapy can help this population by “promoting positive emotions and fostering resilient traits” (p. 19). The data collected from interviews, observations of participant’s behaviors and conversations, and the artwork created were analyzed through Giorgi’s descriptive method in order to look at emerging themes. The data showed emerging themes of resilience, identity, and empowerment and how they may impact refugees’ unique sociopolitical context and culture. Kalaf and Plante were able to determine that refugee children are capable of showing signs of resilience by participating in an expressive arts program that foster empowerment and community building through artmaking. The study also showed how play during artmaking “contributed to resilience by increasing their self-esteem while combating isolation” (p. 24). It should be noted that this study sited that there were no limitations found which in itself is problematic. The researcher’s lack of biases exploration and limitation awareness are limitations that should be considered when looking at this literature.
Rova, Burell and Cohen’s (2020) reflective article explores the effectiveness of an expressive arts program for asylum seeking women in the United Kingdom. Moving Space is a program in which expressive arts therapists provide both movement and art therapy at a hostel that offers shelter to women from various countries going through the process of seeking asylum in the UK. The goal of this program is to bring the expressive arts into those spaces in order to improve overall mental health and physical wellbeing of the participants by nurturing “the women’s own innate potential for self-care, through fostering resilience” (Rova et al., 2020, p. 207). By integrating both movement and visual arts, the program is able to create a safe and nurturing environment for women to express their trauma and share their narratives. Emerging themes in the women’s artwork at Moving Spaces reflected themes of resilience, ideas of what home is and was, identity, and the possibility of connecting with others alike. Rova et al., (2020) expressed that:

The creative process supports women to reclaim internalized resources of ‘homeness’, identity and resilience despite the adverse circumstances they find themselves in. It is perhaps why participants report that attending the group brings them relief, relaxation, management of stress and anxiety and improved sleep. (p. 212)

**Responding to Challenges**

While much of the resources focuses on themes of resilience, identity, and empowerment, one arts-based study explored challenges faced by this population. The themes of loss of home and safety have emerged in the art therapy literature researched and are essential to explore by further research in order to understand how these themes impact this population. Refugees and asylum seekers go through many losses including their home, in hopes of finding a new one in another country. This population experiences loss of safety at different times: back at home, and
through the new immigration process. Kronick et al’s. (2018) arts-based qualitative study focused on examining the experiences of migrant children being held at detention centers in Canada by using sandplay method. The purposes of this study were to: (a) explore the participant’s sandplay narratives and how these narratives made sense of their real experience at detention centers, and (b) explore to what extent the narratives and world created with the sandplay reflected past and current traumas. Participants were asked to create “a world” in a sandtray using a box with an array of miniature objects (people, animals, buildings, fences, religious symbols, etc.). After creating their worlds, children were asked open ended questions such as “can you tell me about this world?” or “tell me what is happening here”. The results showed that three themes emerged from the data: “(1) confinement and surveillance; (2) loss of protection; and (3) human violence” (Kronick et al., 2018, p. 427). The study noted the absence of symbols such as teachers, school, and friends and how these absences reflect the lack of education and friendship at the detention centers. The study found that sandplay is an effective art approach in addressing loss of home and protection, and evidence of violence experienced within migrant children at detention centers.

Arts-based Research in The United States

The literature shows that there have been a few studies conducted on the effects of trauma within the asylum seeking and refugee population in the United States; however, there is a lack of research done within the use of art therapy interventions in addressing this population’s trauma. Only a handful of art therapy and arts-based studies have been conducted with the asylum-seeking population in the United States. One study focused on exploring the experience of immigrant families originally from Mexico and El Salvador residing in Southern California. Linesch et al’s. (2012) study focused on developing further research in the art therapy field and
contributing to mental health services for immigrants. The study explored suitable art therapy nonverbal interventions that are affective in multicultural work with immigrants. The study was conducted with eight Latinx families consisted of a mother and father and at least one adolescent child. Participants were placed into three focus groups which were separated by “gender and family role (a men’s group, a women’s group, or an adolescent’s group)” (Linesch, 2012, p. 121). The focus groups were then asked to meet during three consecutive Saturdays for 2 hours during each art therapy session. After the focus group session, each of the families got together with a bilingual art therapist that structured art interviews where families were encouraged to draw about their immigration experience. The data was analyzed in two forms: looking for themes (Data Set A) and identifying patterns within clustered data (Data Set B). The results from this study addressed such themes as stressors, losses, coping mechanisms, biculturalism, and acculturation. The limitation observed in this study is that each focused group was run by different art therapists which could make it harder to replicate sessions. While Linesch et al. (2012) worked with immigrants in the United States, rather than asylum seekers or refugees specifically, this study reflects the capacity of how art therapy can “provide a different, safer mode of communication and offer an object from which to verbally express” (Mijares, 2020, p. 25).

