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above degree.

Thesis Advisor: _____ **Raquel Stephenson** _____

**Storytelling and Narrative Therapy through Art among Refugee Children: A Literature
Review**

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Graduate School of Arts and Social Sciences

Expressive Therapies Division

Mental Health Counseling with Specialization in Art Therapy

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Abstract

This literature review introduces the importance of art therapy, storytelling, and narrative therapy for refugee children. While familiarizing themselves with a new habitat and way of living, this population battles being a minority, an immigrant, learning a new culture and language, and social-economic difficulties. This literature review brings to light the challenges and difficulties children face within their own trauma and anxiety. The passing on of trauma generationally, historically, culturally, or genetically is common, as is parents' countertransference. Re-adaptation is essential for children who experience trauma, especially when escaping war. Childhood trauma affects the future adult state of mind. This literature review exemplifies how children are more communicative through storytelling and narrative therapy, depicting how they can process trauma through art. Narrative therapy breaks cultural barriers that may separate clinicians and clients as it provides an individual perspective. Communicating through art allows one to self-reflect subconsciously and consciously without having to use words. Four findings arise in this review: 1) Children who experience trauma and exposure to an unsafe environment communicate better through visuals than words; 2) Narrative therapy and storytelling support mental health; 3) Refugees are more comfortable with silence than with verbal communication; and 4) Art can promote a sense of home and comfort through similarities, relationships, culture, and community.

Keywords: storytelling, narrative therapy, refugee, trauma, post-traumatic stress disorder

Introduction

According to Jones (2018), art has the power to move people who feel “stuck” and can bring one from an unconsciousness of the implicit to a consciousness of the explicit. She explains that the arts, particularly for trauma survivors, permit non-verbal expression. They allow trauma survivors to soothe arousal, change neurological patterns, process emotions, and break the cycle of personal, inter-social, and inter-generational trauma. Rappaport et al. (2014) testified that individuals who experience trauma, whether through natural disasters or wars, find a way to cope through positive outlets like the arts. Rappaport et al. (2014) also underline the importance of internal composure in the evolving human consciousness and the necessity of nurturing this attribute. Arts provide a way to draw out our inner chaos as well as a method to manage it. Rappaport et al. (2014) describe how the arts can promote constructive engagement and withdrawal from a traumatic event while processing it. Decker et al. (2017) suggest that art therapy is the ability to process when creating. They state that art therapy allows children who have experienced natural disasters, violence, war, and other such traumatic events to make sense of their own experience through art. The children express grief and become active participants in the event while processing it rather than staying a victim. Decker et al. (2017) emphasize that, through art, children, adolescents, and adults tend to immerse themselves in the event, which allows them to express their own feelings of fear, shame, and guilt without judgment. This paper presents a literature review study in which the subject of art, storytelling, and narrative therapy with refugee children is explored.

Jones (2018) states, “According to the United Nations Refugee Agency (2016), one in every 122 humans is now either a refugee, internally displaced within their own country of origin, or seeking asylum.” (p. 32). The percentage of refugees experiencing mental health issues and negligence of other psychosocial needs is at a critical point. Providing utilities,

food, and shelter while neglecting psychological issues, mental health, and emotional needs is common.

Moosa et al. (2017) argue that society usually focuses on refugees' physical needs, overlooking their mental health and psychological trauma. The wounds experienced by refugees (due to violence, persecution, or homelessness) contribute to post-traumatic stress disorder, depression, and anxiety. Experiencing and escaping war is a traumatic experience, especially for refugee children. Having safety, power/control, trust, esteem/respect, and intimacy are essential for every individual. The loss of one or more of these factors is likely to cause exposure to trauma. Escaping a war, migrating to another country, and adapting to it is also a catalyst for psychological trauma. A refugee suddenly becomes an immigrant, a minority, and faces exploitation, language barriers, and socioeconomic difficulties. Children are receptive to their parents' emotions and experience their anxiety, stress, and trauma. Those exposed to trauma can face severe mental health issues and physical concerns. These issues manifest themselves into adulthood if the child never processes the trauma. So how can we create a safe place for children to process the ravages of war? Children tend to process through play and art. The use of narrative therapy through storytelling and artmaking has proven to be effective in children who have escaped war. Communicating narratives through the arts supports mental health because it does not force the individual to communicate verbally. Instead, it provides a path for the individual to communicate their narrative within their own comfort space. This is not a new concept—according to Roberts (2017), during the Second World War, from 1941 to 1943, children communicated and expressed their trauma through art at a world exhibition. Children from all the countries exposed to the Second World War sent in art that depicted their experience of the conflict. The process of making this art allowed them to communicate and make sense of their experiences of displacement, pain, and anxiety, and raised awareness of the severity of war. According to Roberts' article,

the exhibition became a creative learning tool. It supported refugee children in finding their personal identity and collectively re-imagine a better future for themselves and the society they lived in.

