

**Giving a voice, healing trauma**  
Exploring the Usefulness of Art Therapy  
with Refugee Children.

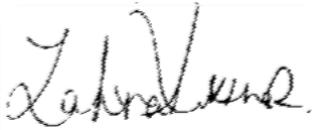
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Masters in Art Therapy, Faculty of Health and Social Care,  
University of Chester.

October 2017

## DECLARATION

I hereby declare that this thesis is my own work and effort and that it has not been submitted elsewhere for any other award. Where other sources of information have been used, they have been acknowledged.

A handwritten signature in black ink, appearing to read 'Zahra Khan', enclosed in a thin black rectangular border.

9<sup>th</sup> October 2017

## **ACKNOWLEDGEMENTS**

This dissertation would not have been possible without the inspiration and support of many individuals. I would like to thank the following people:

First of all, I would like to thank the children who I had the opportunity to meet, and who inspired this research. I would like to thank three inspiring art therapists who took part in this research and shared their stories and experiences with me.

Special thank you to my supervisors, Andy Lovell and Jo Lowndes for their help and guidance throughout this research journey. Thank you to all the lecturers at The University of Chester MA Art Therapy programme for their wisdom and guidance.

Finally, thank you to my mother and sister with whose inspiration and support encouraged my desire to learn and helping others.

## **DEDICATION**

I would like to dedicate this research to all those seeking refuge. I hope every child finds sanctuary and has a chance to share their story with the world.

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## **LIST OF ABBREVIATIONS**

**BAAT** – British Association of Art Therapists

**NICE** – National Institution of Care Excellence

**NSPCC** – National Society for the Prevention of Cruelty to Children

**UK** – United Kingdom

**UNHCR** – United Nations High Commissioner for Refugees

**UNICEF** – United Nations International Children’s Emergency Fund

**WMA** – World Medical Association

## **ABSTRACT**

Children who seek refuge to the United Kingdom have experienced a journey witnessing many traumatic events, separation and losses. These experiences can have a profound effect on a child's well-being and resettlement in the host country. Art therapy is an avenue which can help these children to heal their trauma, and explore the feelings and changes that arise with becoming a refugee.

This research set in an interpretive paradigm, informed by hermeneutic phenomenology explores the usefulness of art therapy with refugee children. It aims to investigate this enquiry through the lens of art therapists to gain insights from lived experiences and stories. Three semi-structured interviews were conducted, which were explored and analysed through using thematic analysis, which discovered five key themes these were identified as: (1) Giving Voice, (2) Rebuilding Trust, Opening Wounds, (3) Sharing Stories, Healing Pain, (4) Exploring Identity, Discovering New-Self, and (5) Understanding Art Therapy. Upon reflection, the four initial findings merged together highlighting the two key usefulness of art therapy, these were established as: (a) providing refugee children with a safe space to heal and discover new-self, and (b) giving refugee children a voice to express, and share their stories. Despite the last theme (understanding art therapy) being established as a limitation, this created an area for future research to help inform art therapy practice.

From the findings discovered, it was concluded that art therapy is a useful form of psychotherapy for refugee children. Art therapy provides these children with a safe space to heal, and gives them a voice to express and be heard.



Figure 1. *Welcome.*

Image created by author in response to volunteering with displaced children.

## **INTRODUCTION**

Since 2015, there are around 65 million people who have been forced to flee their homes, with more than half of the world's refugees (55%) coming from: Syria (5.5 million), Afghanistan (2.5 million) and Sudan 1.4 million (British Red Cross, 2017; UNHCR, 2016b). With ongoing conflicts and political uncertainty, the UNCHR (2015a) state these numbers are likely to increase. There are an estimated 118,955 refugees living in the UK, of which 3,253 are children (British Red Cross, 2017).

Refugees arriving in the UK are at risk of developing psychological issues, due to the exposure of traumas they have faced in their home country, and their journey to the host country (Allen, Basilier & Hauff, 2016; Dokter, 1998; Vang, 2016). Therapeutic interventions such as art therapy is argued to be vital in helping to improve the well-being of these children (Baraitser, 2014; Dokter, 1998; Kalmanowitz & Lloyd, 2005). However, there is minimal research on the benefits of art therapy supporting refugee children across the UK. This research seeks to inform art therapy professionals working with displaced children, through exploring the usefulness of art therapy with refugee children.

## **CHAPTER ONE: INTRODUCTORY BACKGROUND**

### **Introduction**

This chapter provides the reader with a background on the topic of this research (refugees and art therapy). Firstly, key terms are defined followed by an exploration into the refugee journey. Key issues surrounding refugee children will be discussed, ending with an introduction to art therapy. Chapter two will present a literature review on this area of enquiry.

### **Defining Refugee Children**

The Office of the United Nations High Commissions for Refugees (UNHCR, 2017d), and the Refugee Council (2017a) define a refugee as someone who has been forced to leave their country to escape war, persecution or violence. Asylum seekers are defined as individuals who have fled their country of origin, and have formally applied for asylum in another country (to seek refugee status), and still await a decision (Refugee Council, 2017c; UNCHR, 2017c). In this research, the word refugee will also denote the term asylum seeker, as it is established both of these have a fear of persecution for reasons regarding: race, religion, nationality and political opinion; should they return to their home country (Mitchell, 2016; Refugee Council, 2017a; UNCHR, 2015d). Keeping in mind that childhood is socially constructed (Corsaro, 2011), children will be defined using the UK definition which recognises a child is anyone who is under the age of 18 (NSPCC, 2017). This definition is also recognised internationally by The United Nations International Children's Emergency Fund (UNICEF, 2005).

## **The Refugee Journey**

Refugees leaving their home country have frequently endured a journey of witnessing traumatic events and losses (Fazel & Stein, 2002; Kemp, Rasbridge & Walgren, 2004). The word trauma originates from the Greek word 'traumatizo' meaning to wound (Means & Nelson, 2000; Oxford Dictionary, 2017a). The word trauma, in present times, refers to psychological and social injuries experienced by an individual (Rose, Gilbert & Richards, 2015). Herman (1997) writes trauma is an affliction on the powerless and involves a threat to one's life. Similarly, art therapist's Kalmanowitz and Lloyd (2005) view trauma as having a close encounter with violence, death and experiencing substantial losses. According to Erikson (1995), trauma should not be seen as a one-time event, and argues trauma can also arise from witnessing a collection of accidents, violent crimes or a series of stressful events. Therefore, the definition of trauma will include both initial and ongoing traumas.

According to Gonsalves (1992), individuals who seek refuge experience trauma throughout their refugee journey. A journey which entails three stages: (a) the pre-flight stage, (b) the flight stage, and (c) the resettlement stage. These are discussed further below.

### **a) The Pre-flight Stage**

The pre-flight stage is where refugees can experience forced departure due to war, persecution and political oppression (Gonsalves, 1992; UNHCR, 2017d). According to Blackwell (2005) these methods of repression are used to demoralise, defeat and destroy a person and attack their identity, meaning and existence. During this stage,

children can witness massacre, casualties, experience living in poverty and forced separation from their caregivers (Fazel & Stein, 2002).

### **b) The Flight Stage**

Added to the previous trauma, refugees now experience the journey to the host country, this is described as the flight stage (Gonsalves, 1992). This journey can be prolonged into weeks, months or years and can involve the risk of: death, physical or sexual assault, exploitation, theft, injury, hunger, living in extreme conditions, physical challenges and time spent in a refugee camp (Allen et al. 2016; Council of Europe, 2007; International Rescue Committee, 2015). Such experiences can trigger: (a) post-traumatic stress, (b) depression, (c) anxiety, (d) fragmentation, (e) loss of hope, (f) feelings of futility and disintegration, and (g) disruption to an individual's perception of life (Blackwell, 2005; Fazel & Stein, 2002; NICE, 2017). According to the UNHCR (2017e) these experiences can affect an individual's resettlement in the host country.

### **c) The Resettlement Stage**

The initial relief in reaching a safe country is followed by an awareness of the daunting tasks, and the unknown difficulties that lie ahead (Papadopoulos, 2001; Ying & Akutsu, 1997). According to Vang (2016), refugees' resettlement includes various stressors and stages of living and adapting to new culture. Segal and Elliott (2012) state a refugee's psychological needs (*at this stage*) is left unattended due to survival needs. For asylum seekers (who do not have legal status in the UK), they must apply for refugee status (GOV, 2017). Failed claims could result in forced deportation back to the country of origin, anxieties due to uncertainty regarding this outcome can be aggravated by past experiences of persecution (Allen et al. 2016;

Callaghan, 1998). While working to secure permanent legal status in the host country, refugees must also manage overwhelming settlement obligations. These include: dealing with new customs, acquiring housing, obtaining legal advice, learning a new language, securing funds, enrolling children in school, finding work, familiarising themselves with the new systems; all while being alone in the new country (Allen et al. 2016; Woodcock, 2000).

### **Acculturation**

According to Lemzoudi (2007) resettling into the host country is a time of transition, adaptation and acculturation. This is where refugees' leave behind the life they know for the unknown with the hope of a better future. Acculturation is defined as an adjustment process, where individuals adjust their way of thinking to a new culture and environment (Matsumoto & Juang, 2013). According to Sam and Berry (2016) acculturation is an unavoidable challenge for all refugees'. They state acculturation can put a strain on a person's ability to make sense of life, as this transition period redefines and reconstructs an individual's identity. For Lemzoudi (2007), and Ying and Akutsu (1997) acculturation can either enhance life chances for refugees' or destroy them.

Arredondo-Dowd (1981) created a model of acculturation which includes five key stages. Firstly, *fascination* which involves the feeling of euphoria in the face of a new culture. Secondly, *hostility* towards the host culture, where everyday activities are experienced as a crisis. Thirdly, *adjustment* where the individual begins to understand the host culture, alongside maintain a sense of self. Fourthly *genuine biculturalism*, where it is possible to see both the positive and negative aspects of

the host culture. Lastly, is the *cultural shock* and *readjustment stage*, which revisits an individual's home culture in the new surroundings.

For refugee children, experiencing acculturation stress is followed by cumulative stress. This is developed from the compounding stressors of childhood, along with the traumatic experiences of displacement (Bronstein & Montgomery, 2011; Fernando & Ferrari, 2013). During this stage, therapeutic interventions such as art therapy is considered vital in assisting and providing emotional support for refugees' (Refugee Council, 2017b). An introduction into art therapy will be discussed further on in the chapter.

### **Refugee Children: Key Concerns**

Children who arrive in the UK are at risk of developing psychological issues due to the exposure of traumas they have faced (Allen et al. 2016; Dokter, 1998; Vang, 2016). Berman (2001) reminds us that refugee children are not only dealing with the stressors and traumas faced by their adult counterparts, they are also simultaneously confronted with the developmental hurdles that mark the lives of all children. According to Rutter (1985), the impact of trauma can undermine an individual's belief into how life unfolds, especially for children as they are in their childhood stages (Fernando & Ferrari, 2013).

### **Psychosocial Development**

For Britto, Engle and Super (2013) childhood is a particularly concentrated period for growth and learning. According to Erikson (1995), an individual's psychosocial development is associated with social conflicts which every individual faces over their lifetime. For Erikson, the development of a healthy personality is dependent on

the successful accomplishments during their developmental life stages; where each crisis challenges an individual, but also presents an opportunity for growth.

According to Fazel and Stein (2002), a child's ability to resettle and adapt to new surroundings can be embedded by past trauma, which can challenge and change a child's perception into how life unfolds (Allen et al. 2016).

### **Loss and Separation**

For many writers, the family is recognised as a key protective factor which helps the well-being of all children to contain and process their emotional difficulties (Kalmanowitz & Lloyd, 2005; Shafai-Palmer, 1997; Smith, Perrin, Yule & Rabe-Hesketh, 2001). However, for some refugee children the journey from the home country cuts all support and link from their family and community. According to Callaghan (1998), children leaving their home country experience significant separation and losses, losses including: family, friends, community, identity, culture, traditions, familiar surroundings and material possessions.

For Dyregrov (2004) and Rutter (1985), the loss of primary caregivers will have a profound effect on children, especially on their attachment relationships. John Bowlby (1907-1990) viewed attachment as a critical factor that helps children cope with difficult circumstances (Bowlby, 1969). According to Fazel and Stein (2002), and Rutter (1985) the separation and absence of a child's primary caregiver deprives the child emotionally, as there is no significant role model during their resettlement phase in the host country

Without family and community, Fantino and Colak (2001) state refugee children struggle to maintain a voice, and a sense of belonging that is adaptive to the new surroundings. For many writers, these aspects are essential for successful

resettlement in the host country (Bauder, 2012; Poteet & Nourpanah, 2016). A theoretical model which recognises the importance of belonging, is the 'Psychology of Place' theory by Fullilove (1996). This theory outlines that an individual endeavors to feel and create a sense of belonging to a place. Fullilove identifies three psychological processes associated with this: (a) *place attachment*, which is a caretaking bond between a person and beloved place. (b) *Familiarity*, the process of people development, knowledge and intimate awareness of the environment. (c) *Identity*, the recognition and sense of self.

Alternatively, children who are accompanied by their families to the host country may undermine their ability to care and provide safety for them. According to Blackwell (2005), this is due to the child witnessing violence and abuse towards the parental figure, which can leave the child feeling that the adults in their life are unable to protect them. Weine et al. (2004) state when families are unable to provide their children with the necessary support to process the traumas experienced, therapy is all the more appropriate. Therapeutic interventions such as art therapy, enable refugee children to heal trauma, and explore the feelings and changes that arise with becoming a refugee (Baraitser, 2014; Berman, 2001; Kalmanowitz & Lloyd, 2005).

### **Art Therapy**

Art therapy is a type of psychotherapy described by the British Association of Art Therapists which uses "...art media as its primary mode expression and communication." (BAAT, 2017, para 1). Art therapy stems from other creative therapies which include: music, drama, dance, play, and sand therapy (Malchiodi, 2003). In art therapy the art materials used and imagery created is seen as the central entity to the therapeutic relationship, allowing the formation of the

triangulation relationship to coexist between the artwork, the client, and the therapist. See Figure 2 (Case & Dalley, 2014; Edwards, 2004).

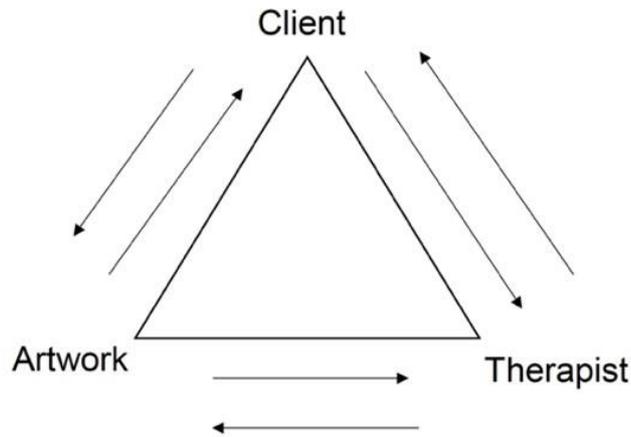


Figure 2. *Triangulation relationship*, reproduced from (Case and Dalley, 2014).

For Edwards (2004), art therapy is seen as a non-verbal form of therapy, as it provides an alternative way of expression for individuals who find it difficult to communicate verbally. Moon (2010) describes the art-making process as being powerful and beyond words, as it arises deep within the art maker serving as a communicator for the individual (Edwards, 2004). Despite art therapy being seen as a non-verbal form of therapy, Malchiodi (2003) argues art therapy is both verbal and non-verbal, as the communication of thoughts and feelings are central to all forms of therapy. This raises the question of whether art therapists find it difficult to understand imagery if neither the client or the therapist share the same language. A thesis conducted by Gallagher (2014) explored whether language barriers mattered in art therapy. Through conducting semi-structured interviews with three monolingual art therapists, the study found that even though language did matter, this form of therapy was already seen as a successful approach to work with clients whose

language differed from the therapist. Echoing the views of many writers, who state where there is a lack of proficiency in language and communication creating imagery can help bridge the gap, and facilitate a voice for an individual (Baraitser, 2014; Dokter, 1998; Kalmanowitz & Lloyd, 2005; Schnetz, 2005). According to Carey (2006), this is not possible with talking therapies as they rely solely on verbal communication.

For Kopp (1995), art is viewed as a universal language where imagery can be used to aid in communication for refugees. A study conducted by Rousseau, Lacroix, Bagilishya and Heusch (2003) with 19 refugee and immigrant children from Montréal, Canada reflected this, and discovered children who struggled with the English language sought the use of signs, symbols and metaphors for communication.

### **Non-threatening way to explore trauma**

The unconscious is defined as being part of the mind which is inaccessible to the conscious mind (Oxford Dictionary, 2017b). Psychologist Carl Jung (1875-1961) saw the creation of images as an avenue to gain access to the unconscious. He found, through having this access individuals are able to delve into and explore different aspects of their lives (Gilroy, 2006). According to Kalmanowitz and Lloyd (2005), creating artwork allows the unspeakable to be revealed through the unconscious. They view the unconscious as being essential in helping individuals unravel their internal responses to traumatic experiences. For Cox and Theilgaard (1997), the creation of image-making takes place between the conscious and unconscious which allows the integration of traumatic experiences to be recalled, explored and processed (Howie, Prasad & Kristel, 2013; Malchiodi, 2015).

According to Johnson (1987), and Van der Kolk (1987) art therapy offers a unique role to gain access to traumatic images. They state, as traumatic memories are stored non-verbally and in visual forms, creative therapies such as art therapy provide a non-threatening way to facilitate access to these memories.

For Dokter (1998), therapeutic support is crucial at times of trauma, as this gives refugees' an opportunity to recover and understand themselves and the world around them. According to Baraitser (2014), creative expression can help displaced children to explore their emotional experiences and internal feelings. Ugurlu, Akca, and Acarturk (2016) undertook a quantitative research with 63 Syrian children living in Istanbul Turkey, to measure the effectiveness of art therapy through a five-day intervention program. Ugurlu et al. (2016) found art therapy to be a successful intervention, as the result of depression and anxiety symptoms amongst the children reduced. However, as this study takes a quantitative approach, insights into how children used art therapy (*to reduce their symptoms*) is overlooked. By taking a qualitative approach, this would have provided a richer exploration into how these children used art therapy (Trainor & Graue, 2013).