Feen-Calligan et al. (2020) also conducted a study in the Unites States with the purpose of identifying and developing art therapy interventions that can help in reducing trauma related symptoms in Syrian youth refugees. The study consisted of 12 art therapy sessions where the goal was to assist the participants in reducing symptoms of stress, PTSD, anxiety, and depression. This was accomplished by introducing new coping skills such as mindfulness, meditation, breathing exercises and using art therapy techniques to foster storytelling and self-
expression. Free-Calligan et al. explained that the theoretical orientation of the study was based on “van der Kolk’s (2015) assertion that traumatic memories are held in the body, and that art therapy, as an action-oriented therapy, can remediate helplessness that may have been experienced during the trauma” (p. 2). The data suggested that there were significant changes in PTSD and anxiety symptoms within the youth that received the 12 weeks of art therapy sessions compared to the ones that didn’t receive any treatment. Free-Calligan et al. expressed that a limitation to the study was that even though the art therapists and assistants administering the sessions spoke Arabic, there were variations in dialect that “may have hindered the art therapy outcomes or even contributed to the anxiety if children did not understand our instructions” (p. 15).

**Appropriate Treatments for Asylum Seekers and Refugees**

The literature about mental health treatment options for asylum seekers and refugees focuses primarily on care for children and families. Hilado et al. (2021) expressed that there are three trauma-informed interventions that can ethically support asylum seeker and refugee children and their parents: child-parent psychotherapy, sandplay, and play therapy. Ellis et al. (2020) and Kaltenbach et al. (2020) identified trauma-focused CBT and narrative exposure therapy to be beneficial when treating families or individuals that have gone through the process of asylum seeking. These interventions are about to be further explored in order to illustrate current treatment options for asylum seekers and refugees.

Hilado et al. (2021) explained the importance of child-parent psychotherapy (CPP) when working with migrant children up to 5 years of age. This evidence-based treatment model is suited for young children that have been exposed to complex trauma and “who are experiencing mental health, attachment, or behavioral problems” (Hilado et al., 2021, p. 226). This treatment
model is very similar to most child psychotherapy models, however, the main difference with CPP is that parents or caretakers are active participants in the treatment process. During the initial phases of CPP, the parent or caregiver meets with the therapist without the child in order to gather background information and to help them “understand the potential connections between past trauma experiences and current functioning in the child and how treatment might help” (Hilado et al., 2021, p. 227). Since many caretakers avoid talking about their trauma due to the fear of reliving these traumatic experiences, the caretaker is first encouraged to “untangle their own trauma histories to strengthen the caregiving relationship” (Hilado et al., 2021, p. 228). During the first sessions with caretaker and child, both the therapist and caretaker introduce the treatment model to the child by using age-appropriate language and by using representational objects to play out the child’s trauma. The child is then encouraged to use words to express how they feel about the trauma being played out. The goal of CPP varies based on the needs of each family, however the main goal is to help child and parent establish a safe environment. Hilado et al. (2021) expresses that the key outcomes of CPP treatment are:

- Return to normal development, adaptive coping, and engagement with present activities and future goals; increased capacity to respond realistically to threat; maintenance of regular levels of affective arousal; reestablished trust in bodily sensations; restoration of reciprocity in intimate relationships; normalization of the traumatic response; increased differentiation between reliving and remembering; and placement of the traumatic experience in perspective. (p. 229)

The use of sandplay and play therapy have also showed promising outcomes when addressing trauma within asylum seekers and refugees. Both forms of therapy rely on nonverbal expression, making them an appropriate and ethical approach of expressive arts therapy when
applied in treatment within this population. Sandplay is an approach that can be used with children or adults, where clients are encouraged to build a scene using a sandbox and an array of toys such as miniature animals, people of different ages and races, houses, and a variety of nature items. The goal is for clients to use any of the figures in order to create a “sand world” with this sand world being a “metaphorical or realistic depiction of inner states or external experiences or conflicts” (Hilado et al., 2021, p. 232). Sandplay enables clients to express themselves using symbols that explore their “unconscious, archetypical, and internal worlds” (Friedman and Mitchell, 1997, as cited in Hilado, 2021). Similarly, play therapy is an approach that can be used with children that promotes self-expression through symbolic language. Children are simply encouraged to play in the appropriate setting while the therapist may join in the play while also observing for metaphors and symbols that provide information about the child’s unconscious. This form of therapy is also ethically responsible when performing with asylum seekers and refugee as “play is also a universal experience across cultures” (Hilado et al., 2021, p. 233).