Art has the power to heal psychological wounds caused by war and functions as a tool for activism by giving others a better understanding of the impact. While exploring story-telling and narrative therapy through art with refugee children in this literature review, four findings emerge: 1) Children who experience trauma and exposure to an unsafe environment communicate better through visuals than words; 2) Narrative therapy and storytelling support mental health; 3) Refugees are more comfortable with silence than with verbal communication; 4) Art can promote a sense of home and comfort through similarities, relationships, culture, and community.

The Literature

This literature review focuses on resettlement challenges, therapeutic considerations, assessment, method techniques, trauma, silence, narrative therapy, storytelling, and art therapy.

Resettlement challenges include challenges such as the loss of culture, community, and language, as well as the need to adapt to a new and foreign environment. Refugee children often find themselves caught between the old and new cultures because they learn new languages and acquire new cultural norms quickly. It is difficult to define all the types of events they have suffered, because refugee trauma often precedes the primary war-related event that caused them to flee. The trauma suffered by child refugees can follow them into adulthood if not treated properly. This literature review, thus, examines the use of narrative therapy, storytelling, and art therapy as a therapeutic method to process this trauma.

The review also explores the perspective of how to work with the refugee population in a clinical and art therapeutic approach by studying themes such as: trauma among children,

trauma and physical symptoms in later adulthood, trauma among refugee children, art therapy among traumatized children, collective silence, narrative therapy and silence among refugee children, narrative therapy and silence through art-making, finding re-adaptation through art, art materials and building community, the importance of art therapy, and the importance of art therapy.

Resettlement Challenges

Chuang (2011) mentions that “As a result, at the beginning of the new millennium, there are nearly 200 million immigrants and refugees worldwide” (p.7). It is important to look at the different challenges and difficulties one might experience as a refugee in daily life after resettlement. Segal et al. (2005) discuss the difficulties immigrants and refugees face when entering a new country, including the socioeconomic and psychosocial issues that arise from adapting to a unique environment. They state that the host country challenges refugees’ adherence to traditional family roles and responsibilities. Many people fail to understand both the past trauma refugees carry as well as the current trauma they face as they adapt to an unfamiliar culture. Chuang et al. (2011) state that women who leave their careers behind have more difficulty in re-establishing their social and professional networks than their spouses. Practitioners also must understand that the refugees have lost access to most of their traditional support systems. A refugee’s first challenge is to resettle in a new country; their second is to be an immigrant there. Therefore, a refugee may experience the same struggles an immigrant faces, Chuang et al. (2011) note:

The field of psychology has primarily examined the adaptive process ...Our review of the field (and this may be beginning to change) is that the bulk of the scholarship on migration in psychology falls into four broad domains: (1) acculturative stress and migration morbidity; (2) relational strains in family dynamics; (3) challenges in identity formation; and (4) educational adaptations and outcomes. (p. 9).

As mentioned in the article, one faces not only the struggles of adaptation but also the need to understand the host country's law, sociopolitical mindset, medical care system, and so on. In addition to these struggles, one can face derogatory stereotypes often attributed to immigrants, as well as culture shock, language barriers, and a lower economic status than in their home country. Dettlaff and Fong (2016) note that "Research on families' experiences following immigration cites several sources of risk, including financial challenges, loneliness, isolation, language difficulties, fear, and hopelessness" (p.291). This can lead to another kind of trauma and struggle. Refugees forced to leave their home country face the trauma of both evacuation and immigration.

Therapeutic Considerations

Some limitations to be considered when working with this population are therapy approaches and assessments. We often tend to overlook key factors correlated with culture, language, environment, or exposure to trauma. For example, according to Brené, Winfrey, and Dr. Perry (2021), clinicians sometimes mistakenly communicate, "What is wrong with you?" rather than "What happened to you?" Most refugees experience trauma during the process of migrating, readapting to an unfamiliar environment, or experiencing discrimination, socioeconomical change, language barriers, and so on. Segal et al. (2005) explain how, when collaborating with refugees, clinicians must have some understanding or knowledge of the individual's culture and country of origin. Trying to understand a client's perspective and experience when they are sharing it is crucial. They also state that practitioners who have personal experience with migration or adapting to diverse cultures tend to be more successful when working with this population. Practitioners must recognize the loss a refugee feels after leaving behind their culture, language, climate, family, friends, social system, and behavioral norms.