## **CHAPTER TWO: LITREATURE REVIEW**

### **Introduction**

This chapter presents findings from a literature review conducted in January 2017. Firstly, the literature search proceedings are discussed, followed by an exploration into the three themes discovered, ending with a conclusion. Chapter three will present the aims and objectives for this research.

### **Literature search proceedings**

Due to having an interest in this subject of enquiry (art therapy with refugees), a lot of literature was already on hand before starting this dissertation. However, to avoid reader bias a thorough search was conducted for this part of the literature review (Bryman, 2012). According to Blaikie (2010) a literature review links a research study to current and relevant knowledge. The search to find such literature was carried out in two separate databases (see Appendix 1).

The first search was conducted through The University of Chester online library search using CINAHL (*plus with full text*), and a second search conducted through using the BAAT journal database Inscape. Both searches were carried out on the 31st January 2017 using keywords: 'art therapy', 'children' 'refugees' and 'asylum seekers'. As there was a limited amount of research specifically surrounding art therapy with refugee children, the decision to include all research on this topic was made. Given that this decision impacted the literature findings (as this study focuses primarily on refugee children) this, however, gave an opportunity to explore this topic at a broader level; by exploring how art therapy works with adult and children refugees.

Literature was firstly filtered down concentrating mainly on journal articles, according to Blaikie (2010) journal articles are seen as the most reliable source for conducting a literature review. Journals were then filtered down to the time frame of 2000 – 2017, as this gave a manageable way to go through all journals. Journals were then hand selected on the relevance to the enquiry being researched, this was done through reading the abstract. In total eight journals were found.

After journals were selected they were then read through. To help summarise the journals a table was created to extract key information (Aveyard, 2014). By doing so, Sandelowski and Barroso (2010) state this allows the researcher to get a good understanding of the literature collected (see Appendix 1a, 1b). Literature was then grouped to establish current patterns and themes within the subject area (Sandelowski & Barroso, 2010).

After literature was grouped, a pattern emerged amongst the eight journals collected. Firstly, qualitative methodology was found to be the most popular for this topic. A question into why this maybe, can be answered by the understanding that qualitative methodologies provide an opportunity to conduct research which is both sympathetic, and appropriately reflects the nature of the art therapy profession (Edwards, 1999; Kapitan, 2017).

Secondly, it was noted that majority of the research surrounding this topic had been conducted internationally (providing a gap for this research to be carried out in the UK). A question into why this may be, can be answered by the fact that other countries, e.g. Canada (where two of the eight journals found) host more refugees, compared to the UK (where only one journal was found); thus having an opportunity

to research this client group. Recently, since the outbreak of the Syrian civil war Canada host around 40,081 Syrian refugees, compared to the UK who host around 5,000 (Government of Canada, 2017; Roberts, 2017).

## **Literature Findings**

### **a) A way to make meaning through storytelling**

Psychologist Bruner (1990) advocates the study of 'make meaning' and how people construct meaning in their lives. He defines make meaning as an interpretive process where an individual constructs understanding between themselves, and the world around them. For Bruner, narrative is an essential contribution to make meaning. According to Dokter (1998) storytelling allows a method of unification which facilitates a way for refugees' too express, explore and make sense of their experiences. For Dokter (1998) storytelling allows the processing of traumatic events, with its beginning, middle and end storytelling acts as a container for storing experiences and information; allowing refugees' to tell their journey experiences in a story form (Baraitser, 2014; Kalmanowitz & Lloyd, 2005).

Storytelling was found successful in a study conducted by Rousseau and Heusch (2000), with 138 refugee and immigrant children (aged between 8-12 years) in Montréal, Canada. Their qualitative study was part of a 12- week program, where a creative expression workshop was delivered to children across multi-ethnic classrooms. Rousseau and Heusch (2000) found from their activity 'The Trip' (where children were asked to draw and tell a story of a character who has been through the refugee journey), children were able to integrate their traumatic experiences, by building a bridge from their past life to their future allowing them to attach meaning to their experiences. However, as this study was conducted with only 138 refugees and

immigrant children living in Canada, this is not representative of the whole population who may use storytelling to integrate their traumatic experiences. For instance, according to Fazel and Stein (2002) some refugee children may not have experienced trauma, and therefore may not require the processing of traumatic experiences.

In art therapy, Kalmanowitz and Lloyd (2005) state stories are told through the images that are being created. They emphasise the importance of hearing and sharing these stories with others. Similarly, for Baraitser (2014) storytelling gives displaced children an opportunity to reclaim their lost voice and to share their story. Art therapy in groups provides an opportunity for these children to be heard, as well as engage in dialogue with others; enabling refugees to reconnect with their lives, and to restore a sense of self (Kalmanowitz & Lloyd, 2005; Wertheim-Cahen, 2005). In a study conducted by Chu (2010) with (adult) survivors of the 1994 Rwandan Genocide, Chu found creating art in a non-judgemental and therapeutically supportive environment enabled participants to: celebrate who they were, remember valuable connections, mourn their losses, build resilience and convey a sense of hope for the future. However, only the participants that were observed showing emotional difficulties were chosen to take part in this study, which makes this study less valid (Crotty, 1998).

According to Wertheim-Cahen (2005), art therapy gives survivors empowerment with the transition of feeling helpless, to feeling in charge again. Additionally, for Wertheim-Cahen, art-making allows survivors to explore grief, injustice and loss; making it instrumental in the recovery and repairing of a survivor's identity. This was reflected in a study by Chilcote (2007) with 113 children survivors of the 2004

tsunami in Sri Lanka. The study found art therapy was a psychologically beneficial and culturally appropriate intervention for the children affected by the tsunami. Chilcote discovered art therapy allowed children to voice their trauma, grief over the loss of loved ones, view the centrality of family, culture, religious heritage and explore the prospect of future dreams. However, as this study only features children that were affected by the tsunami, it would be interesting to see how effective group therapy is with survivors from different backgrounds. Other writers indicate that group therapy with mixed ethnicities can help children share experiences, and reveal similarities that they all share (Papadopoulos, 2002). Furthermore, this avoids keeping refugees isolated in society, questioning whether group therapy is provided as a way to help refugees integrate into the host country (Bager, 2015).

Despite group therapy (*with other children*) being featured in the literature collected, group therapy with refugee families has not been researched. For Kalmanowitz and Lloyd (2005), the role of the family is crucial for the recovery of trauma survivors. According to Nabarro (2005) creating artwork for children can be a start in finding a way to express, communicate and share their traumatic experiences with their caregivers. Berman (2001) states families provide a context where children have the opportunity to process and share their journey and grief together. This will be interesting to explore further through the lens of art therapists', and explore how art therapy is beneficial within a family context.

#### **b) A way to remember memories**

According to Kalmanowitz and Lloyd (2005), art therapy can help recover an individual's good memories which have been overcast trauma. For Kalmanowitz and Lloyd, the retelling of memories is both essential and powerful in restoring the lost

sense of identity. From the literature searched, the memory of home was mentioned in various studies. According to Papadopoulos (2001), the theme of home is central amongst all refugee artwork, as the loss of home makes all refugees' share a deep sense of nostalgic yearning.

In a case study by Isfahani (2008) with 'Hanna', 22-year-old refugee women, the study captures how art therapy helped Hanna to recollect her positive memories. Memories included her home back in Ethiopia, and a memory of when she visited a fabric shop with her Mother. Isfahani found by allowing positive memories to be revisited, this reinforced the strong feelings, attachments and connections to Hanna's home country; giving her hope for a prosperous future. Dokter (1998) echoes this, and states the recollection of memories are important for refugees', as this allows them to hold and strengthen their ties to their home country. However, as this case study relates to a 22-year-old refugee woman, this does not generalise all refugees that may use art therapy to remember their positive memories. For instance, for refugee children their memories could be embedded with early childhood trauma which may be difficult to remember; questioning whether the exploration of past memories is crucial for refugee children.

According to Auerhahn and Laub (1984), the exploration of memories enables an individual to see themselves as a whole, which can assist in the resettlement phase in the host country. For Wertheim-Cahen (2005), art therapy can provide the possibility of healing the destroyed connection between the past, to the present, and future ahead. A study which set out to explore memories with children was by Huss, Nuttman-Schwartz and Altman (2012). Their study featured 12 Israeli children who were evacuated from their homes in the surrounding areas near the Gaza strip.

Through a collection of (directive) home themed drawings, researchers wanted to see if children still remembered their old homes. Huss et al. (2012) hoped if the children's existing homes were too traumatic to remember, they could choose to draw their current homes instead. This, however, questions the validity of the research as children could have remembered their old homes (mentally), but may not have chosen to draw them. Furthermore, as this research was not carried out by therapists, this may have impacted the collection of data; as emphasis on creating a therapeutic relationship may have been overlooked. According to Greig, Taylor and MacKay (2007) this is vital when conducting research with children.

### **c) A way to explore new identity**

Resettlement is seen as a time of a transition, adaptation and acculturation which can redefine and reconstruct an individual's identity (Lemzoudi, 2007; Sam & Berry, 2016). Ethnicity, culture, and religion are central to an individual's identity, which can be lost when refugees' resettle into the host country (Oppong, 2013; Ryba, Stambulova & Ronkainen, 2016; Wertheim-Cahen, 2005). According to Dokter (1998) and Kalmanowitz and Lloyd (2005), trauma continues to affect an individual's internal world (including their identity, values and beliefs), which can lead the individual in having their sense of identity fragmented. During the resettlement phase, therapeutic interventions such as art therapy are established to help refugees explore their new identities, along with preserve their cultural traditions (Dokter, 1998). This was reflected in the study with Bosnian refugees (adults) by Baker (2006) who found through featuring needlework in sessions, this served as a way to express individualism and explore culture in the host country. Additionally, another study featuring two (adult) war survivors from Bosnia was by Fitzpatrick (2002), who

found art therapy strengthened and enhanced identity through the exploration of war, opposition, exile and resettlement. However, as both of these studies (Baker, 2006; Fitzpatrick, 2002) are conducted with adults, the question of whether identity exploration is a feature in children's artwork is raised.

A study found which implemented identity exploration with children was by Rousseau et al. (2003). They encouraged 19 refugee and immigrant children (aged 6-12) to share stories (visually and verbally) from their families and communities to represent their identity, and individualism in the host country. However, as this study uses a directive approach to explore identity with children, it will be intriguing to explore this further through art therapists' experiences of identity exploration with displaced children.

### **Concluding thoughts**

From the literature searched, research has shown art therapy to be a useful therapeutic intervention for refugee children. Firstly, art therapy provides a way to make meaning of traumatic experiences through storytelling (in both individual and group therapy). However, a gap was identified after no research explored art therapy with refugee families. Secondly, art therapy was found useful to recall and remember past memories. However, a sense of ambivalence arises after reading literature which questions whether exploring memories is quintessential in art therapy with displaced children. Thirdly, it was found art therapy gives an avenue to explore identity in the host country. However, as current research was predominantly surrounding adults, this along with the other points identified will be explored further through the lens of art therapists', and their experiences with refugee children.

Additionally, as no research found any limitations with facilitating art therapy with these children this will also be explored.

### **CHAPTER THREE: AIMS & OBJECTIVES**

From the literature searched, the three themes discovered have brought to light the following areas for further exploration. These will be explored further through the lens of art therapists and their experiences working with refugee children.

- a) What are the benefits of providing art therapy with refugee children?
- b) How useful is storytelling in art therapy with refugee children?
- c) How important is the exploration of past memories with refugee children?
- d) Do refugee children explore identity in art therapy?
- e) How useful is group therapy with refugee children and families?
- f) Are there any limitations in providing art therapy with refugee children?

To answer the identified points above, the aim of this research is to explore the usefulness of art therapy with refugee children. The findings discovered will seek to elaborate on existing knowledge, yet still remain open to any new discoveries that may be found through this enquiry. The purpose of this research will be to help inform art therapy professionals who work with displaced children.

## **CHAPTER FOUR: METHODOLOGY & METHODS**

### **Introduction**

This chapter outlines the methodology and methods implemented in this research. Firstly, the philosophical standpoint and theoretical perspectives are discussed. Followed by the adopted research design, methods and ethical considerations. Ending with reflection, and the selected method for data analysis.

### **Philosophical standpoint**

A researcher's paradigm relates to their understanding of the nature of knowledge (*their epistemological standpoint*) and of the reality (*their ontological standpoint*), (Broom & Willis, 2007; Etherington, 2004). According to Crotty (1998), epistemology is a theory of knowledge which defines what kind of knowledge is possible. There are two paradigms which informs the nature of the human enquiry, these are: (a) positivist, and (b) interpretive (Audi, 2011; Smith, 2008).

A positivist paradigm proposes that human behaviours and social sciences can be understood by the laws of natural science. According to Robson (2002) this approach seeks the importance of quantitative methodologies, by considering that there is only one reality which exists, and the role of the researcher is to discover that reality. In contrast, the interpretative paradigm (which is implemented in this research) maintains that knowledge is socially constructed, by considering that reality is subjective, as represented through the eyes of the researcher and the participants (Crotty, 1998; Gerrish & Lacey, 2010).

According to Rubin and Rubin (2012) a positivist paradigm gives insufficient attention to an individual's life experiences, as quantitative researchers produce statistical

data. As this study sets out to explore the usefulness of art therapy with refugee children (through the lens of art therapists' and their experiences), qualitative methodologies allows the collection and exploration of rich and in-depth data (Grbich, 2013; Paley, 2017).

### **Purpose of qualitative research**

According to Dickson-Swift, James, Kippen and Liamputtong (2009), to enhance our understanding of the different issues that affect the people in our society (*e.g. refugees*), it is necessary for researchers to conduct qualitative research. For Grbich (2013) qualitative research is ideal for researchers who want to uncover and explore an in-depth understanding into lived experiences. According to Swaminathan and Mulvihill (2017) it is insufficient for researchers to rely on statistics for such research, and argue it is through taking an inside approach that researchers can gain a first-hand insight into the phenomena that is being researched.

The interest into this topic arose from the researcher's own voluntary experience with refugee children. Consequently, like most qualitative research, many writers criticise and label qualitative research as being too subjective and too personal to be considered reliable (Gilbert, 2000; Jones, 2005). According to Johnson (2009), having a personal experience with the phenomena being researched can risk the researcher in impinging their views and opinions on the topic of enquiry. However, according to Etherington (2004), qualitative researchers become aware of potential biases as they openly mention them. Watts (2008) argues it is those researchers who do not discuss their personal experiences who are in some way being dishonest in their research. Nonetheless, Brink, Van der Walt and Van Rensburg (2006) highlight, by researching topics that have been inspired by personal experiences,

this gives a chance to bring light onto a topic which may have been overlooked by other researchers’.

Generalisation is another critique associated amongst qualitative research, as small samples are often used which are not seen as representative of an entire population (Bowling & Ebrahim, 2005; Rubin & Rubin, 2012). However, Broom and Willis (2007) argue qualitative researchers are less focused upon generalisability, as interpretive paradigms are not seeking to discover one reality (*as posed by positivist researchers*), and instead are more concerned about the quality of data (Holloway & Galvin 2017; Rubin & Rubin, 2012). In this research, the role of the researcher is not to generalise art therapists’ experiences with refugee children, but more so, to collect rich stories and experiences capturing how art therapy was beneficial with these children.

### **Phenomenology**

Interpretivist research has many avenues to study phenomena, such as: ethnographic, phenomenology, constructivist and symbolic interactionism (Mason, 1996). An ethnographic methodology, for example, is interested in obtaining an insider’s view of a particular society or culture (Taylor, 2002). The methodology implemented in this research is phenomenology, which is described as a study of experiences, making it ideal to collect, explore and understand the unique experiences of art therapists’ (Paley, 2017; Kapitan, 2017). However, according to Parahoo (2006), all qualitative methodologies are equally suited to study experiences as they all seek to understand phenomena through the dynamics of: human experiences, beliefs, perceptions, motivations, intentions and behaviours. However, as this research focuses on art therapists lived experiences with refugee

children, adopting a phenomenological methodology allows these experiences to be captured, explored and understood (Barker, Pistrang & Elliott, 2016; Bryman, 2012; Langdrige, 2007; Van Manen, 2016).

German philosophers Edmund Husserl (1859-1938), and Martin Heidegger (1889-1976) founded the phenomenological movement. According to Elliott (2004), they both created a branch of phenomenology outlining the basis of how researchers should present experiences. These branches are: (a) descriptive phenomenology, and (b) hermeneutic (interpretative) phenomenology.

### **Descriptive Phenomenology**

For Husserl, experiences were seen as: thoughts, memories, perceptions, imaginations and emotions (Moran & Cohen, 2012). These experiences for Husserl define an individual's direct consciousness and awareness of experience (Elliott, 2004). Bracketing, is an aspect of Husserlian phenomenology which requires the researcher to present findings by excluding the involvement of researcher's own knowledge and any pre-conceived ideas, judgments and beliefs (Moran & Cohen, 2012). For Holloway and Galvin (2017), bracketing is seen as a way to ensure validity when analysing data and presenting findings. Husserl believed that bracketing helps to gain an accurate representation of the phenomenon being researched (Elliott, 2004). However, as this research is seeking to explore the usefulness of art therapy with refugee children, this branch of phenomenology limits the discussion around what the data collected has to say (Paley, 2017).

## **Hermeneutics (interpretative) Phenomenology**

Heidegger (a student of Husserl) developed descriptive phenomenology, creating hermeneutics (interpretative) phenomenology. He saw the relationship between an individual and their world as being central to all phenomenological enquiry. For Heidegger, an individual's world is made up of their history, language and culture (Elliott, 2004). Heidegger rejected the idea of bracketing and argued, as researcher's already have a background knowledge about the phenomena being researched, it is impossible to eliminate this knowledge and therefore saw the involvement of thoughts and literature as an avenue to enrich and add meaning to the data collected (Seebohm, 2004).

According to Wilson and Hutchinson (1991) hermeneutics phenomenology looks beyond the description of experiences and stories (as told by participants), and seeks to establish meanings from those experiences (opposite of Husserlian phenomenology). For Seebohm (2004), hermeneutic phenomenology is concerned with the understanding of texts, compared to Husserlian phenomenology which only seeks to describe texts.