Both sandplay and play therapy uses nonverbal approaches that foster self-expression of the unconscious. Hilado et al. (2021) expresses that these approaches to treatment have showed positive outcomes as the client and therapist work together to facilitate a safe environment to address trauma narratives.

Ellis et al. (2020) explored the use of trauma-focused CBT (TF-CBT) and effectiveness of this intervention when working with refugee youth clients. TF-CBT combines psychoeducation about trauma with building skills such as emotion-regulation and cognitive coping skills that leads up to the child feeling safe enough to share their trauma narrative with their caretaker. When using TF-CBT with this population, it is important to engage the parent or
caretaker as the expert about their children, providing “an opportunity for a family’s culture to help shape the way treatment is implemented” (Ellis et al., 2020 p. 83). By engaging the parent as the expert about their child, therapists are able to offer culturally appropriate and ethical interventions while engaging the family in psychoeducation about TF-CBT. When teaching the clients about emotion-regulation skills, Ellis et al. (2020) explains that it is important to reflect on the cultural norms of the family to determine if those skills thought are culturally appropriate. With cognitive coping skills, therapists teach the youth clients techniques such as cognitive restructuring and positive self-talk in order to “help youth to identify unhelpful, maladaptive thoughts and replace or restructure them with more helpful, adaptive ones” (Ellis et al., 2020, p. 85). Overall, the literature has shown that when using TF-CBT for at least three months, there are significant reductions of PTSD symptoms within youth asylum seekers and refugees (Ellis et al., 2020; Unterhitzenberger, 2016).

Another psychotherapy approach proved to have significant outcomes within this population is narrative exposure therapy (NET) (Ellis et al., 2020; Kaltenbach et al., 2020). The concept of NET is that clients have been exposed to a number of complex traumas that “form a so-called fear network” (Kaltenbach et al., 2020, p. 2), disrupting essential memory, cognitive and emotional functions. NET has shown to be suited for asylum seekers and refugees as it “addresses the challenge of multiple clinically important traumatic events by facilitating the development of a life narrative” (Ellis et al., 2020, p. 86).

Kaltenbach et al. (2020) created a study in Germany that looked at the experiences of 28 refugees suffering from symptoms of PTSD and depression. The study took an average of 161 days with NET sessions ranging between 6 and 29 depending on client needs. The first session focused on the therapist giving psychoeducation about PTSD and NET. Then during the next
several sessions, the therapists invited the client to create a visual timeline of their life while paying close attention to emotional experiences from birth to present. In the following sessions, with the help of the therapist, the client narrated their life in chronological order, paying close attention to the traumatic events. While the client narrated their story, “the therapist ask[ed] for sensory information, cognitions, emotions, physiological reactions, and meaning – both in the past and present when it is remembered – and connect[ed] them to the autobiographic context (time and place)” (Kaltenbach et al., 2020, p. 4). The therapist then wrote down the client’s story and read it back to the client during the following sessions. At the last session, the therapist invited the client to add a future to the lifeline created at the initial sessions, promoting the client to be future oriented. The study was measured by clinical interviews conducted before and after NET as well as self-rating assessments. The data showed that none of the clients in the study showed any worsening of symptoms of PTSD or depression, but rather, symptoms declined for most participants.

**Discussion**

This literature review aimed to provide information about how art therapy can be an effective and ethical approach when addressing symptoms of trauma within asylum seekers and refugees. First, the historical background of asylum seekers and refugees in the United States of America and their experiences during premigration and postmigration stages were explored to understand how immigration and racist laws impact this population’s mental health. I also explored the history of trauma diagnoses in the psychotherapy field and what symptoms and diagnoses are commonly found in asylum seekers and refugees. The literature found that the complex trauma (Hays, 2016) experienced by asylum seekers and refugees has a direct link with symptoms of PTSD, depression, and anxiety (Turrini et al., 2017). I then explored the effects of
family separation on children and youth asylum seekers and how this experience can cause disturbances in attachment, family dynamics, and growth and development (Conway et al., 2020; Dreby, 2006; Suaréz-Orozco et al., 2011). Next, predictors such as language proficiency, cultural and religious background, sociodemographics, and gender were investigated in order to understand how they may influence symptom reduction (Beiser & Feng, 2001; Kindermann et al., 2020).