Assessment

Art therapy, psychology, and assessment are Westernized approaches designed from Western perspectives. It is crucial to consider therapy assessments a Westernized approach as some practitioners may set high, unrealistic expectations and needs in their criteria rather than meeting the client where they are. According to Hays (2016), discrimination occurs among refugees as they become minorities in another culture. Using assessments with refugees is not only restrictive but also unethical. When evaluating an individual from a minority population with an assessment designed from a Western perspective, it is crucial to question the accuracy of the results and conclusions—one's cultural background, ethnicity, education, and economic status could influence the outcome.

Methods and Techniques

A limitation to keep in mind is the hidden hierarchy between therapist and client. It is important for clinicians to research the client's culture and use culturally appropriate techniques. It is also imperative that clinicians treat their clients as equals. Refugees are coming from a vulnerable place, where they have experienced exploitation and/or pity. Fondacaro et al. (2014) mention that to work effectively with a population different from their own, a clinician must maintain a nonjudgmental perspective. Clinical boundaries are important when working with the client. It is also crucial when working with these individuals to provide privacy, safety, emotional regulation, and a non-diagnostic approach. The clinician must have knowledge of mental health practices and provide a nonjudgmental and respectful environment to establish a trusting and safe relationship with the client. Something to remember is how little mental health care refugees receive. Although there are many studies on how much trauma refugees endure, there is a lack of services provided to deal with this trauma. Im et al. (2021) noted that refugees experience an immense amount of trauma, particularly during migration and resettlement. Despite these mental health concerns,

these needs are not provided for. Therefore, art is a useful method for breaking barriers and allowing a space for communication to increase mental health.

Trauma

Trauma among Children

Carey (2006) wrote, “The word trauma comes from the Greek, meaning, ‘wound’.” (pp. 40–41). She exemplifies in her book how pain and suffering from trauma can correlate with several factors such as emotional, psychological, and physical injuries. This literature review refers to the experiences of traumatic events, including community violence, war, or terrorism. Children are especially susceptible to the emotional climate that is surrounding them and can experience fear, panic, and grief. Carey (2006) mentions how children can become terrified on witnessing and experiencing the state of panic and shock that adults around them exhibit. Refugee children escaping a war experience traumatic events such as death, violence, chaos, destruction of buildings, and sexual and physical violence. This is only one of many causal factors, as they hold their own independent viewpoint of trauma. Children experience the effect of an adult’s arousal, environment, and emotional climate as well as the horrors of war through their own lens. Carey (2006) explains that whether an experience is anticipated or unexpected, it can result in trauma in a child’s mind. A child experiencing helplessness, desperation, and the loss of control over a situation are a few manifestations of trauma; a child escaping a war experiences at least one of these conditions. The powerlessness of watching buildings crumble, the helplessness of witnessing family members panicking, or even the desperation of not fully understanding an event can lead to hopelessness.

Trauma & Physical Symptoms in Later Adulthood

Hass-Cohen et al. (2008) addresses the importance of exploring art therapy with children who are victims of such traumatic experiences. Trauma can affect one’s future

perception of violence or cause a lack of trust toward others, which can even develop into physical symptoms later in one's adult life and influence them emotionally and mentally. Burke et al. (2011) noted that "30–40% of youth exposed to community violence develop posttraumatic stress symptoms such as re-experience (nightmares, intrusive thoughts, and flashbacks), avoidance of traumatic triggers and emotional numbing (constriction of affect) and physiological hyperarousal [...] Moreover, the physiological consequences of stress affect not only mental health but have also been shown to correlate with non-psychological medical conditions[...]" (pp. 408–409). In addition, they mention that some traumatized adults will also develop high blood pressure, obesity, heart problems, or even arthritis. It is important to understand that even though traumatic experiences can impact an adult's physical symptoms, this does not indicate a lack of healing. Emotional healing is desirable and necessary. We are social beings in need of healing for our own mental health.

Unfortunately, war is inevitable, and conflict exists today in places like Ukraine, Afghanistan, Northern China, and Central America. Therefore, it is imperative to discover effective ways to save children from traumatic experiences during conflicts. Children exposed to natural disasters, wars, and pandemics are susceptible to mental health issues. Neglected trauma, especially, can affect mental health in adulthood if it is not processed. It is important to keep this in mind as trauma is also generational and inherently passed on.