According to Langdrige (2007) hermeneutic phenomenology was developed so phenomena can be best understood through stories and experiences, with a further focus towards illuminating details, demonstrating understanding and make meaning of the data collected. Wilson and Hutchinson (1991) agree, and state hermeneutic phenomenology is an avenue which attempts to unveil the world as experienced by individuals. As this research is not attempting to describe art therapists' experiences with refugee children, implementing hermeneutic phenomenology gives the researcher the opportunity to make meaning of the data collected, through the

involvement of literature (as discussed in chapters one and two); to explore and discover the usefulness of art therapy with refugee children.

### **Research design summary**

Before delving into the practicalities of this research, it is important to highlight the structure implemented to answer the aim of this research, which is to 'explore the usefulness of art therapy with refugee children'.

Firstly, as this research is investigating through the lens of art therapists, and their experiences with refugee children. Selecting an interpretative standpoint, through qualitative methods allows the researcher to maintain that knowledge is socially constructed, and to have a personal interaction with participants to uncover and gather rich data. Secondly, phenomenology, the study of experiences enables the exploration and collection of lived experiences to captured precisely in the words of participants; this is reflected through choosing a semi-structured interview design. Furthermore, by selecting hermeneutic phenomenology, this allows the researcher to have a thorough engagement with the data collected, to establish meaning and to present discoveries into the usefulness of art therapy with refugee children. This is reflected through selecting thematic analysis, which is discussed further on.

### **Semi-structured interviews**

According to Crotty (1998), a phenomenological researcher seeks to collect data precisely from participant's perspective. For Van Manen (2016) interviewing is a well-established method for this as it involves the investigation, exploration and interaction between the researcher and the participant. For Crow and Edwards

(2013) semi-structured interviews are associated with interpretive paradigms, as they aim to collect data which reflects upon subjective meaning.

As this research is exploring art therapist's experiences with refugee children, having a semi-structured interview design allows a thorough engagement in questions which can be modified accordingly in light of participant's responses; unlike structured interviews where important areas can be neglected (Seidman, 2013). According to Rubin and Rubin (2012), semi-structured interviews allow the researcher to ask open-ended questions which are focused yet still flexible in having an open discussion (Seidman, 2013). The idea of having a focus group was also considered, however, I was aware some participants might feel reluctant to speak about sensitive or personal issues in front of a group (Walden, 2012). Through selecting semi-structured interviews, I was able to manage unexpected answers from participants by asking further questions to clarify understanding, which increased the reliability of the findings (Babbie, 2016; Rubin & Rubin, 2012).

### **Ethical processes and approval**

As this research is investigating through the perspective of art therapists' and their experiences, ethical considerations were carefully thought out. This was strengthened by the University of Chester's ethical approval process. The ethics application demonstrated that I had ensured best ethical practice to undertake this research. Echoing the six ethical principles highlighted by Parahoo (2006), and WMA (2013) these include: beneficence, veracity, justice, non-maleficence, fidelity and confidentiality. The ethics application included considerations around: recruitment of participants, avoidance of potential harm and distress, informed consent and confidentiality, the management of data collection and potential benefits to

participants. This research was granted ethical approval by The University of Chester's Faculty of Health and Social Care Research Ethics Committee in March 2017 (see Appendix 2).

### **Avoiding distressing participants**

According to Dickson-Swift et al. (2009) researchers who undertake qualitative research raise many ethical issues, as their research sets out to have a personal interaction with participants. As this research focuses on art therapists' experiences with vulnerable children, the researcher was mindful of the potential risk of distressing participants as they could revisit some sensitive memories when sharing their stories and experiences. To make participants aware of this, an information sheet was created to give potential participants as much information about the research (see Appendix 2a). Additionally, having done this, participants had the opportunity to ask further questions about the research before consenting to take part. Another measure implemented to avoid distressing participants was by sending participants the interview schedule before the interview (see Appendix 2b).

According to Powell and Connaway (2010) this allows participants to think about their answers, and consider what they want to share in the interview; thus reducing the risk of distressing the participant during the interview.

For Rubin and Rubin (2012), and Pope (2007) building rapport is key to a successful interview. In this research, rapport was strengthened by sharing my own experiences of volunteering with refugee children. According to Darra (2008) this is a good way to build rapport, as participants will feel comfortable and willing to share their experiences if they feel the researcher is familiar with their world.

## **Consent and Confidentiality**

Informed consent was obtained from participants in writing (see Appendix 2c).

Participants were recruited as volunteers and were not paid for taking part, as this could have potentially influenced the outcome of the research (Parahoo, 2006).

As participants shared experiences and stories from their professional capacity, the issue of confidentiality was critical. Kapitan (2017) highlights professionals need to be protected from both direct identifiers (*such as names*), and indirect identifiers (*such as organisations*), this was done by editing and anonymising all identifiable statements and giving participants pseudonym names to protect their identity (Seidman, 2013). Once data was collected, this was stored in the researcher's laptop which was password protected to preserve integrity and protect data from harm (Data Protection Act, 1998; Parahoo, 2006; WMA, 2013).

## **Population**

The participant population for this research were qualified art therapists' in the UK. According to The Guardian (2009), there are an estimated 1,500 art therapists' in the UK, of which 85% are female and 15% male, reflecting the gender population that took part in this research as all participants were female. Purposive sampling was chosen as there is only a selection of art therapists' who this research was significant too, which are those who work or have experience working with refugee children (Daniel, 2012).

## **Participants Recruitment**

To find potential participants, two methods of recruitment were used. Firstly, through the BAAT website where art therapists' who had experience working with refugees were specifically searched (see Appendix 2d). After finding suitable participants, 30

art therapists were emailed inviting them to take part in the research (see Appendix 2e), in which only from six responded and three agreed to participate in the research. However, due to unforeseen circumstances, two participants were no longer available to participate, and only one participant from this method of recruitment was interviewed.

Another method to recruitment participants was through the process of snowballing (De Chesnay, 2014). This method was successful as the initial participant contacted recommended their colleagues to take part. Consequently, this method brings criticisms over potential bias, as both participants (*from this method of recruitment*) knew each other (Leavy, 2014). However, according to Junge (2014), as art therapy is a yet still a small profession, practitioners in this career often become promoters and advocates for art therapy and their field of work; reflecting how the initial participant contacted suggested their colleagues to take part (Moon, 2015).

### **Participant Sample**

In total three participants were interviewed. According to Smith (2008), three participants are an ideal sample size for students undertaking qualitative research, as this allows a more thorough engagement; giving sufficient time to recruit, interview, transcribe, analyse and discuss the data collected all within the limited time frame. Additionally, as this research is placed in an interpretive paradigm, the aim is to collect and present rich and in-depth data, and be less concerned with generalisability (Ritchie, Lewis, Nicholls & Ormston, 2014), Table 1 shows a summary of the three participants that took part in this research.

	<b>Participant One</b>	<b>Participant Two</b>	<b>Participant Three</b>
<b>Working with refugees/asylum seekers in the UK or international?</b>	UK	UK (worked with asylum seekers)	UK & Sri Lanka* (*working with internally displaced refugees)
<b>Duration of time worked with refugee/asylum seekers?</b>	11 weeks 2 years (review based)	2 years	28 years (15 years as an art therapist)
<b>Background of refugee/asylum seekers?</b>	Zimbabwe Afghanistan Sri Lanka	Kosovo Afghanistan Iraq	Pakistan Iraq Democratic Republic of Congo Zimbabwe Sri Lanka Afghanistan

Table 1. *Participant summary table.*

### **Telephone Interviews**

For Ritchie et al. (2014), the collection of qualitative research is time-consuming and costly, as researchers need to travel in order to collect data from participants. Given the limited time frame set to complete this research, the option of having telephone interviews was more practical as this saved time and money (Holloway & Gavin, 2017). Additionally, by implementing telephone interviews, the researcher was able to interview participants that were scattered all over the country; thus not excluding any participants due to their distance (Bowling & Ebrahim, 2005). However, a major downside to telephone interviewing is addressed by Bryman (2012) who writes, as researchers are not able to observe their participants body language this places them at a disadvantage, as they may not be able to react to cues of confusion when asking questions. This was considered as part of the ethical process, where it was

discussed a way to reduce this risk was by emailing the interview schedule beforehand, allowing participants to ask questions regarding the interview questions they may not understand. In total only one participant was interviewed through telephone.

### **Location for interviews**

The location for the telephone interview was conducted from a private space from the researcher's home. The two face to face interviews were conducted in the participant's workplace. According to Huq (2016) a work environment and setting can give individuals empowerment, reflecting the benefits of this research, as those who contributed to this research helped to inform art therapy professionals working with displaced children.

### **Collecting data**

A voice recorder was used to collect data, this was used through the researcher's phone as the researcher had familiarity with the device and was password protected. To ensure there was no interruptions or distractions during the interview the phone was placed screen down, and was set on 'do not disturb mode' to block any potential calls or notifications. Voice recordings were then transcribed using the researcher's laptop. This process took four full days, three days typing up and an additional day to play back the recordings to ensure they were accurate.

### **Transcribing data**

It is important to mention what method of transcribing was implemented in this research. According to Jenks (2011) there are two ways to process interview transcripts, these are: (a) naturalism, (b) denaturalism. For this research denaturalism was implemented, this is where the researcher removes any pauses

and corrects grammar. In contrast naturalism is where the researcher emphasises on the pattern of speech, suitable for researchers using conversation analysis (Fina & Georgakopoulou, 2015). As this research is seeking to extract key information from experiences and stories, denaturalism transcripts allowed the researcher to focus on what is being said, rather than how is it being said (Ritchie et al. 2014).

Once transcripts were typed up they were sent to participants so they could confirm they were a true representation of the interview, this process added to the rigour of the research to ensure validity (Tracy, 2014; Trainor & Graue, 2013). Once participants confirmed the transcripts were factual, recordings were then erased from the researcher's phone and transcripts were kept in a password protected folder in the researcher's laptop to maintain data integrity (Data Protection Act, 1998).

## **Reflection**

Many writers emphasise the importance of reflection, especially for new researchers as this allows them to review effectiveness and develop their skills (Punch & O'Donoghue, 2003; Mertens, Cram & Chillisa, 2016). According to Etherington (2004), and Lichtman (2013) reflection can also be where researchers record their thoughts during the research process. For this research, reflection was done through creating response art. According to Fish (2012), response art is an alternative way to express thoughts and record experiences.

Many writers view reflection as being a contamination and irrational to the research, as it allows the researcher to get emotionally involved (Gilbert, 2000). However, for Etherington (2004), reflection allows the researcher to notice any potential biases.

She writes:

If we can become aware of our own thoughts, feelings, culture, environment and social and personal history ... as we dialogue with participants, transcribe their conversations with us and write our representations of the work, then perhaps we can come close to the rigour that is required of good qualitative research. (Etherington, 2004, p. 32).

The following body of work is a reflective segment during the data collection stage.

### **Tuesday 6<sup>th</sup> June**

According to Bourne (1998), researchers who study a topic they are deeply passionate about can feel a kaleidoscope of feelings, where they can feel frustrated, joyful and happy that they are doing something valuable and worthwhile. This was certainly a reflection of how I felt, as I was researching a client group that is often seen as a scapegoat in our society; especially during these difficult times where political uncertainty leaves refugees in a constant limbo (Dokter, 1998; Hyndman & Giles, 2016). However, having this feeling of euphoria, came with a sense of responsibility of having to collect invaluable data which in some aspect was going to help the vulnerable, and change perceptions towards these individuals. In a sense, this is what motivated throughout this research, as I often felt my role as a qualitative researcher and aspiring art therapist being transitioned into an advocate, where I hoped to use this thesis as a voice to share and tell stories about those who survived, and are rebuilding their lives.



Figure 3. *1st interview.*

### **Thursday 8<sup>th</sup> June**

The above image was created in response to my first interview. The image resembles a maze, with its continuous repetition of lines going in various directions reflecting the different thoughts I was having after conducting my first interview. Having solely used black, I feel this reflects my anticipation of wanting to make sense of the first set of data I collected.

Upon reflection, I saw my first interview as a pilot interview where I modified the initial (background) questions by including an additional question for my next two interviews (Daniel, 2012). The supplementary question I asked participants was based on the background of the children. By adding this question, it allowed me as a researcher to gain a better insight and understanding into the children's experiences,

and alongside discover any commonalities amongst the participant's I interviewed. For example, it was found all participants had worked with children from Afghanistan, possibly reflecting the effects of the 2003 Iraq war (Sundin, Forbes, Fear, Dandeker & Wessely, 2011).

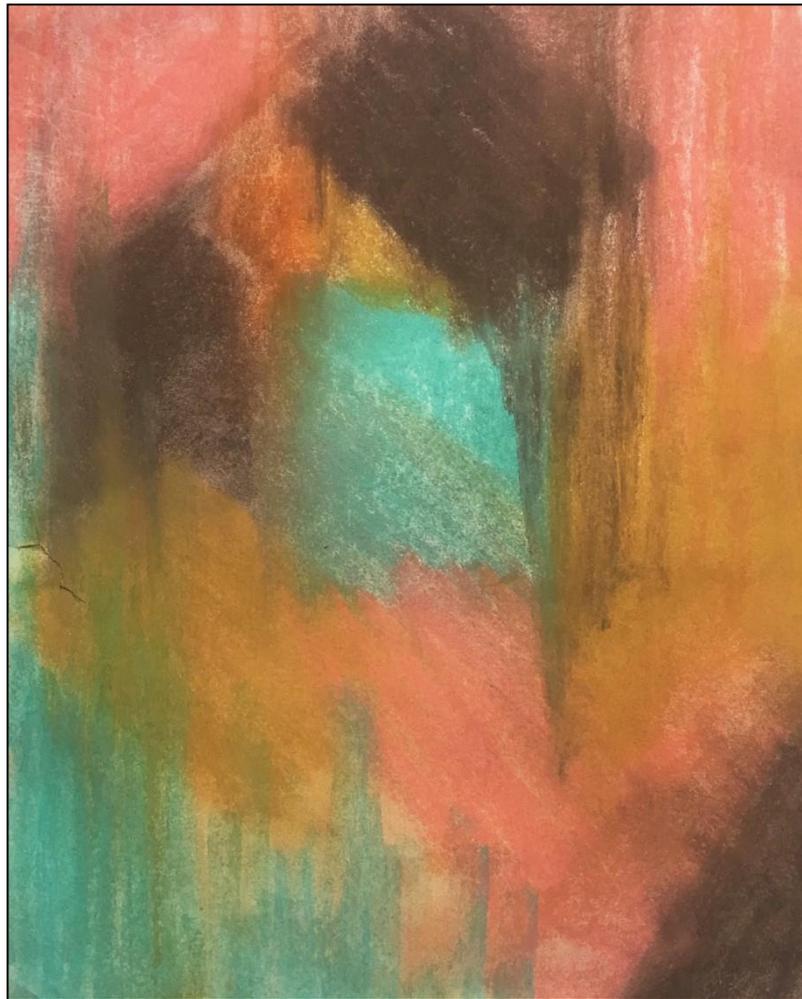


Figure 4. 3<sup>rd</sup> interview.

### **Friday 16<sup>th</sup> June 2017**

Figure four is an image which captures my response to my last set of data. The image gives a sense of crowdedness and energy, reflecting the vast amount of information I received on this day. This particular interview was around two hours

long, and I recall feeling quite overwhelmed on the journey back; trying to absorb all the different stories and experiences I had collected. According to Van Krieken (1998), this is common amongst qualitative researchers who are researching the social world which they are a part of. Bourne (1998) writes, researchers who experience emotion from their participant's stories should integrate those into their research as these are the stories that create a unique understanding of the research topic, which enriches and enhances interpretation and understanding into the phenomena being explored.

For this particular image soft pastels were used. This choice of medium allowed me to mix and blend all the different colours, which reflected in a sense not only my process of absorbing the richness of stories, but also allowed me to feel fully immersed going into the next stage of the research.

### **Data analysis**

As this research is analysing texts collected from art therapist's experiences and stories, these are seen as narratives (Etherington, 2004). According to Polkinghorne (1995), researchers who use narratives access the world through the storyteller where the raw material is collected. Narrative analysis at first appeared to be the obvious choice to use in this research, as it sets out to capture the personal experiences and stories as told by participants themselves (Clandinin & Connelly, 2004). However, according to Sharkey (2001), hermeneutic phenomenology challenges the researcher to reflect deeply on what it is the texts have to say, which narrative analysis does not allow as this seeks only to describe texts.

Thematic analysis on the other hand, encourages a close inspection and exploration into texts, by exploring what it is the texts have to say (Guest, MacQueen & Namey, 2012). As the data collected was rich in stories and experiences, thematic analysis encouraged the discovery of more than one set of findings, making it suitable to explore and establish themes into the usefulness of art therapy with refugee children.

According to Braun and Clarke (2006, 2013), this method of analysis allows the exploration and discovery into the commonalities amongst the data collected, with an aim to establish themes and make meaning. Despite thematic analysis requiring a considerable amount of time and investment, Braun and Clarke see this as being worthwhile as thematic analysis gives a rich and detailed account to the collected data, giving a voice to those involved and discussed in the research. Braun and Clarke (2006, 2013) have provided six key steps to thematic analysis, these will be explored in the next chapter.

## **CHAPTER FIVE: DATA ANALYSIS**

### **Introduction**

This chapter outlines and demonstrates how Braun and Clarke's (2006, 2013) six steps to thematic analysis was applied to this research. As qualitative researchers are often criticised for the lack of rigour and robustness to their research (Dickson-Swift et al. 2009). Tracy (2014) suggests researchers who evidence their stages of data analysis, give their research transparency increasing the view of the research being both robust, and valid. Where possible, photographs and diagrams will be included to evidence and demonstrate this process.

#### **1) Phase one - Familiarising data**

In this phase, I familiarised myself with the data collected (which were the interview transcripts). Crouch and Pearce (2012) state familiarisation is a vital step for all successful data analysis. According to Silverman (2013), an extra level of familiarisation is gained through the researcher conducting and transcribing their own data, both of which was done in this research. Braun and Clarke (2006, 2013) state it is important in this phase for researchers to be fully immersed in the data to the extent they are familiar with the depth, and breadth of the content; this was done through reading each interview transcript twice. This process was time-consuming, as each transcript was around 3000 words. However, I avoided being selective with my reading as this phase was at the heart of the analysis.