The art therapy literature was explored to identify aspects of art therapy that can support the mental health needs of asylum seekers and refugees in the United States. Through this research, I found that art therapy approaches in conjunction with the ETC framework may be used as a safe tool to address trauma within this population by providing the possibility of multicultural and culturally appropriate interventions; strengthening of resilience; anxiety, depression and PTSD symptom reduction; community building; and nonverbal self-expression (Feen-Calligan et al., 2020; Kalaf & Plante, 2019; Kalmanowits & Ho, 2017; Linesch et al., 2012; Mijares, 2020; Rova et al., 2020). Finally, I looked at literature to determine which psychotherapy treatment options are appropriate for asylum seekers and refugees. I found that child-parent psychotherapy, sandplay, play therapy, trauma-focused cognitive behavioral therapy, and narrative exposure therapy are all successful in symptom reduction when treating this population (Ellis et al., 2020; Hilado et al, 2021; Kaltenbach et al., 2020). The use of art therapy techniques, in conjunction with psychotherapy theories, has the greatest potential to ethically address and reduce symptoms of trauma by fostering resilience, community building, and a future oriented lens.

The inspiration for this project started when I attended a class at Lesley called “The ‘In-Between Space’: An Arts-Based Trauma Informed Approach to Collaborating with Refugees and
Asylum Seekers” in March of 2020 that was designed and taught by Dr. Kelvin Ramirez. There, I had the opportunity to go to the border of Juárez and El Paso in order to work on the ground with many people from various fields that support this population at the Southern border. As a class we also worked with asylum seekers waiting in Juárez for their important court hearings that would determine if they would be granted refugee status in the United States. At the shelters we provided a number of arts-based experientials that helped support the asylum seekers by providing a platform for self-expression and community connection.

While in Juárez, I was able to observe that certain themes came up over and over again through the asylum seekers’ art and conversations with children and adults at the shelters. Coincidentally, these same themes observed in Juárez are predominant in the studies explored in this literature review. Themes of resilience and empowerment are explored in strengths-based research in conjunction with the use of art therapy approaches (Kalaf & Plante, 2019; Kalmanowits & Ho, 2017; Rova et al., 2020). The art therapy field as well as psychotherapy studies also explored themes of identity and acculturation throughout the literature review (Kalaf & Plante, 2019; Kalmanowits & Ho, 2017; Kinderman et al. 2020; Rova et al., 2020). Finally, themes of loss of home and safety were the most predominant themes during my observations in Juárez and throughout the literature reviewed in this capstone thesis (Conway et al., 2020; Dreby, 2006; Ellis et al., 2020; E. Valenzuela, personal communication, 2020; Hays, 2016; Hilado et al., 2021; Kronick et al., 2018; Lienesch et al., 2012; Mohn, 2020; Suaréz-Orozco et al., 2011).

**Implications**

Through the findings of this literature review, I propose that a program for asylum seekers and refugees in the United States could be implemented by utilizing art therapy
approaches seen in other countries and appropriate treatment found in the psychotherapy field. Since the literature review conducted in the United States is limiting, it is essential to look at studies and programs that other countries were successful at implementing. Kalmanowits and Ho’s (2017) study conducted in Hong Kong with asylum seekers and refugees found that the implementation of mindfulness meditation techniques in conjunction with art therapy approaches is successful in teaching emotion regulation and trigger awareness, therefore, reducing symptoms associated with PTSD. Similar results were found in Free-Calligan et al.’s (2020) study conducted in the United States with Syrian youth refugees. The study found that a combination of mindfulness meditation, breathing exercises, and art therapy techniques were successful at reducing symptoms of stress, PTSD, anxiety, and depression. By looking at these two studies and the successful outcomes, it seems that mindfulness in conjunction with art therapy can be essential techniques to utilize when addressing symptom reduction within asylum seekers and refugees in the United States.

The psychotherapy literature explored in this capstone thesis looked at trauma-focused theories that could be implemented into an art therapy program for asylum seekers and refugees in the United States. The use of child-parent psychotherapy (CPP) (Hilado et al., 2021) is an evidence-based model that is suited for children who have been exposed to complex trauma such as family separation and other adverse childhood experiences (ACES) associated with the asylum seeking and immigration process (Solberg & Peters, 2019). The outcomes of CPP are highly successful as it focuses on treating the family as a whole rather than solely the child or parent. Some of the outcomes are that child and parent are able to establish a safe environment to talk about and express their trauma that can lead to the child returning to normal developmental stages, utilizing adaptive coping skills, and becoming future oriented (Hilado et
al., 2021). The use of CPP when treating the whole family is essential to implement in a program such as the one I am proposing, as it has the capacity for developing positive outcomes with emotion regulation, “increased capacity to respond realistically to threats; reestablishing trust in bodily sensations” and understanding that traumatic responses are a common part of the healing process (Hilado et al., 2021, p. 229).