Menakem (2013) mentions that trauma routinely spreads among people like a contagious disease. In other words, a person with unhealed trauma can pass it on to another. She also notes, "Children are highly susceptible to this because their thirteen young nervous systems are easily overwhelmed by things that older, more experienced nervous systems can override. As we have seen, the result is a soul wound or intergenerational trauma. When the trauma continues for generation after generation, it is called historical trauma." (Menakem, 2013, p. 34). Keeping this in mind, COVID-19 was a disruptive experience for children,

presenting serious developmental risks. Not only did it upset children's routines, notably with school closings and confinement, but they also experienced second-hand trauma from their parents' stress and anxiety. During this pandemic, mental health issues among adults were on the rise due to the pressures of illness, finances, working from home, and childcare. To combat these pressures, art therapy will always remain relevant, especially as long as people experience trauma.

Trauma among Refugees

Refugee children undoubtedly experience the hyperarousal and distress of adults around them (in most cases from a caregiver or a parent), accentuated by the stressful environments at airports or refugee camps. The wound of a child escaping war is even more serious. Addressing trauma in refugee children is essential, as childhood trauma can lead to symptoms of distress in adulthood. Courtois et al. (2009) found that complex trauma often involves a child being unable to self-regulate due to feelings of insecurity and can often upset the child's developmental stage. They state that, more than adults, children are prone to dissociation when made victims of natural disasters or wars. It is crucial that children who have experienced this type of trauma find a healthy way to process it and make sense of their own experiences. Refugee children are also immigrants, and deal with three types of trauma: migration, readaptation, and being a minority. Readjustment is a trauma; resettling in another country also means being a minority, which could lead to discrimination, exploitation, socioeconomic difficulties, anxiety, and depression, among other experiences.

Displacement can severely affect a child's development process. Carey (2006) explains it is crucial for the child to experience a steady routine to build up their sense of security. Chronic exposure to trauma, detachment, or violence can have neurological effects on a child's cognition, which is dominated by the subcortical and limbic areas of the brain. Vaile et. al. (2010) stated that going through trauma means experiencing helplessness or

powerlessness. They explain that the five core values for an individual are safety, trust, power/control, esteem, and intimacy. It is difficult to recover stability when trauma breaches one of these values. Stability, attachment, and care are particularly important for children as they are still neurologically developing. Carey (2006) states that children who grew up in a safe environment do not restore or retrieve information in the same way as children who grew up in an unsafe one. She explains that children who grew up in a safe environment are better at picking up verbal cues, whereas children who grew up in an unsafe environment are better at picking up visual cues such as facial expressions, tone, and gestures.

Children raised in a milieu of violence learn that nonverbal information is more crucial than verbal. The chronic exposure to violence and trauma shapes the child's cognition, and so will be dominated by subcortical and limbic areas of the brain...(Carey, 2006, pp. 26–27).

This is evidence of the first theme in this literature review, where children who have experienced trauma and exposure to an unsafe environment communicate better through visuals than words.

Art Therapy among Traumatized Children

Children who have experienced an unsafe environment, such as a war, respond better by telling their own narrative through visual arts in art therapy. This section highlights the second finding within this literature review, where children's narratives and storytelling support their mental health. I.M. et al. (2021) assert that children who are exposed to an unsafe environment respond better to visual cues. According to Hass-Cohen et al. (2008), a child's self-regulation is correlated to the grouping of the brain's nervous system, which is linked to the subcortical areas of the brain, including the developmental cortex. They explain how effective art therapy can be, as children need somatosensory experiences such as touching or holding while the nervous system carries out regulation.

Ugurlu et al. (2016) investigated art therapy as an effective method for addressing mental health issues among refugee children. The five-day intervention observed children ages 8–12 in a school setting, inviting them to attend three different workshops led by three different art therapists. They found that the symptoms of anxiety, particularly depression and post-traumatic depression, had decreased significantly after the art intervention. It is important to explore the use of art therapy as an informal way for a child to communicate their trauma without verbalization. This intervention is testimony that children who have experienced trauma and exposure to an unsafe environment communicate better through visuals than words. Salans (2004), a psychologist, describes her work with children who have experienced trauma and anxiety. She expresses that art and storytelling help children put their fears, hurts, crises, and trauma into one place. This allows children to transform their own experiences into a strength.

The context in which stories and poems are told and created is of the utmost importance. Creating this context allows clients to tap into their innate sense of creativity and to put all their fears, hurts, and crises into a concrete conceptual place. Their natural ability to visualize is ignited; it is through their fiery imagination that they develop an amazing resilience, a force that enables them to find hope and give joy regardless of how traumatic their lives are. (Salans, 2004, p. 16).