Before delving into the next phase, it will be helpful for reader to see how phases two, three and four inform each other (see Figure 6). It should be noted the diagram

is not an actual representation of the data collected, the visuals given are for example purposes only.

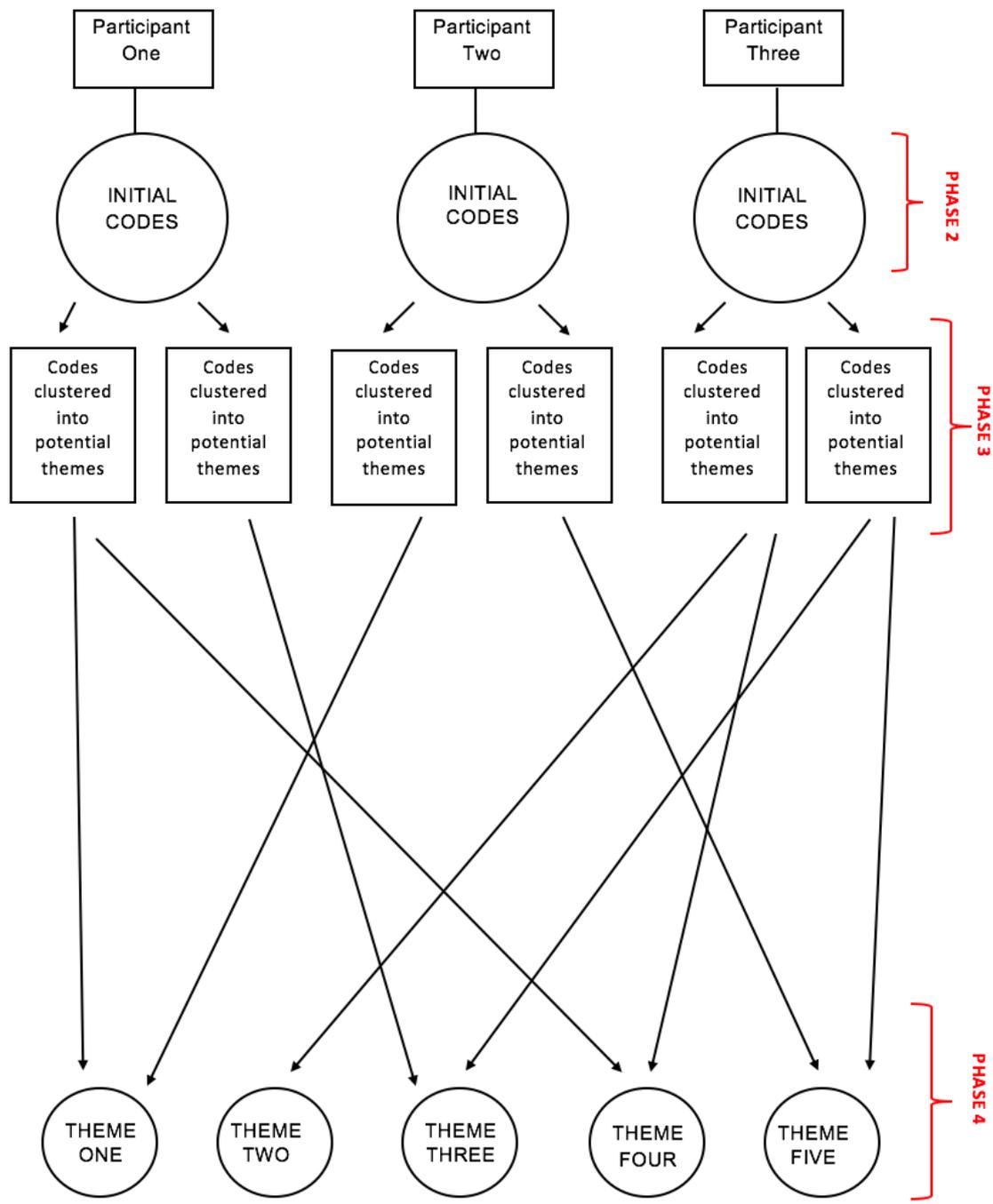


Figure 5. *Thematic analysis demonstration.*

## **2) Phase Two – Generating initial codes**

This step involved the creation and production of initial codes and general ideas about what is in the data. Braun and Clarke (2006, 2013) state coding is a process in which the researcher works through the data line by line, applying verbal descriptions alongside. To facilitate this process, I used a template suggested by Smith, Flowers and Larkin (2010) who suggest expanding each transcript page (with a blank space), so initial notes can be made next to the data (see Appendix 3, 3a, 3b, 3c for example and initial codes of participants).

## **3) Phase Three – Searching for themes**

This phase re-focused on the codes, but at a much broader level and involved the clustering of the initial codes, into potential themes. According to Tuckett (2005), this process is where researchers organise codes into meaningful groups. During this stage, I was aware of potential bias as I would be giving meaning to the themes that I discover. Gerrish and Lacey (2010) highlight the issue of validity, and question how true is the data that has been discovered and analysed. To help address this, I was aware of the importance of discussing potential themes with my dissertation supervisors. According to Etherington (2004) this is a good way to get an outsider perspective, reducing researcher bias and increasing validity (see Appendix 3a, 3b, 3c for clustered themes of participants).

## **4) Phase Four – Reviewing and refining themes**

This is the stage where master themes are created. During this stage, clustered themes began to mix and interlink with other participant's themes, with some being broken down and others being merged together (Tuckett, Patton 2005). During this phase, Braun and Clarke (2006, 2013) advise it is helpful to create visual

representations to help sort the different cluster of themes into master themes.

Taking this advice, I gave each participant an individual colour for easier analysis. To help arrange and plan ideas for master themes, I used a large space to facilitate this phase (see Appendix 3d).

### **5) Phase Five – Defining and naming themes**

This phase involved identifying and naming the themes. In my experience, naming the themes was an on-going process and became easier once all the write-up of themes had been completed. According to Braun and Clarke (2006, 2013) this is common, as naming themes is an evolving step in research. This phase also considered whether or not a theme contained any sub-themes, which was useful in giving a structure to a large theme (Patton, 2005).

### **6) Phase Six – Producing the report**

This was the last phase of the thematic analysis and involved the write-up of the findings. For Braun and Clarke (2006, 2013), this is the phase where a story is told of each theme, with a discussion that goes beyond just the description of data. For Grbich (2013) the presentation of findings can either be separated from the discussion or interweaved. For this research, findings were combined with their interpretation (discussion), as this allows the reader to retrace how meanings were established for each theme.

## **CHAPTER SIX: FINDINGS & DISCUSSION**

### **Introduction**

This chapter presents the five themes discovered, alongside their discussion. The following chapter (reflection) will demonstrate how the initial four themes interlink, highlighting the two key avenues into the usefulness of art therapy with refugee children. The table below illustrates an overview of the five key themes that emerged from participant's individual experiences.

<b>Themes</b>	<b>Participant 1</b> <i>Mia</i>	<b>Participant 2</b> <i>Nina</i>	<b>Participant 3</b> <i>Barbra</i>
<b>1. Giving voice</b> Art therapy as a... <i>...form of expression and communication (verbally and non-verbally)</i>  <i>...as a bridge for communication</i>	✓	✓	✓
<b>2. Rebuilding trust, opening wounds</b> Art therapy as a... <i>...least hostile and confrontational to access and explore trauma</i>	✓	✓	✓
<b>3. Sharing stories, healing pain</b> Art therapy as a way to... <i>...share stories</i>  <b>Group therapy</b> <i>...with refugee children</i> <i>...with refugee families</i>	✓	✓  ✓	✓  ✓
<b>4. Exploring identity, discovering new-self</b> Art therapy as a way to...  <i>...establish a sense of belonging</i> <i>...reconnect to culture</i> <i>...making new memories</i> <i>...exploring past life to present</i> <i>...transition into schools</i>	✓ ✓	✓	✓ ✓ ✓ ✓ ✓
<b>5. Understanding art therapy</b> <i>... is art important?</i> <i>... blurred role of the art therapist</i> <i>...cultural perspectives on art therapy</i>	✓ ✓	✓ ✓	

Table 2. Findings overview.

To protect participant's identity pseudonym names will be used, participants will be referred to as: 'Mia' (participant 1), 'Nina' (participant 2), and 'Barbra' (participant 3).

### **Giving Voice**

Within art therapy, art is seen as a primary mode of communication (BAAT, 2017).

This was echoed by all three participants who distinguished two avenues in which art therapy served as a communicator for refugee children. Firstly, art therapy was seen as a form of expression, where art was used to visually and verbally communicate. Secondly, art therapy was seen as a bridge for communication, where art was used to close the gap between language barriers.

As many refugees experience persecution, political oppression and ongoing difficulties in the host country (Gonsalves, 1992; Blackwell, 2005). Barbra recognises art as a form of expression, which gives refugee children a voice to express (both visually and verbally), their response to these experiences and acts of repression.

...holding the human rights frame can then be a frame to talk about what's happening. A teenage boy did some imagery and wrote poetry on his response to those rights, which helped him express in real and political terms what he went through, to a place where he can say I have those rights, and they were denied.  
(Barbra)

...children are well aware of media and how their country is being presented and quite angry, so by giving them a voice they can be proud of who they are and by showing a story, that shows resilience.  
(Barbra)

From Mia's experience, art therapy gives refugee children an avenue to communicate through non-verbal means. Echoing both Moon (2010) and Edwards (2004), who recognise art as giving power to an individual by giving them a voice.

Mia finds the use of art materials encourages the exploration of both feelings and memories to submerge through the unconscious, reflecting Kalmanowitz and Lloyd (2005) who identify the art-making process as allowing the unspeakable to be revealed through the artwork.

The art materials and the image making provides another medium to communicate and to build a therapeutic relationship, I think that's primary. (Mia)

The imagery I think that really tapped into their unconscious, memories coming to the fore of their connections with their family, and I think they chose the imagery probably to enable them to tell a story, which if perhaps if I just asked verbally, it wouldn't have come up. (Mia)

Additionally, in Nina's experience, the artwork serves as a communicator for what cannot be said verbally.

It is possible to make artwork without ever speaking about it and that can be helpful, it's a place where they can be safely held and you can sort of gently speak to the artwork in way, where it may be difficult to perhaps talk directly if there are no words accompanying these traumas. (Nina)

Barbra too shares a similar experience, she finds when the absence of language occurs the use of art materials and the creation of imagery is prominent, reflecting the importance of the triangulation of relationship; between the artwork, the individual and the therapist (Case & Dalley, 2014; Edwards, 2004).

I've worked with children where we don't speak any language, as we have the art materials there and then we see how the child responds to it and then there is also ways non-verbal to communication as well. (Barbra)

For Nina, art therapy was seen as an avenue which bridges the gap between communication barriers, echoing Baraitser (2014), who writes where there is a lack of proficiency in language and communication creating imagery helps to facilitate a voice for an individual; reflecting the observations made by Rousseau et al. (2003) in their study with refugee and immigrant children living in Montréal, Canada.

Art therapy enables in the context of me as a UK person, and the asylum seekers I was working with, a sort of bridge for communication. (Nina)

Barbra too experienced this and found the artwork assists in the discovery of findings words, concluding that, art therapy gives refugee children a voice to express through visual means and to communicate in the absence of language.

...I went on to assist her in really being able to find words that were something naturally bearable, the sadness and the anger... so she went through that with her paintings. (Barbra)

### **Rebuilding Trust, Opening Wounds**

For Nina, her experiences were with asylum seekers. To remind the reader individuals who are seeking asylum are kept in a period of limbo, as they need to be granted refugee status in order to resettle in the host country (Refugee Council, 2017c; UNCHR, 2017c). During this period of limbo, Allen et al. (2016) remind us this phase is often be shadowed by past experiences of persecution. Nina describes the individuals she worked with as being in a constant "...state of anxiety of being deported", she recalls the impact this had on the therapeutic relationship as most children and families would choose to remain withdrawn. This, however, can be understood referring back to Fazel and Stein (2002) and Allen et al. (2016) who highlight the significant impact trauma and persecution has on an individual.

Especially for children, as their experiences has a lasting effect on their psychosocial

development and attachment relationships, which affects their ability to trust others (Erikson; 1995; Fazel & Stein, 2002; Bowlby, 1969).

...non-threatening for people who are fearful and withdrawn about revealing information about themselves, which might lead to their deportation.  
(Nina)

In this situation, both Nina and Mia find art therapy to be the least hostile, and least confrontational way to rebuild trust with these children. They found art therapy provides an alternative avenue for refugees to dialogue in a therapeutic relationship, and explore trauma; reflecting many writers who identify art therapy as a non-threatening way to approach and explore trauma with survivors (Johnson, 1987; Van der Kolk, 1987).

I have one child who finds it very difficult to express their past, their story and their trauma in that they withdraw, so the art medium does provide another avenue to explore that. (Mia)

Art therapy enables a sort of exposure to the trauma in a less directive, confrontational manor then a verbal expression. (Nina)

Barbra strengthens this point made by Nina, and argues talking therapies such as counselling is not a suitable approach for the exploration trauma; echoing the views of Carey (2006).

...counselling is not the right thing for trauma, with art therapy its setting up that safe space, question of choice, setting up those boundaries which all creates safety and attachment. (Barbra)

For both Nina and Mia, art therapy is distinguished as a subtle approach to explore trauma, as they find the artwork acts as a container for the exploration of traumatic memories.

So into this space, art making became really, really, really important and crucial, the art work provides a sort of container or a respondent for those traumatic experiences. (Nina)

...I think with using art therapy and building that portfolio of images, I think it's a sort of gentle approach to build up confidence and to look at those memories. (Mia)

### **Sharing Stories, Healing Pain**

All participants shared experiences of how refugee children used storytelling as an avenue to integrate and share their traumatic experiences. Referring back to the literature discussed in chapter two, storytelling acts as a method of unification allowing refugees to express, explore and make meaning of their traumatic experiences (Bruner, 1990; Dokter, 1998; Kalmanowitz & Lloyd, 2005). Barbra shares an example of this, where a little girl (whose whole family had been massacred in her home country) used storytelling as a way to process her grief and share her story.

...she went onto paint all the members in her family in a kind of clouds in the sky, as if they were in heaven. So her concept was that they are being looked after and that they are no longer with her, but she worked through that over a number of weeks; so her telling her own story was about grief and having that contained in the images...so the art therapy helped her to tell her story and only to one other person, but at a very deep level. (Barbra)

For Mia, storytelling puts a safe distance between the child and the difficult feelings they are exploring. At times, Mia found some stories tapped into the child's own experiences allowing a sense of integration of traumatic experiences, reflecting the study conducted by Rousseau and Heusch (2000).

...actually the story tapped in to an actual event that had happened to her, and then her being able to find some sort of resolution at the end of the story. (Mia)

...I think the whole phase of what is your story? shall we look at a story together? it kind of puts a safe distance away from something that maybe needs to be explored that could be quite difficult. (Mia)

According to Kalmanowitz and Lloyd (2005) telling and hearing stories are essential for trauma survivors, both Barbra and Nina underline this, and highlight the importance of these children being witnessed and being heard in art therapy.

For me to witness, observe and be there beside them in their telling of their experiences, and their story, and sort of put some words to that feeling or thoughts and understanding what it is like being in that hostile environment. (Nina)

With refugee children its finding a way for them to express what has happen to them, and for them to be witnessed and heard, which is really a huge thing in art therapy. (Barbra)

For Nina, storytelling goes beyond just the telling and the hearing. She argues it is the feelings and emotions that derive from those stories which hold key significance, echoing the point made in chapter two, where it was established not all refugee children are traumatised, and therefore may not require the integration of traumatic experiences (Fazel & Stein, 2002).

It's not just storytelling, it's thinking about feelings, what's meaningful? what's important? to those people, and how they have been impacted upon by their own experiences, both of leaving their country and coming here. (Nina)

## Group Therapy

Both Nina and Barbra shared experiences of facilitating group therapy, where sharing stories with other displaced individuals was deemed useful. According to Baker (2006) and Wertheim-Cahen (2005) group therapy gives survivors an opportunity to be heard, reconnect with others and restore a sense of self. For Barbra, her experiences were with refugee children, who she found in a supportive group context were able to share their stories and heal together; echoing Bager (2015) who writes group therapy with mixed backgrounds can help children to share their experiences and reveal similarities they all share. Barbra shares an example of this:

...there was this one little boy when we did the theme of snow he had actually walked the borders in snow and had a really difficult journey to get here, and he remembered his uncle being shot in the leg...so this snow and the blood he could share in the context of the supportive group and the children recognised it was a traumatic experience for him, and it could be held by the group where they were all refugees and had different experiences which were held collectively within the group really, really well. (Barbra)

For Nina, her experiences were with families who she recognised were not always emotionally stable to support their children, due to the traumas and stressors they too faced (Papadopoulos, 2001, 2002; Ying & Akutsu, 1997; Vang, 2016).

They have lost everything so they alienate from each other in the family and from their own experiences, because some of it is impossible and too painful to think, but it is really impacting on the present day. (Nina)

In this scenario, Nina found art therapy helped to restore and unify the lost aspects of family life. She finds art therapy provided families with a safe space to share their

grief together, echoing both Berman (2001) and Kalmanowitz and Lloyd (2005), who write families provide a context for refugee children to process their journey, feelings and experiences together.

...thinking about reproducing the lost aspects of family life, particularly drawing on creativity through sharing or making artwork, even Dad and Mum made artwork and they have all been together making art and thinking about just sharing something of the grief. In the group they were able to do it together in way perhaps they couldn't outside of the therapy. (Nina)

Additionally, for Nina, group therapy gives families an insight into what their child had witnessed, underlining Nabarro (2005) who states creating artwork gives children a chance to share, and tell their version of events to their caregivers.

In terms of the children making art work it helps them to recall and retell their story, to myself and also to their parents; because their parents weren't always aware of what they had witnessed. (Nina)

Nina shares an example of this, about a little boy who used art therapy to uncover and tell his parents what he had witnessed in his home country.