Next, I propose that in order for a program to be rooted in art therapy principles that provide a safe space for self-expression and trauma exploration, it must utilize the expressive therapies continuum (ETC) framework. Through the use of the ETC, art therapists are able to understand when certain art materials and art interventions are appropriate for each client’s needs (Hinz, 2009). Alfred’s (2019) study explored the use of the ETC as a way of activating different parts of the brain and engaging a “conversation between mind and body” (p. 13). The study showed that when integrating the ETC with trauma-focused work, therapists are able to assess clients’ “cognitive, emotional and behavioral functioning” (p. 22). Alfred’s study also reported that the ETC was impactful in decreasing symptoms associated with trauma such as anxiety, PTSD, and increased emotion and thought intolerance experienced in clients with a trauma history.

As part of the kinesthetic/sensory level of the ETC, sandplay and play therapy were also techniques found to be successful when addressing trauma within this population. Sandplay and play therapy were explored in this capstone thesis by looking at both art therapy and psychotherapy studies. Both fields found that the use of sandplay and play therapy can be an ethical approach when addressing clients’ complex trauma as they have the potential for safely allowing for self-expression of the unconscious (Hilado et al., 2021; Kronick et al., 2018). Another technique explored in this capstone thesis was the use of trauma-focused CBT (TF-
CBT) in providing emotion regulation and cognitive coping skills that foster feelings of safety that can lead clients to share their trauma experiences. Trauma-focused CBT in connection with the ETC is a successful approach as it helps facilitate cognitive restructuring and positive self-talk in order to replace maladaptive thoughts with helpful, adaptive ones (Ellis et al., 2020). I propose that in order for an art therapy program to provide trauma-focused interventions and multicultural and ethical treatment, the ETC in conjunction with sandplay and TF-CBT must be utilized.

Finally, this capstone thesis looked at the use of narrative exposure therapy (NET) and how it is an approach suited for asylum seekers and refugees as a way of assisting the development of someone’s life narrative as a safe, healing method (Ellis et al., 2020). Kaltenbach et al.’s (2020) study in Germany showed that the use of NET with refugees can be efficacious in reducing symptoms of PTSD and depression. Narrative exposure therapy can be an essential tool to apply when guiding asylum seekers and refugees to retell their story without the possibility for re-traumatization. Since NET is successful in safely guiding clients’ narrative, I propose that it should be utilized in a program geared towards asylum seekers and refugees in the United States. For a program to be successful in the United States, it must borrow ideas from successful art therapy programs for asylum seekers and refugees in other countries as well as trauma-informed interventions from psychotherapy. By utilizing art therapy in conjunction with mindfulness approaches; CPP for treating the whole family; the ETC which incorporates sandplay, play therapy and TF-CBT; and NET, one could create a program that ethically supports this population.

Conclusion
There is limited research conducted in the field of art therapy on how art therapy can be successful in addressing symptoms of trauma within asylum seekers and refugees in the United States. Therefore, by looking at art therapy studies conducted in other countries, as well as psychotherapy interventions, I was able to find the missing gaps between the art therapy field and the population in the United States. I was also able to connect the field of art therapy with psychotherapy in order to propose a program that could be successful in addressing the needs and trauma of asylum seekers and refugees in the United States. With this capstone thesis, I propose that further research must be conducted to develop evidence for the efficacy of art therapy in addressing the mental health needs and supporting ethical treatment for asylum seekers and refugees in the United States of America. Additionally, my hope is that this capstone thesis may inspire other art therapists in the field when creating an art therapy program that can support asylum seekers and refugees. Lastly, I propose that art therapists utilize this capstone thesis as a guide to understanding the immigration laws of this country and how they affect the mental health of asylum seekers and refugees. To provide safe and ethical treatment that fosters empowerment within this population, art therapists must become knowledgeable about anti-immigration laws and the traumatic impact they cause in order to become advocates for their clients. It is our job as art therapists to further acquire the knowledge about the experiences and complex trauma that this population may endure as well as to understand how to provide an ethical, multicultural approach to best serve the population.
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THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student’s Name: Lydia Klauck

Type of Project: Thesis

Title: How Art Therapy Can Ethically Address Symptoms of Trauma with Asylum Seekers and Refugees, A Literature Review

Date of Graduation: May 5, 2021
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Raquel Stephenson, Ph.D., ATR-BC, LCAT