Children cope with anxiety and trauma better through art because it promotes elements of silence and encourages their imagination to make sense of the world around them. Researchers conducted a quantitative and qualitative study of children who experienced trauma in order to help them cope with anxiety. The 22 participants used collages to address, narrate, and translate their own experiences. The result was a significant decrease in anxiety and PTSD. The action of artmaking helps individuals emotionally and physically. As mentioned previously, some people have physiological responses to trauma. Creative art

induces the body to maintain and release serotonin, which helps process chaotic and traumatic memories. The creative arts also allow individuals a sense of control over their inner chaos by shaping their narrative and helping them communicate it non-verbally. This depicts the first finding of this review, which states that children who have experienced trauma and exposure to an unsafe environment communicate better through visuals than words. In addition, it supports the second finding that narrative therapy and storytelling support one's mental health. Communicating your own experience and narrative is crucial for any human being, regardless of their age, ethnicity, sexuality, and so on. Chen et al. (2019) used a method requiring participants to draw upon a narrative perspective, permitting them to process, understand, and reflect on their own experiences. During interviews, children and their parents used digital storytelling with art to communicate their experiences. This research aimed to help the community in question form an alliance through their shared experience, a sense of belonging and security. As refugees are a minority in a foreign country, refugee youth experience a poor sense of belonging. This is due to discrimination, a sense of disorientation and exploitation, and a lack of security. Given their trauma, it is common for refugee youth to struggle with emotional and behavioral difficulties. Chen et al.'s (2019) research found that narrative storytelling through drawing within the arts and the interview process helped refugee youth find a sense of belonging within their new community and helped them make sense of their own experiences.

Silence

Collective Silence

Collective silence brings a sense of peace, community, understanding, and unity to the community or family. De Haene et al. (2018) suggest defining a meaning, whether it is through narration or collective silence, for the event. This can positively affect the child by helping them make sense of the experience and find restoration, a sense of understanding,

self-control, and stability. Narration of the parents' and child's own story makes sense of the experience and brings understanding. For children, it increases a sense of security and peace from this traumatic life event. According to this clinical literature, non-verbal narration is extremely effective among refugees as offered through silences, breathing, and physical expression. Reinforcing the third finding in this literature review, we discover that refugees tend to be more comfortable with silence when communicating their experiences than verbal communication.

Narrative Therapy and Silence Among Refugee Children

The third theme that emerged from this literature review indicates that refugees are more comfortable with silence when communicating their experiences. De Haene et al. (2018) discuss the development among refugees in family therapy in their clinical literature. They talk about the utilization of narrative restoration and processing trauma through narrative and silence. In some cases, it is important to keep in mind that silence can be triggering for refugees. For example, some children may have experienced being silent while hiding to escape a conflict. Kohli (2006) focuses on the psychological echoing of refugee children, who tend to be more secretive and silent about their own experiences due to fear.

Narrative Therapy

Narrative therapy and storytelling are important tools for processing trauma. To move forward from a trauma, an individual needs to feel safe and stable. This requires communicating one's own perspective. The second finding of this study is that narrative therapy and storytelling support one's mental health. De Haene et al. (2018) note that refugees experience depression, polarization, and xenophobia, which increases the threat of post-migration stressors of exclusion, isolation, and discrimination. De Haene et al. (2018) emphasizes the importance of the endurance of transgenerational culture traumatic experiences and their damaging effects. The community can have an impact on an individual

who experiences cultural trauma during migration. They also state that a child narrating their own trauma can help these individuals feel secure. De Haene et al. (2018) say,

From a perspective on working on trauma narration as a relational process and its dynamic tension between witnessing and forgetfulness, this dynamic of modulated disclosure invites a therapeutic dialogue that collaborates with refugee parents in exploring potential ways of trauma narration that may simultaneously contain children's distress as well as validating parental wishes of protecting children from suffering or safeguarding cultural strategies of active forgetfulness. (p. 263)

De Haene et al. (2018) advocate the uniqueness of family narration therapy. Narrative therapy, according to Hamkins (2013), is sufficient when working with a population from a different culture than yours, as the clinician's role is more passive. It consists simply of listening to the individual's perspective, experiences, narrative, and story. With this knowledge, it is important to consider clinical psychological methods that can assist an individual in finding comfort in translating their own experience and processing it. Hamkins (2013) declares that

Narrative psychiatry combines a biological understanding of human suffering and well-being. It begins with compassionate connection with patients, understanding that we live our lives in relationships and connect with patients, and understanding that we live our lives in relationships and connect with one another through the stories we tell. It relishes discovering untold but inspiring stories of a person's resiliency and skill in resisting mental health challenges. (p. 30)

Compassion, connection, and understanding of one another are skills necessary for influencing positive mental health; they are honed with narrative therapy. This knowledge affirms the second finding of this thesis that narrative therapy and storytelling support one's mental health.