...I remember when a family the mother and the child were hiding in their house, and the child saw something outside their house. It was dark and the child looked out the window and saw something really, really frightening. He saw the oppressors (whoever they were) coming towards them and nobody knew that this child had experienced or witnessed this thing that was going on in the dark, and he created art work of himself and his mother hiding and being in his dark house and being very frightened of what was happening outside... The mother and child fled cross the mountains, it was a very long journey and a long, long walk and the child made artwork of the whole journey of everything... This little boy become very, very protective of his family and he hadn't had been able to tell his story

because he was so protecting of his parents, so he kept the story inside him. So the artwork enabled that to come out and it enabled his vulnerability to submerge and for him to cry and say 'I was so frightened that you weren't their Dad, I was looking after Mum' it is so powerful. (Nina)

### **Exploring Identity, Discovering New-self**

For refugees, resettling into the host country is a time of transition, adaptation and acculturation (Lemzoudi, 2007; Sam & Berry, 2016). However, both Nina and Barbra address firstly the ongoing difficulties faced by refugee children, which they find affects their resettlement phase.

...this was a sort of accumulative layer of trauma from not just the original trauma from whichever violence they fled from, but the whole violence of journey and also coming to this country and the continued violence at the Immigration service. (Nina)

...sometimes the belonging in terms of the self can be disrupted, so either the home country can become an awful place where everything is bad and here is wonderful or vice versa, everything before at home was wonderful and here is terrible; because there's issues around racism which is an issue that is more predominant in the children's minds than the original trauma. (Barbra)

Because of the above, establishing a sense of belonging for Barbra is the upmost important for all displaced children, echoing the 'Psychology of Place' theory by Fullilove (1996) discussed in chapter one. For Barbra, art therapy gives children a space to discover and establish a sense of belonging, and to regain a sense of self in the host country.

...generate a sense of belonging which is really important because the sense of belonging is so shattered amongst refugee children. (Barbra)

It can be such a big challenge, we've just been talking about change and perception from society, self and the family. It's almost as rebuilding and to some extent its new identity, a new set of memories but also integrating who we are, you need to build new skills, new awareness and an ability to relate to this new country and culture. (Barbra)

According to Ryba et al. (2016) and Wertheim-Cahen (2005), an individual's culture is lost during resettlement. Barbra also recognises this, and states the exploration of culture should be strengthened in art therapy.

...but to also recognise the strengths, and I think that's what is often in my experience what happens, the strength of your culture where the children has come from, is sometimes not been seen because of persecution. (Barbra)

One-way in which art therapists' can explore culture in art therapy, can be implemented through the study conducted by Baker (2006), where cultural traditions (relating to the individual) were incorporated into the art therapy sessions to help express individualism, and to preserve culture in the host country. Equally, however, Barbra highlights the fragility associated with this, as she recalls the portrayal of the home country plays a determining factor into how refugee children perceive their own culture and country.

The identity for children is quite complex, when the media is covering their country they won't want to associate with that country for kind of understandable reasons. (Barbra)

In this situation, Barbra sees the creation of new memories as being quintessential in art therapy with displaced children.

So it's about connections ... actually the need to create new memories from now into the future, and actually focus on the present. (Barbra)

As therapists we need to be aware of what they are bringing, we don't need to look at the past if that's sorted we might not need to look there... we make connections that are positive and that journey of discovery. (Barbra)

For Wertheim-Cahen (2005) art therapy gives refugees the possibility to heal the destroyed connection between the past to the present, allowing the recovery of good memories from home to be recalled (Baker, 2006; Papadopoulos, 2001); as reflected in the study conducted by Isfahani (2008). The memory of home was mentioned in an experience shared by Mia, who found the art materials brought to light a memory of home with two brothers from Afghanistan.

...they were using soft pastels and they were really captured by the colours and it kind of led into a memory with one of the brothers of their mother around making food, and that brought a sense of home, and where they come from and how that had changed. (Mia)

In chapter three, the question was raised of whether group therapy is provided to help refugee children integrate into society. Through the experiences of both Mia and Barbra, it was discovered art therapy assisted refugee children in the transition into schools. Looking back to Arredondo-Dowd's (1981) 3<sup>rd</sup> stage of acculturation *adjustment*, art therapy appears to accompany this stage by giving displaced children a space to explore the feelings and changes that arise with becoming a refugee, and settling in a new culture and surroundings.

...I think art therapy also helps children to make that transition into school. So helping them with their relationships, friendships, where maybe they are used to particular dynamics of a friendship in a very different context, and how they transfer it to the context here. (Mia)

...the front cover of this research was done by a teenage girl I was working with from Afghanistan who has never been at school before. So she finds herself at a secondary school here, and before she had basically spent most of the time at home with her mother and the womenfolk of the family, and she could do the most fabulous origami flowers and she would do a lot of sewing and so on at home but this was totally a new world that she was in. So art therapy helped give her space for her to talk about her feelings about the difference being in Afghanistan to being here and some of the reflection and connections. (Barbra)

For Barbra, art therapy assists in rebuilding and regaining a new sense of self in the host country, allowing Arredondo-Dowd's (1981) five key stages of acculturation to be explored in art therapy. This was reflected in Barbra's experiences of facilitating group therapy with three refugee boys from: Pakistan, Iraq and Sri Lanka. In her experience, she found art making was seen to give empowerment to a young boy whose social and financial circumstances had changed through seeking refuge; echoing Wertheim-Cahen (2005) who writes art therapy gives survivors empowerment through the transition of feeling helpless to being in charge again.

...for one of those boys it was the difference between living in a very spacious house and his family having a very different role in life as to here, and to him that difference in having different rooms in a house and for him those are the things he wanted to talk about in the group. His family's socio-economic status was high their and over here at that time people used vouchers to get food, so very much feeling like the bottom of the pile and then there is the media of course the press, so really gaining a sense of dignity and pride in his own intelligence and agency and use of control; I think all that really comes into play when using the art materials in therapy because you have control over the material and what's happening so art therapy in that sense is tremendously empowering. (Barbra)

## Understanding Art Therapy

This research also sought to question the limitations associated with facilitating art therapy with refugee children. The limitations discovered are discussed in this theme, as they all interlink and play a determining factor in the effectiveness of art therapy. Factors which affected art therapy were: (a) cultural perspectives on art therapy, and (b) the blurred role of the art therapist.

Both Nina and Mia found cultural differences and perceptions towards art and therapy affected the overall effectiveness of this intervention with refugee children. For Mia, she found the perception of creative norms can determine whether or not children openly take part in art therapy.

...we were just talking about how art is seen for those who weren't academic and it's seen to be used by little children. So when they are presented with all these art materials, they think, '*oh this is a bit childish in a way*'. (Mia)

...some of the art materials they have never come across before, because they have different kinds of art materials or art may not particularly hold any importance at all to when they were in school. (Mia)

For Nina, it was very much the cultural difference which themed around gender roles, and the consideration of whether or not therapy is appropriate.

...cultural ignorance, me just not knowing what things meant or what it might be like for a young man to come and see a woman an art therapist, and whether therapy is acceptable to talk about your feelings to somebody outside your community. (Nina)

...how is it that I am able to help them, which may not be immediately obvious certainly with my clients from Afghanistan and Iraq who come from a culture where even the idea of therapy was alien, talking to a

stranger? someone from outside the culture? outside the family? outside of the community? (Nina)

In this situation, followed by previous experiences of persecution, Nina states this places the art therapist at a disadvantage; as their role becomes blurred. Nina recalls, when children and families are awaiting a decision regarding their refugee status, the role of the art therapist brings a sense of ambivalence; as they can be perceived as someone who can either help them (with their refugee claim), or choose to deport them.

...you could become a persecutor yourself in the therapeutic role through the transference, which can be very difficult ...so that makes it difficult to work with therapeutically. (Nina)

Being part of an institution...it was difficult to establish in their minds who I was, in some parts of the establishment I could be part of the hostile immigration service who would choose to deport them, should they reveal anything... and if they did see me as a helpful person, to what extent could I actually help? because I couldn't help them sort out their immigration status, I couldn't find them a house to live in, I couldn't reunite them with their family members, I couldn't provide them with a job or means of survival or food or any of the essentials of life that they needed. (Nina)

From the points discovered above, it will be instrumental for art therapy practice to explore and research these areas further. For example, an ethnographic study can be conducted to focus on cultural perceptions of art therapy, which can then help to inform ways in which art therapy can be articulated to those individuals from different cultural contexts.

## **Conclusion**

Overall, all participants have appeared to have successfully worked with refugee children, sharing their own stories and experiences of how art therapy was beneficial. Upon reflection (this will be discussed further in the next chapter), the four initial themes discovered merged together and brought to light two avenues that highlight the key usefulness in art therapy with refugee children. These are identified as: (a) providing refugee children with a safe space to heal trauma and discover new-self, and (b) giving refugee children a voice to express and share their story. Despite the last theme (understanding art therapy) being discovered as a limitation, this has created an opportunity for further research. In conclusion, art therapy is a useful therapeutic intervention for refugee children. Art therapy provides these children with a safe space to heal, and gives them a voice to express and be heard.

## **CHAPTER SEVEN: REFLECTION**

### **Reflecting on findings**

Figure six displays a collection of images I created in response to my five findings (see Appendix 4 for a close-up of images). The drawings which include elements of yellow, all individually represent the four themes discovered that serve beneficial to refugee children. Looking at these four images collectively, these helped me to distinguish and establish two pathways into the key usefulness of art therapy with refugee children.

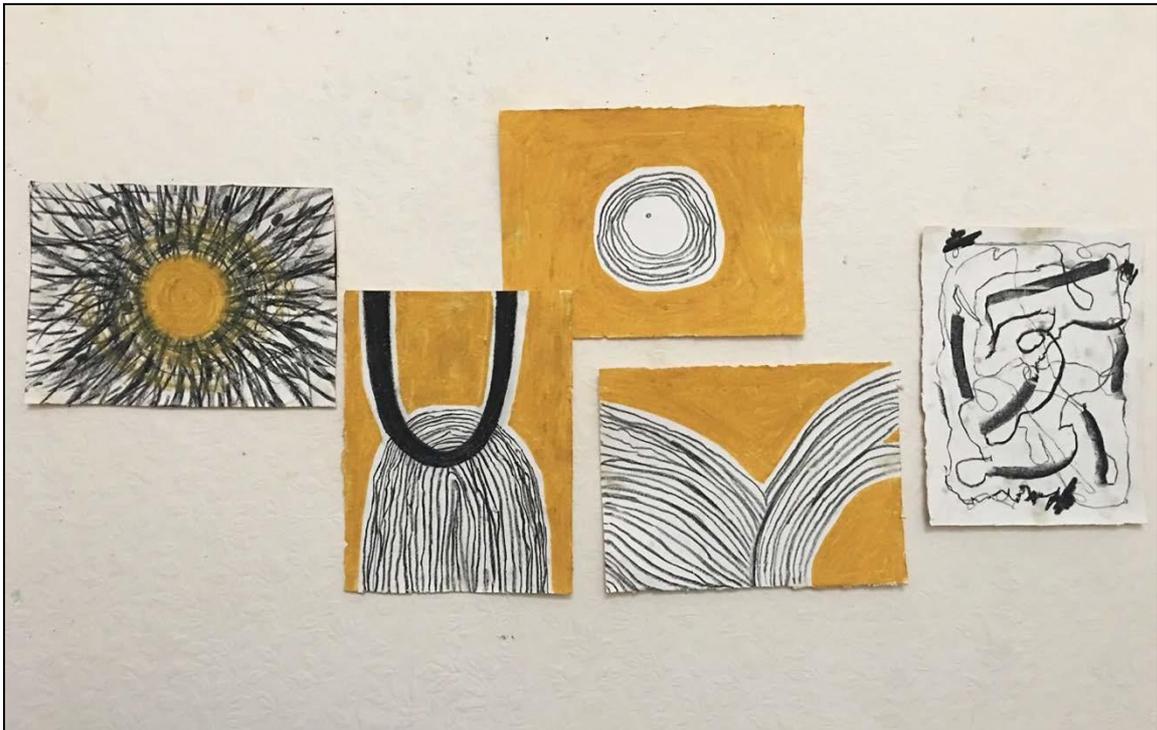


Figure 6. *Response art to findings.*

Firstly, looking at Figure seven, all these images tie together as they all appear to be supported and contained with the yellow surroundings; reflecting quite similarly how art therapy collectively provides refugee children with a safe space to heal, revisit trauma and discover new-self.

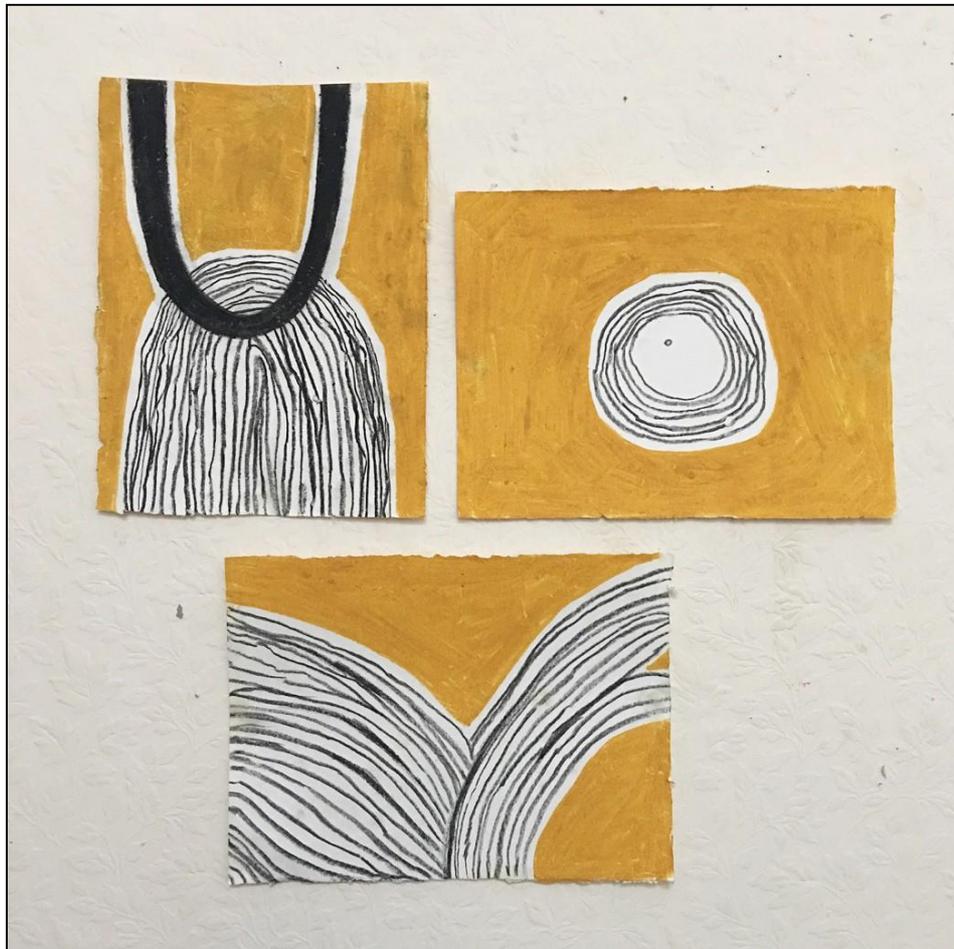


Figure 7. *Providing a safe space.*

Secondly, looking at Figure eight this image stands separately to the previous three, as the colours and marks converse. Upon reflection, the black marks on the image bring a sense of negativity and turbulence as the marks appear to attack the centre, reflecting quite similarly how refugees' face many difficulties and ordeals in today's society (Hyndman & Giles, 2016). In contrast, the yellow brings a sense of enlightenment and movement as it amplifies from the centre, echoing quite closely the discovery of my first theme, which gives refugee children the power to be heard; by giving them a voice to express and share their story.

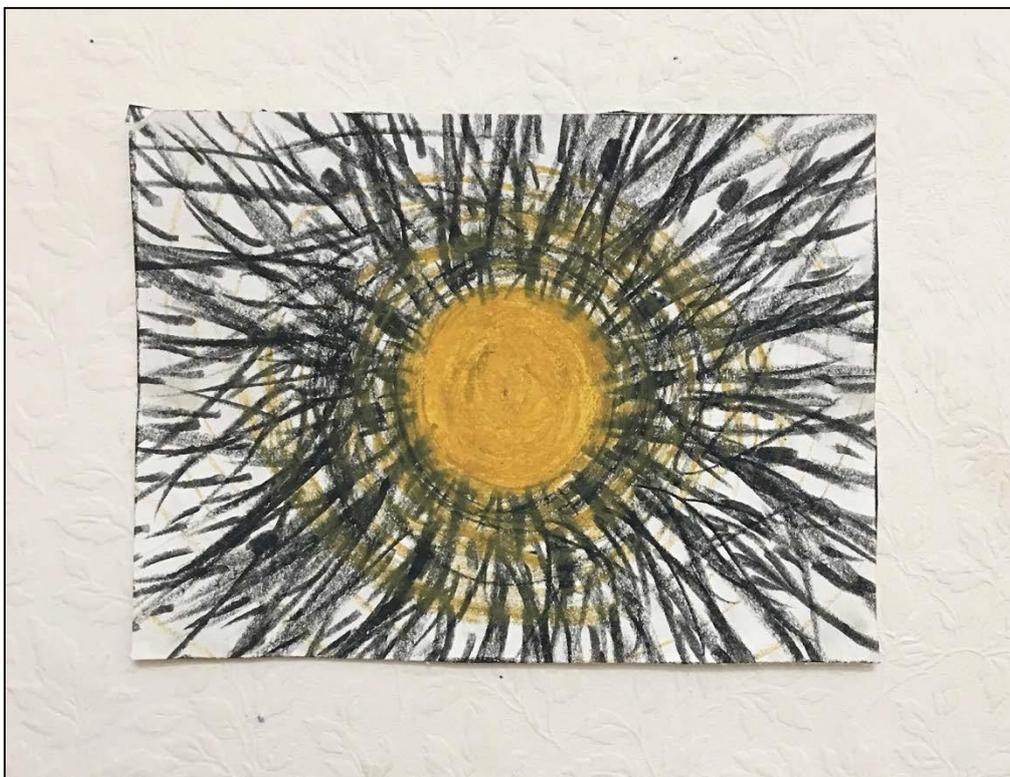


Figure 8. *Giving a voice.*

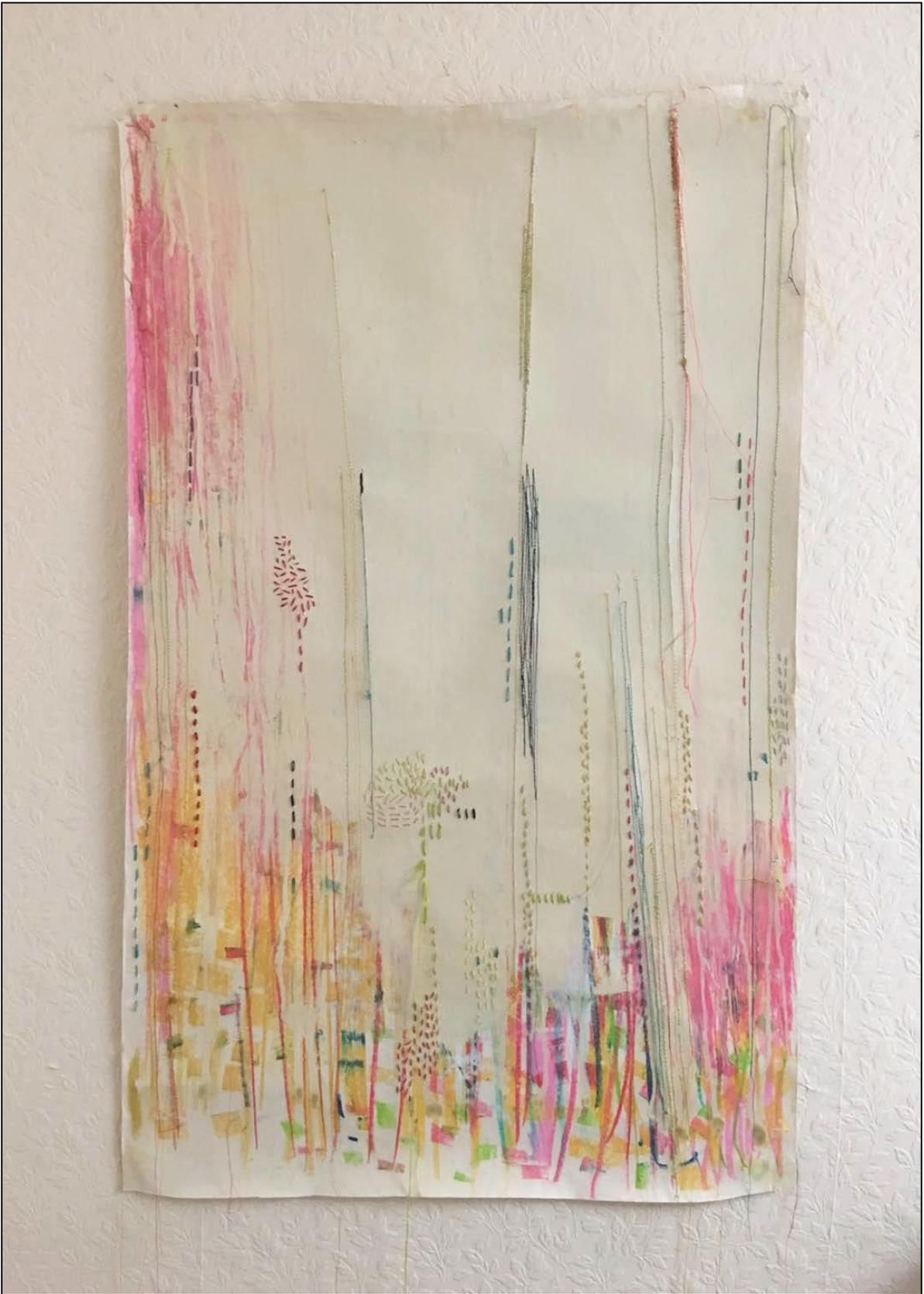


Figure 9. *My research journey.*

## **My research journey**

Figure nine is a piece I created during the last few weeks of this research, this allowed me to look back and reflect on my research journey. For this particular piece, I opted to work on a larger scale in various layers, using different techniques and materials to express and capture the various milestones of my research (see Appendix 4a for additional photographs).

The first layer was created by applying various vivid marks using oil pastels and crayons, this medium produced strong colours when applied with pressure, which felt important to create as this was the foundation layer of the piece. Upon reflection, I feel this vibrancy and lively background reflects the very earlier stages of this research, where I immersed myself in various literature and texts enriching my understanding of my chosen topic of enquiry. The second layer was applying a wash of paint on top of the first layer. While painting this, it felt as though I was creating a new surface ready for more purposeful marks, echoing quite similarly the stage of my research where I had discovered all my themes and was ready to tell a story about each one.

The final layer of my image was adding stitch elements on top of the painted surface. This process was the most time-consuming, as I found myself having to rethread the needle countless times. Metaphorically, I feel this constant cycle and repetition mirrors quite closely the write-up of my findings chapter, as here too I was revisiting past chapters' numerous times and interweaving it alongside my findings.

Looking at this piece once completed, it looks like a tapestry. According to Collier (2012) tapestries are often created to tell a story of time, which in this case, is a story of my research journey. Looking at the reverse side of this piece, only the stitch

marks are visible (see Figure 10). These stitch elements bring a textural quality to the piece, as they uplift from the surface giving it a tactile quality. In a sense, I feel this reflects the involvement of the experiences and stories told by participants, as they too enrich and elevate this research; giving a voice to those who took part and those who were discussed in this research.



Figure 10. *My research journey (reverse side).*

## **CHAPTER EIGHT: LIMITATIONS & RECOMMENDATIONS**

### **Limitations**

According to White (2011) all research has limitations. Firstly, as this study was conducted in a set time frame, this restricted the researcher to only recruit three art therapists, which is not seen representative of the whole population. Secondly, the three participants who contributed to this research did not all have equal amount of experience between them, which affects the reliability of this research as some participants were able to contribute more the others. However, to remind the reader, the aim of this research was not to generalise art therapists' experiences with refugee children but more so, to capture and explore ways in which art therapy can be beneficial for these children, which all three participants successfully contributed in by sharing their unique experiences and stories.

### **Recommendations**

- a) As this research set out to explore art therapists' experiences with refugee children. It will be fascinating to explore refugees' perspectives (who have received art therapy), and capture their experiences.
- b) Taking this research forward, it may be interesting to conduct a case study with refugee children, using the themes discovered (in this research), as a framework to explore how these are portrayed through imagery.
- c) From the limitations brought to light, further research surrounding cultural perceptions towards art therapy will be instrumental. This can help explore and inform ways in which art therapy can be articulated in different cultural contexts.

## **CHAPTER NINE: CONCLUSION**

The journey into this research began with a curiosity into thinking, how useful could art therapy be with refugee children? Despite reading various literature surrounding this topic, I was surprised with the minimal amount of research on this area in the UK. After conducting a literature review, three main themes emerged which were a starting point for further exploration. My research aim was to explore the usefulness of art therapy with refugee children through the lens of art therapists, and their experiences. The purpose of this research was to discover findings that will elaborate on existing literature, and inform art therapy professionals who work with displaced children.

Taking an interpretative standpoint informed by hermeneutics phenomenology, this allowed me to have a personal interaction with art therapists to capture their stories and experiences with refugee children. Using thematic analysis to explore and find commonalities amongst the data collected, five themes were discovered these were: (1) Giving Voice, (2) Rebuilding Trust, Opening Wounds (3) Sharing Stories, Healing Pain (4) Exploring Identity, Discovering New-Self, and (5) Understanding Art Therapy.

Upon reflection, the discovery of the four initial themes merged together and brought to light two avenues, which highlight the key usefulness of art therapy with refugee children. These were discovered as: (a) providing refugee children with a safe space to revisit trauma, heal pain and discover new-self, and (b) giving refugee children a voice to express their stories and be heard. Although the 5<sup>th</sup> theme established was a limitation, this has opened a window for further research.

Overall, this research has heightened my understanding, knowledge and awareness both as a researcher and as an aspiring art therapist. Firstly, as a qualitative researcher, I have been able to enrich my experience by investigating and collecting rich stories and experiences first-hand. Secondly, as a trainee art therapist, I too feel as though I have been given a voice as I will be using this research to contribute to the field of art therapy, sharing how beneficial art therapy can be with refugee children.

Additionally, I believe this research can inform other art therapy professionals (who work with non-displaced children), as I believe the importance of providing a safe space, and giving a voice is fundamental to all those who need to be heard in our society.

## References

- Allen, J., Basilier, V., & Hauff, E. (2016). Refugees and asylum seekers in societies. In D. L. Sam & J. W. Berry. *Cambridge Handbook of Acculturation Psychology* (pp. 198-217). (2<sup>nd</sup> ed.). Cambridge, United Kingdom: Cambridge University Press.
- Arredondo-Dowd, P. M. (1981). Personal loss and grief as a result of immigration. *Personnel and Guidance Journal*, 59(6), 376–378.
- Audi, R. (2011). *Epistemology: A Contemporary Introduction to the Theory of Knowledge* (3<sup>rd</sup> ed.). Oxon, United Kingdom: Taylor & Francis.
- Auerhahn, N. and Laub, D. (1984) 'Annihilation and restoration: post-traumatic memory as a pathway and obstacle to recovery'. *International Review of Psychological Analysis*, 11: 327-344.
- Aveyard, H. (2014). *Doing a Literature Review in Health and Social Care: A Practical Guide*. (4<sup>th</sup> ed.). Maidenhead, United Kingdom: McGraw-Hill Education.
- BAAT [British Association of Art Therapists] (2017). *About Art Therapy*. Retrieved from <http://www.baat.org/About-Art-Therapy>
- Babbie, E. (2016). *The practice of social research* (4<sup>th</sup> ed.). Belmont CA, USA: Wadsworth Cengage Learning.
- Bager, J. (2015). *Art-based therapy for young refugees: Can art save lives?* Retrieved from <http://www.middleeasteye.net/in-depth/features/art-based-therapy-young-refugees-can-art-save-lives-903218945>
- Baker, B.A. (2006). 'Art speaks in healing survivors of war', *Journal of Aggression, Maltreatment & Trauma*, 12(1-2), pp. 183–198. [http://dx.doi.org/10.1300/j146v12n01\\_10](http://dx.doi.org/10.1300/j146v12n01_10).
- Baraitser, M. (2014). *Reading and expressive writing with traumatised children, young refugees and asylum seekers*. London, United Kingdom: Jessica Kingsley Publishers.
- Barker, C., Pistrang, N., & Elliot, R. (2016). *Research methods in clinical psychology* (3<sup>rd</sup> ed.). Chichester, United Kingdom: Wiley.
- Bauder, H. (2012). *Immigration and Settlement: Challenges, Experiences, and Opportunities*. Toronto, Canada: Canadian Scholars Press.
- Berman, H. (2001). Children and war: Current understandings and future directions. *Public Health Nursing*, 18(4), 243–252.
- Blackwell, D. (2005). *Counselling and psychotherapy with refugees*. London, United Kingdom: Jessica Kingsley Publishers.

- Blaikie, N. (2010). *Designing Social Research*. (2<sup>nd</sup> ed.). Cambridge, United Kingdom: Polity Press.
- Bourne, J. (1998). 'Researchers experience emotion too'. In R. Barbour & G. Huby, *Meddling and mythology: aids and the social construction of knowledge* (pp. 90-103). London, United Kingdom: Routledge
- Bowlby, J. (1969). *Attachment and Loss: Volume 1: Attachment*. London, United Kingdom: The Hogarth Press.
- Bowling, A., & Ebrahim, S. (2005). *Handbook of Health Research Methods: Investigation, Measurement and Analysis*. Maidenhead, United Kingdom: Open University Press.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.  
<http://dx.doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research. A practical guide for beginners*. Los Angeles, USA: Sage Publications.
- Brink, H., Van der Walt, C., & Van Rensburg, G. (2006). *Fundamentals of research methodology for health care professionals* (2<sup>nd</sup> ed.). Cape Town, South Africa: Juta.
- British Red Cross. (2017). *Refugee Facts and figures*. Retrieved February 6, 2017 from <http://www.redcross.org.uk/What-we-do/Refugee-support/Refugee-facts-and-figures>
- Britto, P., Engle, P., & Super, C. (2013). *Handbook of early childhood development research and its impact on global policy*. Oxford, United Kingdom: Oxford University Press.
- Bronstein, I., & Montgomery, P. (2011). Psychological Distress in Refugee Children: A Systematic Review. *Clinical Child and Family Psychology Review*, 14(1), 44-56. <http://dx.doi.org/10.1007/s10567-010-0081-0>
- Broom, A. & Willis, E. (2007). Competing Paradigms and Health Research. In M. Saks and J. Allsop (Ed.), *Researching Health, Qualitative, Quantitative and Mixed Methods* (pp.16-31). London, United Kingdom: Sage Publications.
- Bruner, J. (1990). *Acts of meaning*. Cambridge, United Kingdom: Harvard University Press.
- Bryman, A. (2012). *Social Research Methods* (4<sup>th</sup> ed.). Oxford, United Kingdom: Oxford University Press.
- Callaghan, K. (1998). *In limbo, movement psychotherapy with refugees and asylum seekers*. (1<sup>st</sup> ed.). London, United Kingdom: Jessica Kingsley Publishers.

- Carey, L. (2006). *Expressive and creative arts methods for trauma survivors*. London, United Kingdom: Jessica Kingsley Publishers.
- Case, C., & Dalley, T. (2014). *The Handbook of Art Therapy*. London, United Kingdom: Jessica Kingsley Publishers.
- Chilcote, R. (2007). Art Therapy with Child Tsunami Survivors in Sri Lanka. *Journal of the American Art Therapy Association*, 24(4), pp.156-162.
- Chu, V. (2010). Within the Box: Cross-Cultural Art Therapy with Survivors of the Rwanda Genocide. *Art Therapy*, 27(1), 4-10.  
<http://dx.doi.org/10.1080/07421656.2010.10129563>
- Clandinin, D., & Connelly, F. (2004). *Narrative inquiry*. San Francisco, USA: Jossey-Bass Publishers.
- Collier, A. (2012). *Using Textile Arts and Handcrafts in Therapy with Women*. London, United Kingdom: Jessica Kingsley Publishers.
- Corsaro, W. (2011). *The Sociology of Childhood* (1<sup>st</sup> ed.). Los Angeles, USA: Sage Publications.
- Council of Europe. (2007). *The Human Rights of Irregular Migrants in Europe*. Retrieved from  
<https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016806da797>
- Cox, M & Theilgaard, A. (1997). *Mutative Metaphors in Psychotherapy: The Aeolian Mode*. London, United Kingdom: Jessica Kingsley Publishers.
- Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. Australia: Sage Publications.
- Crouch, C., & Pearce, J. (2012). *Doing Research in Design*. London, United Kingdom: Berg Publishers.
- Crow, G., & Edwards, R. (2013). *What is Qualitative Interviewing?*. London: Bloomsbury Publishing.
- Daniel, J. (2012). *Sampling essentials*. Los Angeles, USA: Sage Publications.
- Darra, S. (2008). Emotion work and the ethics of novice insider research. *Journal of Research in Nursing*, 13(3), 251-261.  
<http://dx.doi.org/10.1177/1744987107085119>

- Data Protection Act (1998). Retrieved from Legislation GOV website:  
<http://www.legislation.gov.uk/ukpga/1998/29/contents>
- De Chesnay, M. (2014). *Nursing research using life history: Qualitative designs and methods in nursing*. New York, USA: Springer Publishing Company.
- Dickson-Swift, V., James, E., Kippen, S., & Liamputtong, P. (2009). Researching sensitive topics: qualitative research as emotion work. *Qualitative Research*, 9(1), 61-79. <http://dx.doi.org/10.1177/1468794108098031>
- Dokter, D. (1998). *Arts therapists, refugees and migrants*. London, United Kingdom: Jessica Kingsley Publishers.
- Dyregrov, A. (2004). Educational consequences of loss and trauma. *Educational and Child Psychology*, 21(3), 77–84.
- Edwards, D. (2004). *Art Therapy (Creative Therapies in Practice)*. London, United Kingdom: Sage Publications.
- Edwards, D. (1999). The role of the case study in art therapy research. *Inscape*, 4(1), 2-9. <http://dx.doi.org/10.1080/17454839908413068>
- Elliott, B. (2004). *Phenomenology and Imagination in Husserl and Heidegger*. Abingdon, United Kingdom: Routledge.
- Erikson, K. (1995). *A new species of trouble* (1<sup>st</sup> ed.). New York, USA: W.W. Norton & Co.
- Etherington, K. (2004). *Becoming a reflexive researcher*. London, United Kingdom: Jessica Kingsley Publishers.
- Fantino, A., & Colak, A. (2001). Refugee Children in Canada: Searching for Identity. *Child Welfare*, Vol. 80(5). Retrieved from <https://www.questia.com/library/journal/1P3-85404990/refugee-children-in-canada-searching-for-identity>
- Fazel, M., & Stein, A. (2002). Review: The mental health of refugee children. *Archives of Disease in Childhood*, 87(5), 366–370. <http://dx.doi.org/10.1136/adc.87.5.366>
- Fernando, C., & Ferrari, M. (2013). *Handbook of resilience in children of war*. New York, USA: Springer New York.
- Fina, A., & Georgakopoulou, A. (2015). *Handbook of Narrative Analysis*. Somerset, United Kingdom: Wiley.