Narrative Therapy and Silence Through Artmaking

Art can be an effective tool when working with children who have escaped conflict, as it allows them to narrate their own experience while remaining silent. As previously mentioned, it is crucial for us to narrate or process our own experiences for the good of our mental health. Hamkins (2013) suggests that the vulnerability inherent within narrating your perspective creates resiliency. It is critical that refugees feel comfortable when processing trauma; for most, silence allows healing to take place. Hamkins also explains that forcing individuals to talk about their experiences can add pressure and be demeaning for some. Therefore, processing trauma through art and silence can be extremely effective for refugees. This underlines the third finding within this literature review, which states that refugees are more comfortable with silence when communicating their experiences. Migration leaves people temporarily disoriented and paralyzed, which makes it difficult for them to process their new environment. In understanding the importance of silence, the communication and processing of narratives through art can be a powerful support for an individual. Hamkins also states that children's experiences of escaping a war are thick stories with multiple layers. Kohli (2006) explains that his research into the lives of refugees often reveals a lack of trust in others when refugees reflect on the meaning of their own experiences. Kohli (2006) states that refugees might be reluctant to tell their story, as it is part of a survival strategy in many cultures. Telling a story through silence and imagery can be highly effective. Reconstructing and exploring one's own narrative in silence can help make sense of it. Most refugees are minorities who experience discrimination and exploitation, and it is understandable why silence would be more comfortable. Kohli (2006) states that reconstructing narratives of one's personal story is useful, particularly for victimized individuals.

Understanding, uncovering, and using one's own story through art can provide a sense of survival, resilience, and reconstruction. Art can be a tool for children who have

experienced conflict to communicate and process the experience. This leads to the important themes that have emerged throughout this literature review.

Storytelling

Narrative Therapy and Storytelling

The third theme is how important it is for individuals' mental health to communicate experiences through narrative therapy and storytelling. This supports the idea of processing trauma without verbal communication while still making sense of the experience. Following the client to where they want to bring you is important. Hope (2016) studies such events as she communicates in her article the effectiveness of narrative, storytelling, and art with children in a school setting. She focuses on children's reflection after reading the book *The Colour of Home* by Mary Hoffman. This is a story about a refugee child escaping war in Somali. The teachers asked the children to create art about the story and reflect on and think about what the experience meant to them. Empathy appeared in the children's vocabulary and art as they communicated and mirrored the Somalian child's experience. This enabled a better understanding in the classroom as some of the students were refugees themselves.

Narrative storytelling is a powerful tool to depict a reliable view of the refugee experience. Hope (2016) expresses this through data, personal testimonies, and discussion. This method provides a way to visualize other worldviews, reflections, and positions within life experiences. Hope (2016) notes that imagery, text, storytelling, and narrative can influence a child's maturity and cognitive abilities as well as help them understand others' mental states. This promotes empathy within the child's mind and demonstrates the theme in this literature review that therapy and storytelling support one's mental health.

Storytelling and Art Therapy

Art therapy allows for the client to be in control along with what the final art product represents. As mentioned before, the therapy is more effective if the therapist puts

him or herself in the client's world and mindset, and art therapy does just that. The art therapist can experience the client's world through their artmaking, along with the final processing after each session. (Moosa et al., 2017, p.2)

Art therapy is effective in improving mood, socialization, problem solving, behavior, and attitude. Bjorn (2013) underlines the importance of understanding a child's experience of war. Family therapy through storytelling and art therapy proves extremely effective. It allows family members to understand each other's experiences, and their collective struggle to adapt to their host country helps them feel more united. We tend to underestimate children's understanding of their environment. The results of this study showed that children exposed to war had a better awareness of traumatic events than their parents thought they did. As previously mentioned, children can sense and understand their parents' distress, anxiety, and fear.

A narrative approach using storytelling in art therapy is crucial as it provides a better understanding of the child's perspective and inner struggle. Bjorn (2013) states that a limitation in this article is:

More focus and space could be given to the children to add to the knowledge of the complexity of the family. Using knowledge by emphasizing the salutogenic perspectives facilitates the provision of support to refugee families...society and recapture a sense of coherence, including all three components: comprehensibility, manageability, and meaningfulness. (p. 8)

A child's perspective of conflict can be critical and meaningful not only while the child resettles and develops new relationships, but also to prompt awareness of the severity of unfair events.