- Fish, B. (2012). Response Art: The Art of the Art Therapist. *Art Therapy*, 29(3), 138-143. <http://dx.doi.org/10.1080/07421656.2012.701594>
- Fitzpatrick, F. (2002). A Search for Home: The Role of Art Therapy in Understanding the Experiences of Bosnian Refugees in Western Australia. *Art Therapy*, 19(4), 151-158. <http://dx.doi.org/10.1080/07421656.2002.10129680>
- Fullilove, M. T. (1996). Psychiatric implications of displacement: Contributions from the psychology of place. *American Journal of Psychiatry*, 153(12), 1516-1523. <http://dx.doi.org/10.1176/ajp.153.12.1516>
- Gallagher, A. (2014). *I do not understand – or the art of understanding: When do language barriers matter in art therapy and how to overcome them? A qualitative research into the experiences of art therapists when working with clients of other language origin.* (Master's Dissertation). Retrieved from <http://hdl.handle.net/10034/344439>
- Gerrish, K. and Lacey, A. (2010) *The research process in nursing.* (6<sup>th</sup> ed.). Chichester, United Kingdom: Blackwell Publishing.
- Gilbert, K. (2000). *The emotional nature of qualitative research.* Florida, USA: Taylor & Francis Group
- Gilroy, A. (2006). *Art therapy, research and evidence based practice.* London, United Kingdom: Sage Publications.
- Gonsalves, C. (1992). Psychological stages of the refugee process: A model for therapeutic interventions. *Professional Psychology: Research and Practice*, 23(5), 382-389. <http://dx.doi.org/10.1037/0735-7028.23.5.382>
- GOV. (2017). *Claim asylum in the UK.* Retrieved from <https://www.gov.uk/claim-asylum/decision>
- Government of Canada. (2017). *#WelcomeRefugees: Key figures.* Retrieved June 12, 2017 from <http://www.cic.gc.ca/english/refugees/welcome/milestones.asp>
- Grbich, C. (2013). *Qualitative data analysis* (2<sup>nd</sup> ed.). London, United Kingdom: Sage Publications.
- Greig, A., Taylor, J., & MacKay, T. (2007). *Doing Research with Children.* (2<sup>nd</sup> ed.). London, United Kingdom: Sage publications.
- Guest, G., MacQueen, K., & Namey, E. (2012). *Applied Thematic Analysis.* Los Angeles, USA: Sage Publications.
- Herman, J. (1997). *Trauma and recovery.* New York, USA: Basic Books.

- Holloway, I., & Galvin, K. (2017). *Qualitative research in nursing and healthcare* (4<sup>th</sup> ed.). Chichester, United Kingdom: John Wiley & Sons.
- Howie, P., Prasad, S & Kristel, J. (2013). *Using Art Therapy with Diverse Populations Crossing Cultures and Abilities*. London, United Kingdom: Jessica Kingsley Publishers.
- Huq, R. (2016). *The psychology of employee empowerment: concepts, critical themes and a framework for implementation*. London, United Kingdom: Routledge.
- Huss, E., Nuttman-Schwartz, O., & Altman, A. (2012). The role of collective symbols as enhancing resilience in children's art. *The Arts in Psychotherapy*, 39(1), 52-59. <http://dx.doi.org/10.1016/j.aip.2011.11.005>
- Hyndman, J., & Giles, W. (2016). *Refugees in extended exile*. London, United Kingdom: Routledge.
- International Rescue Committee. (2015). *Europe's refugee crisis*. Retrieved from <http://www.rescue.org/sites/default/files/resource-file/IRC%20refugee%20crisis.pdf>
- Isfahani, S. (2008). Art therapy with a young refugee woman – survivor of war. *International Journal of Art Therapy*, 13(2), 79-87. <http://dx.doi.org/10.1080/17454830802503453>
- Jenks, C. (2011). *Transcribing Talk and Interaction: Issues in the representation of communication data*. Amsterdam: J. Benjamins.
- Johnson, D. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy*, 14(1), 7-13. [http://dx.doi.org/10.1016/0197-4556\(87\)90030-x](http://dx.doi.org/10.1016/0197-4556(87)90030-x)
- Johnson, V. (2009). *The role of self and emotion within qualitative sensitive research: a reflective account* (Unpublished doctoral dissertation). La Trobe University, Australia.
- Jones, P. (2005). *The arts therapies: A Revolution in Healthcare* (1<sup>st</sup> ed.). Hove, United Kingdom: Brunner-Routledge.
- Junge, M. T. (2014). *Identity and Art Therapy. Personal and Professional Prospectives*. Illinois, USA: Charles C Thomas Publishers.
- Kalmanowitz, D., & Lloyd, B. (2005). *Art therapy and political violence, with art without illusion*. London, United Kingdom: Routledge.
- Kapitan, L. (2017). *Introduction to Art Therapy Research* (2<sup>nd</sup> ed.). Hove, United Kingdom: Taylor & Francis Group.

- Kemp, C., Rasbridge, L., & Walgren, J. (2004). *Refugee and immigrant health* (1<sup>st</sup> ed.). Cambridge, United Kingdom: Cambridge University Press.
- Kopp, R. (1995). *Metaphor therapy: Using client generated metaphors in psychotherapy*. New York, USA: Brunner-Routledge.
- Langdrige, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Essex, United Kingdom: Person Education Limited.
- Leavy, P. (2014). *The Oxford handbook of qualitative research* (1<sup>st</sup> ed.). Oxford, United Kingdom: Oxford University Press.
- Lemzoudi, Y. (2007). Migration: Acculturation Process, Cultural Identity Development, and Art Therapy Imagery of Adolescent Migrants. *Canadian Art Therapy Association Journal*, 20(2), 2-21.  
<http://dx.doi.org/10.1080/08322473.2007.11434770>
- Lichtman, M. (2013). *Qualitative research in education* (3<sup>rd</sup> ed.). Los Angeles, USA: Sage Publications.
- Malchiodi, C. A. (2003). *Handbook of Art Therapy*. New York, USA: The Guildford Press.
- Malchiodi, C. A. (2015). *Creative Interventions with Tramatized Children* (2<sup>nd</sup> ed.). New York, USA: The Guildford Press
- Mason, J. (1996). *Qualitative Researching*. London, United Kingdom: Sage Publications.
- Matsumoto, D., & Juang, L. (2013). *Culture and Psychology* (5<sup>th</sup> ed.). Belmont CA, USA: Wadsworth.
- Means, J., & Nelson, M. (2000). *Trauma and evil* (1<sup>st</sup> ed.). Minneapolis, USA: Augsburg Fortress.
- Mertens, D., Cram, F., & Chilisa, B. (2016). *Indigenous pathways into social research*. London, United Kingdom: Routledge.
- Mitchell, H. (2016). *The distinction between asylum seekers and refugees*. Retrieved from <https://www.migrationwatchuk.org/briefingPaper/document/70>
- Moon, C. (2010). *Materials & media in art therapy*. (1<sup>st</sup> ed.). New York, USA: Taylor & Francis.
- Moon, L. B. (2015). *Ethical Issues in Art Therapy*. (3<sup>rd</sup> ed.). Illinois, USA: Charles C Thomas Publishers.
- Moran, D., & Cohen, J. (2012). *The Husserl dictionary*. London, United Kingdom: Continuum.

- Nabarro, M. (2005). Feast of Colour. In D. Kalmanowitz & B. Lloyd (Ed.), *Art Therapy and Political Violence with art, without illusion* (pp. 81-82). London, United Kingdom: Routledge.
- NICE [National Institution of Care Excellence] (2017). *Post-traumatic stress disorder*. Retrieved from <https://www.nice.org.uk/guidance/cg26/chapter/1-guidance>
- NSPCC [National Society for the Prevention of Cruelty to Children] (2017). *Legal definitions*. Retrieved from <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/legal-definitions/>
- Oppong, S.H. (2013) 'Religion and identity'. *American International Journal of Contemporary Research*, 3(6). Retrieved from [http://www.aijcrnet.com/journals/Vol\\_3\\_No\\_6\\_June\\_2013/2.pdf](http://www.aijcrnet.com/journals/Vol_3_No_6_June_2013/2.pdf)
- Oxford Dictionary. (2017a). *Trauma | Definition of trauma in English*. Retrieved from <https://en.oxforddictionaries.com/definition/trauma>
- Oxford Dictionary. (2017b). *Unconscious | Definition of unconscious in English*. Retrieved from <https://en.oxforddictionaries.com/definition/unconscious>
- Paley, J. (2017). *Phenomenology as Qualitative Research: A Critical Analysis of Meaning Attribution*. Abington, United Kingdom: Routledge.
- Papadopoulos, R. (2001). Refugee families: issues of systemic supervision. *Journal of Family Therapy*, 23(4), 405-422. <http://dx.doi.org/10.1111/1467-6427.00193>
- Papadopoulos, R. (2002). *Therapeutic Care for Refugees: No Place Like Home (The Tavistock Clinic Series)*. London, United Kingdom: Karnac.
- Parahoo, K. (2006). *Nursing research: Principles, process and issues*. (2<sup>nd</sup> ed.). Hampshire, United Kingdom: Palgrave Macmillan.
- Patton, M.Q. (2005) *Qualitative Research*. New York, USA: John Wiley & Sons.
- Polkinghorne, D.E. (1995) 'Narrative configuration in qualitative analysis.' In J.A. Hatch and R. Wisniewski (Ed.), *Life History and Narrative*. London, United Kingdom: Falmer Press.
- Pope, C. (2007). *Qualitative Research in Health Care*. Oxford, United Kingdom: John Wiley & Sons.
- Poteet, M., & Nourpanah, S. (2016). *After the Flight: The Dynamics of Refugee Settlement and Integration*. Newcastle-Upon-Tyne, United Kingdom: Cambridge Scholars Publishing.
- Powell, R., & Connaway, L. (2010). *Basic research methods for librarians*. California, USA: Libraries Unlimited.

- Punch, K., & O'Donoghue, T. (2003). *Qualitative educational research in action*. London, United Kingdom: Routledge Falmer.
- Refugee Council (2017a). *Terms and Definitions - Refugees and Asylum - Refugee Council*. Retrieved from <https://www.refugeecouncil.org.uk/glossary>
- Refugee Council. (2017b). *Therapeutic casework - Asylum Seekers UK - Refugee Council*. Retrieved from [https://www.refugeecouncil.org.uk/what\\_we\\_do/therapeutic\\_casework](https://www.refugeecouncil.org.uk/what_we_do/therapeutic_casework)
- Refugee Council. (2017c). *What is an asylum seeker? - The Truth About Asylum - Refugee Council*. Retrieved from [https://www.refugeecouncil.org.uk/policy\\_research/the\\_truth\\_about\\_asylum/the\\_facts\\_about\\_asylum](https://www.refugeecouncil.org.uk/policy_research/the_truth_about_asylum/the_facts_about_asylum)
- Ritchie, J., Lewis, J., Nicholls, C., & Ormston, R. (2014). *Qualitative Research Practice: A Guide for Social Science Students and Researchers* (2<sup>nd</sup> ed.). London, United Kingdom: Sage Publications.
- Roberts, R. (2017). *The UK should have offered a home to 25,000 Syrian refugees. We've taken in a fifth of that*. Retrieved from <http://www.independent.co.uk/news/uk/home-news/syrian-refugees-uk-fair-share-report-a7478891.html>
- Robson, C. (2002) *Real World Research* (2<sup>nd</sup> ed.). Oxford, United Kingdom: Blackwell Publishing
- Rose, J., Gilbert, L., & Richards, V. (2015). *Health and well-being in early childhood* (1<sup>st</sup> ed.). London, United Kingdom: Sage Publications.
- Rousseau, C., & Heusch, N. (2000). The Trip: A Creative Expression Project for Refugee and Immigrant Children. *Art Therapy*, 17(1), 31-40. <http://dx.doi.org/10.1080/07421656.2000.10129434>
- Rousseau, C., Lacroix, L., Bagilishya, D., & Heusch, N. (2003). Working with Myths: Creative Expression Workshops for Immigrant and Refugee Children in a School Setting. *Art Therapy*, 20(1), 3-10. <http://dx.doi.org/10.1080/07421656.2003.10129630>
- Rubin, H., & Rubin, I. (2012). *Qualitative interviewing: The Art of Hearing Data* (3<sup>rd</sup> ed.). California, USA: Sage Publications.
- Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry*, 147(6), 598-611. <http://dx.doi.org/10.1192/bjp.147.6.598>
- Ryba, T., Stambulova, N., & Ronkainen, N. (2016). The Work of Cultural Transition: An Emerging Model. *Frontiers in Psychology*. Retrieved from <http://dx.doi.org/10.3389/fpsyg.2016.00427>

- Sam, D., & Berry, J. (2016). *The Cambridge handbook of acculturation psychology* (2<sup>nd</sup> ed.). Cambridge, United Kingdom: Cambridge University Press.
- Sandelowski, M., & Barroso, J. (2010). *Handbook for synthesizing qualitative research*. New York, USA: Springer Books.
- Schnetzer, M. (2005). *The Healing Flow: Artistic Expression in Therapy: Creative Arts and the Process of Healing: An Image/Word approach inquiry*. London, United Kingdom: Jessica Kingsley Publishers.
- Seebohm, T. (2004). *Hermeneutics. Method and Methodology*. Netherlands: Kluwer Academic Publishers.
- Segal, U., & Elliott, D. (2012). *Refugees worldwide* (1<sup>st</sup> ed.). California, USA: Praeger.
- Seidman, I. (2013). *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. Columbia: Teachers College Press.
- Shafai-Palmer, A. (1997). Trauma of Displacement. *Canadian Art Therapy Association Journal*, 11(1), 29-37.  
<http://dx.doi.org/10.1080/08322473.1997.11432227>
- Sharkey, P. (2001). Hermeneutic phenomenology. In R. Barnacle (Ed.), *Phenomenology* (pp. 16–37). Melbourne, Australia : RMIT Publications.
- Silverman, D. (2013). *Doing Qualitative Research*. London, United Kingdom: Sage Publications.
- Smith, J (2008) *Qualitative psychology: A practical guide to research methods*. London, United Kingdom: Sage Publications.
- Smith, J.A., Flowers, P., & Larkin, M (2010). *Interpretative phenomenological analysis: Theory, Method and Research*. London, United Kingdom: Sage Publications.
- Smith, P., Perrin, S., Yule, W., & Rabe-Hesketh, S. (2001). War Exposure and Maternal Reactions in the Psychological Adjustment of Children from Bosnia-Herzegovina. *Journal of Child Psychology and Psychiatry*, 42(3), 395-404.  
<http://dx.doi.org/10.1111/1469-7610.00732>
- Sundin, J., Forbes, H., Fear, N., Dandeker, C., & Wessely, S. (2011). The impact of the conflicts of Iraq and Afghanistan: A UK perspective. *International Review of Psychiatry*, 23(2), 153-159. <http://dx.doi.org/10.3109/09540261.2011.561303>
- Swaminathan, R., & Mulvihill, T. (2017). *Critical Approaches to Questions in Qualitative Research*. New York, USA: Routledge.

- Taylor, S. (2002). *Ethnographic Research: A Reader*. London, United Kingdom: Sage Publications.
- The Guardian. (2009). *Career by numbers: Art therapist*. Retrieved from <https://www.theguardian.com/money/2009/nov/14/art-therapist-career>
- Tracy, S. (2014). *Qualitative Research Methods: Collecting Evidence, Crafting Analysis, Communicating Impact*. Chichester, United Kingdom: Wiley-Blackwell.
- Trainor, A., & Graue, E. (2013). *Reviewing qualitative research in the social sciences*. New York, USA: Routledge.
- Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse*, 19(1-2), 75-87. <http://dx.doi.org/10.5172/conu.19.1-2.75>
- Ugurlu, N., Akca, L. and Acarturk, C. (2016). An art therapy intervention for symptoms of post-traumatic stress, depression and anxiety among Syrian refugee children. *Vulnerable Children and Youth Studies*, 11(2), pp.89-102. <http://dx.doi.org/10.1080/17450128.2016.1181288>
- UNHCR [United Nations of High Commissioner for Refugees] (2015a). *Worldwide displacement hits all-time high as war and persecution increase*. Retrieved February 6, 2017 <http://www.unhcr.org/uk/news/latest/2015/6/558193896/worldwide-displacement-hits-all-time-high-war-persecution-increase.html>
- UNHCR [United Nations of High Commissioner for Refugees] (2016b). *Global forced displaced hit record high*. Retrieved February 6, 2017 <http://www.unhcr.org/uk/news/latest/2016/6/5763b65a4/global-forced-displacement-hits-record-high.html>
- UNHCR [United Nations of High Commissioner for Refugees] (2017c). *Asylum-Seekers*. Retrieved from <http://www.unhcr.org/uk/asylum-seekers.html>
- UNHCR [United Nations of High Commissioner for Refugees] (2017d). *Refugees*. Retrieved from <http://www.unhcr.org/uk/refugees.html>
- UNHCR [United Nations of High Commissioner for Refugees] (2017e). *Resettlement*. Retrieved from <http://www.unhcr.org/uk/resettlement.html>
- UNICEF [United Nations International Children's Emergency Fund] (2005). *The Convention on the Rights of The Child guiding principles: General requirements for all rights*. Retrieved from [https://www.unicef.org/crc/files/Guiding\\_Principles.pdf](https://www.unicef.org/crc/files/Guiding_Principles.pdf)

- Van der Kolk, B.A. (1987). *Psychological Trauma*. Washington DC, USA: American Psychiatric Press.
- Van Krieken, R. (1998). *Norbert Elias*. London, United Kingdom: Routledge.
- Van Manen, M. (2016). *Researching Lived Experience*. (2<sup>nd</sup> ed.). New York, USA: Routledge.
- Vang, C. (2016). *Hmong refugees in the new world* (1<sup>st</sup> ed.). North Carolina, USA: McFarland & Company Inc. Publishers.
- Walden, G. (2012). *Focus Group Research*. London, United Kingdom: Sage Publications.
- Watts, J. (2008), 'Emotion, empathy and exit: Reflections on doing ethnographic qualitative research on sensitive topics'. *Medical Sociology online*, 3(2), pp3-14. Retrieved from <https://pdfs.semanticscholar.org/2227/4a0b2feac10f0cf090a1eabf98b0c055a88c.pdf>
- Weine, S., Muzurovic, N., Kulauzovic, Y., Besic, S., Lezic, A., & Mujagic, A., ... Pavkovic, I. (2004). Family Consequences of Refugee Trauma. *Family Process*, 43(2), 147-160. <http://dx.doi.org/10.1111/j.1545-5300.2004.04302002.x>
- Wertheim-Cahen, T. (2005). Art Therapy and Trauma, a different setting, a different approach. In D. Kalmanowitz & B. Lloyd (Ed.), *Art Therapy and Political Violence with art, without illusion* (pp. 216-217). London, United Kingdom: Routledge.
- White, B. (2011). *Mapping Your Thesis: The Comprehensive Manual of Theory and Techniques for Masters and Doctoral Research*. Victoria, Australia: ACER Press.
- Wilson, H., & Hutchinson, S. (1991). Triangulation of qualitative methods: Heideggerian Hermeneutics and Grounded Theory. *Qualitative Health Research*, 1, 263-276. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/104973239100100206>
- WMA [World Medical Association] (2013). *Declaration of Helsinki Ethical Principles for Medical Research Involving Human Subjects*. Retrieved from <https://www.wma.net/wp-content/uploads/2016/11/DoH-Oct2013-JAMA.pdf>
- Woodcock, J. (2000). *Refugee Children and Their Families: Theoretical and Clinical Perspective*. (1<sup>st</sup> ed.). London, United Kingdom: Whurr Publishers Limited.
- Ying, Y., & Akutsu, P. (1997). Psychological adjustment of Southeast Asian refugees: The contribution of sense of coherence. *Journal of Community*