Art Therapy

Finding Re-adaptation through Art

Hope (2016) refers to a relationship web and the challenges refugee face in reconstructing their own lives and adapting to a new setting. A child's relationship web can be extremely difficult to reconstruct once blown apart. A key part of the reconstruction of the web is building relationships. In Hope's article, the children at the school were refugees who had recently migrated. After reading the story about the Somalian refugee child's experience, non-refugees drew the story of the child's experience and their reflection on it. This promoted engagement and understanding of each other's experiences and comprehension of the struggle of readaptation as well as empathy. This is where the fourth theme of this literature review emerges: art can promote a sense of home and comfort through similarities, relationships, culture, and community. This research found that children who had recently migrated to the country were able to develop relationships and, therefore, find safety and begin to reconstruct a web that was once broken. However, children escaping a war may experience much more than just a broken web. Refugee children show a high frequency of depression, anxiety, post-traumatic stress disorder, aggression, and behavioral concerns.

Art Materials and Building Community

Yohani (2008) used human ecological theory and hope theory, as well as arts-based research and tools, to intervene with refugee children in Canada. Activities included photographs, hope quilts, and narrative development. The children shared their hope work with others (members of their community, parents, friends, family, and other refugees). Art has the power to rebuild connections and reconstruct webs, which confirms the last theme in this literature review: art promotes a sense of home and comfort through similarities, relationships, culture, and community.

This research confirms that Bronfenbrenner's ecological perspective, hope theory, and art interventions have a positive impact on the participant's community. Bronfenbrenner's ecological system method is individualistic, as it explores the building of one's own culture

and narrations, as well as the impacts of people, places, teachings, and events. Exploring these concepts through culturally centered narratives allows all to tell their story and process it collectively within a group. Having a child share their own perspective and narrative promotes the exploration of resiliency, hope, and positivity. It indirectly enables community members to reflect on their similar experiences and encourages them to find hope. This approach gives a sense of community and belonging by sharing personal experiences. Some children were comforted by the material itself, as it was from their own home and culture.

Garlock (2016) emphasizes the effectiveness of art therapy and narrative storytelling through textile and cloth with individuals who have experienced trauma. She notes that refugees making art relevant to their own home country and culture can deepen the inherent and inner healing by telling their story in the textile narrative. This especially works with marginalized groups, as it supports self-confidence and the telling of their own story. It helps these groups find a sense of community with others who can relate to their own experience. Another qualitative research exploring the experience of newly resettled youth from refugee backgrounds confirms this need. Young refugees struggle to express themselves and comprehend their emotions and personal trauma. Usually, this is caused by a readaptation experience and being in an unfamiliar environment. Using art and storytelling to make sense of their own experiences and find community is extremely effective in helping young refugees find a sense of belonging and adapt to their new home. It allows individual children a core community group to fall back on when they experience isolation or discrimination.

The Importance of Art Therapy

Art from groups that have experienced collective trauma is extremely valuable. As individuals in refugee groups have often experienced similar trials (war, migration, etc.), they often share a collective trauma, moving in groups from their respective communities. Most have experienced a sense of displacement or cultural homelessness from being a refugee.

Jones et al. (2018) assert that the impact of collective trauma, whether caused by natural disasters, war, crises, poverty, or cultural genocide, is real. A community that encourages self-expression can help individuals find healing, laughter, hope, imagination, and safety. This proves the fourth finding of this theme, that art can promote a sense of home and comfort through similarities, relationships, culture, and community. Jones et al. (2018) argue that people need to stop underestimating the potential of art and its healing capabilities in mental health. “It is time to stop arguing for the role of the arts as a useful adjunct to health services and declare that the arts sector, by the very nature of what it does, is in the business of health” (Jones et al., 2018, p. 5). The author explains that the factors that make for good health include a sense of personal and social identity, human worth, communication, participation in political decisions, celebration, and responsibility. Furthermore, Jones et al. (2018) state, “the language of science alone is not enough to describe health; the languages of story, myth, and poetry also disclose truth” (p. 17). Often society dismisses simple solutions, even when science proves that the act of creating can be powerful in healing traumatic experiences. Most cultures hold the erroneous notion that it is necessary to communicate an experience verbally. The arts can be an effective healing tool for individuals; they facilitate children’s needs because the children cannot communicate their trauma verbally but are more comfortable with communicating through art, play, narrative therapy, and storytelling.

Discussion

This literature review reveals four themes: 1) Children who experience trauma and exposure to an unsafe environment communicate better through visuals than words.

The second finding is: 2) Narrative therapy and storytelling support one’s mental health. Many find restoration, understanding, and a sense of control through storytelling in a narrative approach.

The third theme that emerges is: 3) Refugees are more comfortable with silence than with verbal communication.

The last theme in this literature review is that: 4) Art can promote a sense of home and comfort through similarities, relationships, culture, and community.

Theme One: Trauma and the Importance of Visual Communication

Children who have experienced trauma and exposure to an unsafe environment communicate better through visuals than words. Carey (2006) testifies that children who have experienced an unsafe environment communicate better through visuals. Often children tend to suppress traumatic experiences when they do not have the space to process it. Burke et al. (2011) depict how childhood trauma can affect someone's physical, mental, and emotional health later in adulthood. Processing trauma as a child is necessary to prevent symptoms later. Hass-Cohen et al. (2008) show the importance of visuals and touch among children who have experienced trauma and the effectiveness of art therapy. Evidence proves that children who have experienced unsafe environments are more comfortable communicating through visuals. It is crucial to consider methods involving touch and visuals for children who have experienced trauma. Art can highlight a child's strengths and be an effective method of communicating and processing what needs to be processed.

Theme Two: Benefits of Narrative Therapy and Storytelling

Narrative therapy and storytelling support one's mental health. Moosa et al. (2017) suggest the importance of narrative therapy and storytelling as it forces the therapist to put themselves in the client's shoes. This provides an understanding of the individual's perspective. In Sweden, Bjorn (2013) shows the necessity of understanding a refugee child's perspective, as it is often underestimated. Narrative and storytelling allow a child to process and make sense of the experience. Hope (2016) depicts how storytelling allows refugee and non-refugee children to build relationships and promotes empathy. Refugee children often

lose their web of relationships, and storytelling and narrative therapy can help reconstruct this web by helping them understand their own experience. Reconstructing and building relationships helps refugee children find mental wellness. Moosa et al. (2017) demonstrate how art can allow one to make sense of their own experiences through narrative storytelling. It has the power to unite communities and families who have endured the trauma of an unpredicted event.

Theme Three: Importance of Silence

Refugees are more comfortable with silence than with verbal communication. Garlock (2016) states that refugees who have experienced trauma or unsafety do not verbally communicate as a survival strategy. Pressuring an individual to talk about uneasy experiences can cause discomfort and unwanted vulnerability. Processing trauma is crucial; most individuals who have experienced trauma and unsafe environments “don’t talk about it” as a form of self-preservation. Our society often promotes the misconception of having to talk about an unsafe experience. De Haene et al. (2018) discuss the importance and power of silence within the refugee community after a tragic event. Silence does not mean ignoring the trauma; it may be necessary to process it. Art allows an individual to process the trauma in a nonverbal manner in a safe space.

Theme Four: Art and Community

Art can promote a sense of home and comfort through similarities, relationships, culture, and community. Chen et al. (2019) demonstrates how narrative therapy and storytelling while making art can bring a sense of community and relationship building among refugee children. Garlock (2016) brings up the importance and effectiveness of using different art materials relevant to the refugee population’s culture. It promotes mental health by providing familiarity and a taste of home. Many refugees have to face immigration, readaptation, discrimination, and exploitation. Adapting to a new culture, country, language,

and environment is extremely challenging. Providing a community where individuals can relate to each other due to similar experiences is extremely effective as it brings a sense of security, comfort and home

Limitations

Limitations in this literature review are countertransference and biases from this writer, as she escaped war in the Democratic Republic of the Congo (former Zaire) as a child and immigrated to France, Qatar, Germany, and Hong Kong. Therefore, biases may influence the choice of articles within this literature review. Another limitation is that the author grew up with white privilege and, therefore, may not understand the full complexity and struggle of refugees. Another limitation is the lack of information and readings provided to support these themes and points of mental health and well-being among refugees. In general, provisions to take care of mental health within this population are rare.

Conclusion

In conclusion, refugee children experience many extremely stressful events because of political or religious oppression, war, migration, and resettlement. It is difficult to define all the types of trauma they endure, because a significant amount can be genetic, cultural, or even countertransference from parents. Narrative therapy and storytelling allows these children to share their individual perspective in a safe space, helping them make sense of their own experiences by using art with familiar materials. It does not pressure the individual to talk about the tragedy. Silence is not only a survival strategy but also a source of comfort. Individuals who have experienced trauma or unsafety respond better through visuals and communicate better without words. Narrative storytelling supports the importance of communicating and processing one's own narrative and story and enhances an individual's mental health. The first theme demonstrates that children facilitate communication better through art than words. Another finding was that refugees prefer silence as it is a survival

strategy. Comfort and safety are important, especially for refugees who have undoubtedly experienced a form of trauma whether readaptation, violence, or migration. Having a form of safety or comfort is extremely important for individuals who have escaped war. Art materials, readings, cooking, and music can allow individuals to find comfort and restoration. Art can promote a sense of home and comfort through similarities, relationships, culture, and community. To conclude, utilizing visual arts with materials relevant to one's culture as well as a narrative and storytelling approach can allow individuals who have escaped a war to process their trauma in a healthy way and find strength within it.

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