*Psychology*, 25(2), 125-139. [http://dx.doi.org/10.1002/\(sici\)1520-6629\(199703\)25:2<125::aid-jcop2>3.3.co;2-i](http://dx.doi.org/10.1002/(sici)1520-6629(199703)25:2<125::aid-jcop2>3.3.co;2-i)

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Figure 6 – Created by author. *Response art to findings.*

Figure 7 – Created by author. *Providing a safe space.*

Figure 8 – Created by author. *Giving a voice.*

Figure 9 – Created by author. *My research journey.*

Figure 10 – Created by author. *My research journey (reverse side).*

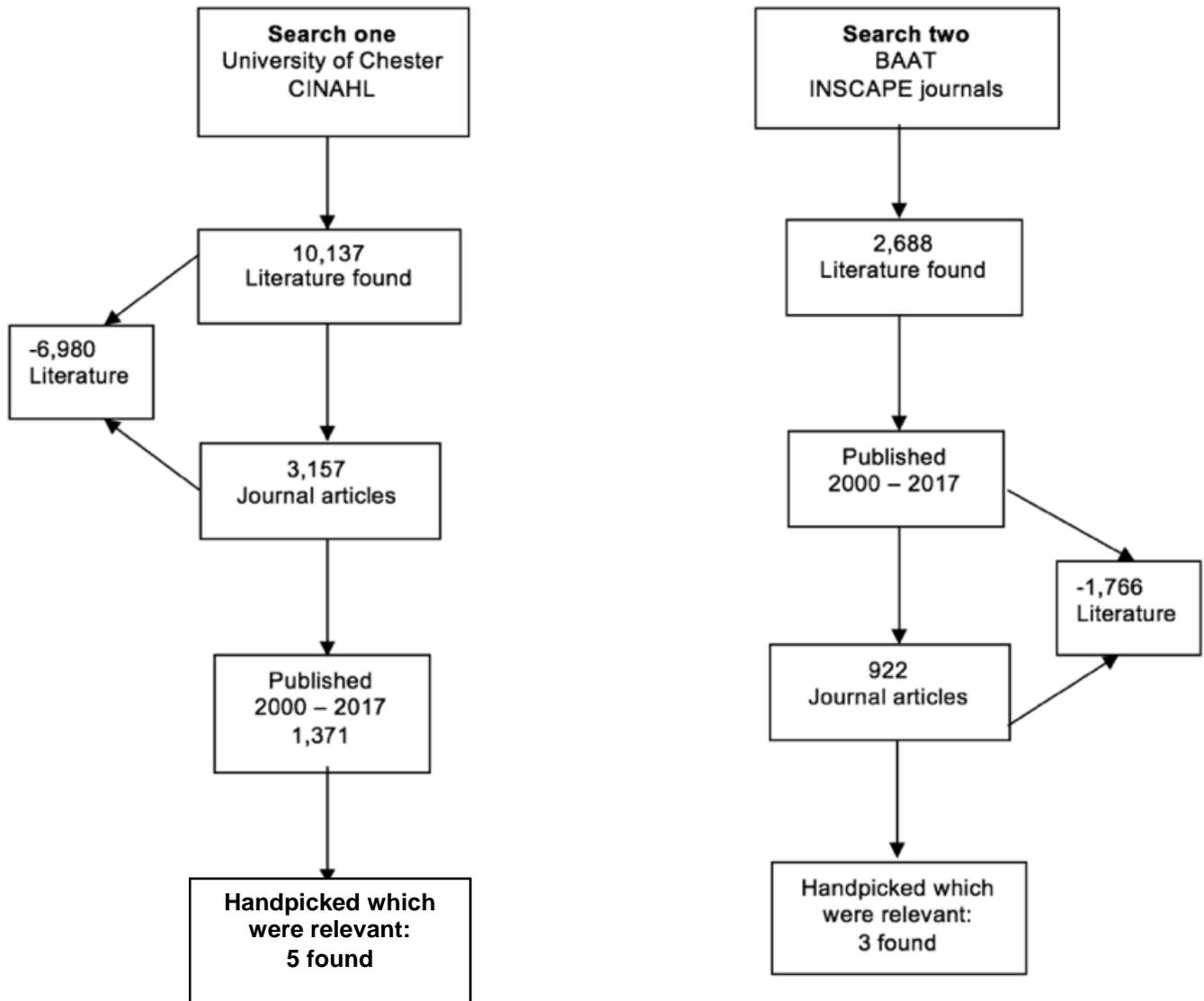
## **List of tables**

Table 1 – Created by author. *Participant summary table.*

Table 2 – Created by author. *Overview of findings.*

## Appendices

### Appendix 1 – Literature Search



## Appendix 1a – Literature Summary

Journal Article / Authors (s)	Country	Data Collection	Participants / Sample Size	Main Findings
The role of collective symbols as enhancing resilience in children's art (Huss, Nuttman-Schwartz and Altman, 2012).	Israel	Case study, featuring a <i>'home drawing'</i> Data collected through photographing drawings, followed by the transcriptions of stories told by the children.	12 children aged between 7-9. Who have been evacuated from their homes in Gaza.	The research found through the interaction of symbols, children expressed both stress and resilience.
Within the Box: Cross Cultural Art Therapy with Survivors of the Rwanda Genocide (Chu, 2010).	United States	Data was collected through an exploratory art therapy group.	In each art therapy group there were 8 participants aged between 18-25 years old.	By creating art in a non-judgemental, therapeutically supportive environment, the participants celebrated who they were, expressed their intensely personal desires and longings, remembered valuable connections and mourned their losses, as well as conveyed sense of hopes for the future.

<p>Art Therapy with Child Tsunami Survivors in Sri Lanka (Chilcote, 2007).</p>	<p>United States</p>	<p>Data was collected through photographs of the artwork and the transcriptions of recordings of the participants</p>	<p>113 children participated aged from 5-13 years.</p>	<p>Study found art therapy was an effective, psychologically beneficial and culturally applicable intervention for children affected by the tsunami in Sri Lanka.</p> <p>The artwork created by the children revealed traumatic experiences, grief over the loss of loved ones, the importance of family, the centrality of culture and religious heritage and future dreams.</p> <p>Art Therapy allowed children to voice their trauma with other survivors in the group.</p>
<p>Art Therapy with a young refugee woman – survivor of war (Isfahani, 2008).</p>	<p>United Kingdom</p>	<p>Case study</p>	<p>1 participant a-young-refugee- women.</p>	<p>Study showed through art therapy, the participant was able to strengthen the ties of her past by recalling and reclaiming good childhood memories, traditions, religions and beliefs.</p>
<p>The Trip: A Creative Expression project for Refugee and Immigrant</p>	<p>Canada</p>	<p>Data collected through drawings and written or oral (taped) comments of the children.</p>	<p>Participants were children arriving to Quebec’s French public schools. 27 refugee and immigrant children</p>	<p>Through the creative expression workshop, research found 3 main themes which raised from the research:</p>

<p>Children (Rousseau and Heusch, 2000).</p>				<ol style="list-style-type: none"> <li>1. Family, represented continuity of attachments and values.</li> <li>2. Friends, make up the human environment of the host country.</li> <li>3. Myths of the homeland, provided a basic framework on which to build experience and emotions.</li> </ol>
<p>Working with Myths: Creative Expression Workshops for Immigrant and Refugee Children in a School setting (Rousseau, Lacroix, Bagilishya and Heusch, 2003).</p>	<p>Canada</p>	<p>Data collected through drawings and written or oral (taped) comments of the children.</p>	<p>Participants were children arriving to Quebec's French public schools. 19 children (6-12 years old).</p>	<p>Using myths in creative expression workshops provided immigrant and refugee children with a useful framework for expressing and sharing their experiences.</p> <p>Signs, symbols and metaphors used to bridge the gap between language barriers.</p>
<p>A Search for Home: The Role of Art Therapy in Understanding the Experiences of Bosnian Refugees in West Australia (Fitzpatrick, 2002).</p>	<p>Australia</p>	<p>Case study</p>	<p>2 women survivors from Bosnia.</p>	<p>Findings found participants explored memories and experiences of war, opposition, exile and resettlement.</p> <p>Through the creation of artwork within in therapeutic setting, this provided a powerful way of remembering,</p>

				mourning and reconstructing experiences of traumas.
Art Speaks in Healing Survivors of War (Baker, 2006)	United States	Focus group	Bosnian refugees (male and female) over a five-year time period.	The memorials produced by the Bosnians serve to honour the memories of their loved ones, their lost country, and their culture so they are not forgotten.

## Appendix 1b – Literature Themes

Journals	...make meaning of experiences through storytelling	...a way to remember memories	...exploring identity in host country
The role of collective symbols as enhancing resilience in children's art (Huss, Nuttman-Schwartz and Altman, 2012).		✓	
Within the Box: Cross Cultural Art Therapy with Survivors of the Rwanda Genocide (Chu, 2010).	✓		
Art Therapy with Child Tsunami Survivors in Sri Lanka (Chilcote, 2007).	✓		
Art Therapy with a young refugee woman – survivor of war (Isfahani, 2008).		✓	
The Trip: A Creative Expression project for Refugee and Immigrant Children (Rousseau and Heusch, 2000).	✓		
Working with Myths: Creative Expression Workshops for Immigrant and Refugee Children in a School setting (Rousseau, Lacroix, Bagilishya and Heusch, 2003).			✓
A Search for Home: The Role of Art Therapy in Understanding the Experiences of Bosnian Refugees in West Australia (Fitzpatrick, 2002).			✓
Art Speaks in Healing Survivors of War (Baker, 2008).			✓

HMC/bh

23<sup>rd</sup> March 2017

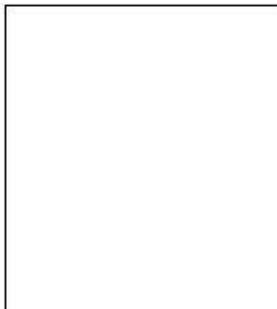


University of  
Chester

Faculty of Health and Social Care

Tel 01244 512600

Fax 01244 511270



**Ethical Approval Granted**

**FH&SC Ethics Number:**

**Course of Study:**

MA Art Therapy

**Supervisor:**

Prof. Andy Lovell

**Student Number:**

I am pleased to inform you that the Research Ethics Sub Committee of the Faculty of Health and Social Care approved your project ***“Exploring the usefulness of Art Therapy with Refugee Children”*** on 22<sup>nd</sup> March 2017.

Approval is subject to the above and following conditions:

1. That you provide a brief report for the sub-committee on the completion of your project.
2. That you inform the sub-committee of any substantive changes to the project.

We approve your application to go forward to the next stage of the approval process. For studies taking place in the NHS, Trust permission must be obtained before data collection can commence. If you are applying to IRAS and require a sponsorship letter and insurance documentation please contact Barbara Holliday.

If you have any questions or require any further assistance please contact Barbara Holliday on 01244 511117 or by email [hscethics@chester.ac.uk](mailto:hscethics@chester.ac.uk).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Hazel Chapman'.

**Dr. Hazel Chapman**  
**Chair, Faculty Research Ethics Sub-Committee**

cc Research Knowledge Transfer Office

cc Academic Supervisor

## Appendix 2a – Participant information sheet

### Information Sheet

#### Exploring the usefulness of Art Therapy with Refugee Children.

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Take time to decide whether or not you wish to take part.

Thank you for reading this.

- **What is the purpose of the study?**

The purpose of this research is to explore the usefulness of art therapy with refugee children.

- **Why have I been chosen?**

You have been chosen to participate in this study as you have experience working with Refugee Children.

- **Do I have to take part?**

It is up to you to decide whether or not you want to take part. If you decide to take part, you can still withdraw from the research at any time (*no later than 1<sup>st</sup> September 2017*).

- **What will happen if I want to take part?**

If you decide to take part, you will be given this information sheet to keep and asked to sign a consent form. This will give your consent to the researcher to contact you to arrange an interview date, time and location. Telephone interviews can also be an option. You will be sent an interview schedule beforehand allowing you to familiarise yourself with the questions that will be asked. The interview will be approximately 30 minutes and will be about your experiences of working with Refugee Children. With your permission, the interview will be recorded using a voice recorder. You will not be identified in the research.

- **What are the possible disadvantages and risks of taking part?**

There are no disadvantages or risks for taking part in the study. However, you may find it upsetting talking about any emotional experiences you might have had with Refugee Children.

- **What are the possible benefits of taking part?**

By taking part in this research, you will be helping to inform the Art Therapy profession by contributing and sharing your experiences with Refugee Children.

- **What if something goes wrong?**

If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact: Professor Annette McIntosh-Scott, Executive Dean, Faculty of Health and Social Care, University of Chester, Riverside Campus, Castle Drive, Chester, Cheshire, CH1 1SL. Tel: 01244 513380. Email: a.mcintosh@chester.ac.uk

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence (but not otherwise), then you may have grounds for legal action, but you may have to pay for this.

- **Will my taking part in the study be kept confidential?**

All information collected about you during the course of the research will be kept strictly confidential, so that only the researcher carrying out the research will have access to such information.

- **What will happen to the results of the research study?**

The results will be presented in an MA dissertation which will be sent to you when completed.

- **Who is organising and funding the research?**

This research is not funded. The University of Chester will be involved in organising and carrying out this study.

- **Who may I contact for further information?**

If you would like more information about the research before you decide whether or not you would be willing to take part, please contact:

(Researcher Name)

*Trainee Art Therapist*

(Researcher University Email)

**Thank you for your interest in this research.**

## Appendix 2b – Interview questions

### Interview schedule

Exploring the usefulness of Art Therapy with Refugee Children

#### Background

1) How long have you worked with Refugee Children?

.....

2) Have you worked with Refugee Children in the UK or international?

.....

3) Background of children work with?

.....

- From your experiences, what has been the key benefit(s) of providing Art Therapy with Refugee Children?
- How useful is storytelling in Art Therapy with Refugee Children?
- How important is the exploration of past memories with Refugee Children?
- Do Refugee Children explore identity in Art Therapy?
- How useful is group therapy with Refugee Children and Families?
- Are there any limitations in providing Art Therapy with Refugee Children?

## Appendix 2c – Consent form

### Participant Consent form

**Title of Project:** Exploring the usefulness of Art Therapy with Refugee Children.

**Name of Researcher:** \_\_\_\_\_ *Trainee Art Therapist*

1. I have read and understood the participant information sheet and have had the chance to ask questions.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time (no later than 1<sup>st</sup> September 2017) without giving any reason. I understand that withdrawal of my data will not be possible once it has been included in the research paper or has been published.
  
3. I understand that with my permission the interview will be audio-recorded.
  
4. I agree to take part in the above study.
  
5. I understand that the data will be written up as part of a MA dissertation and that I will not be able to be identified in the report.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

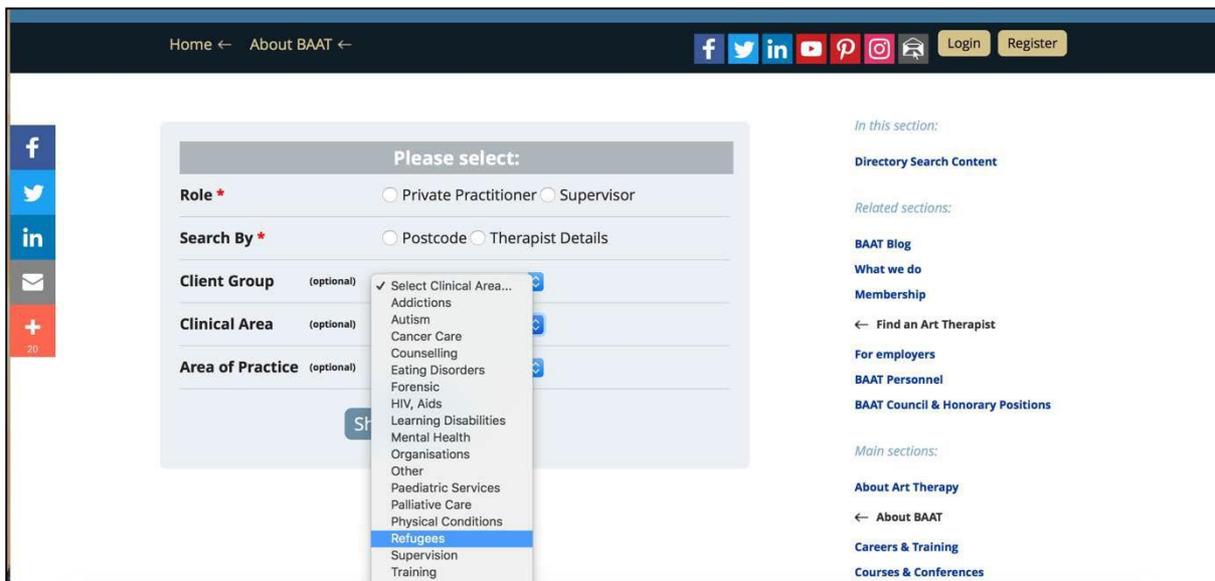
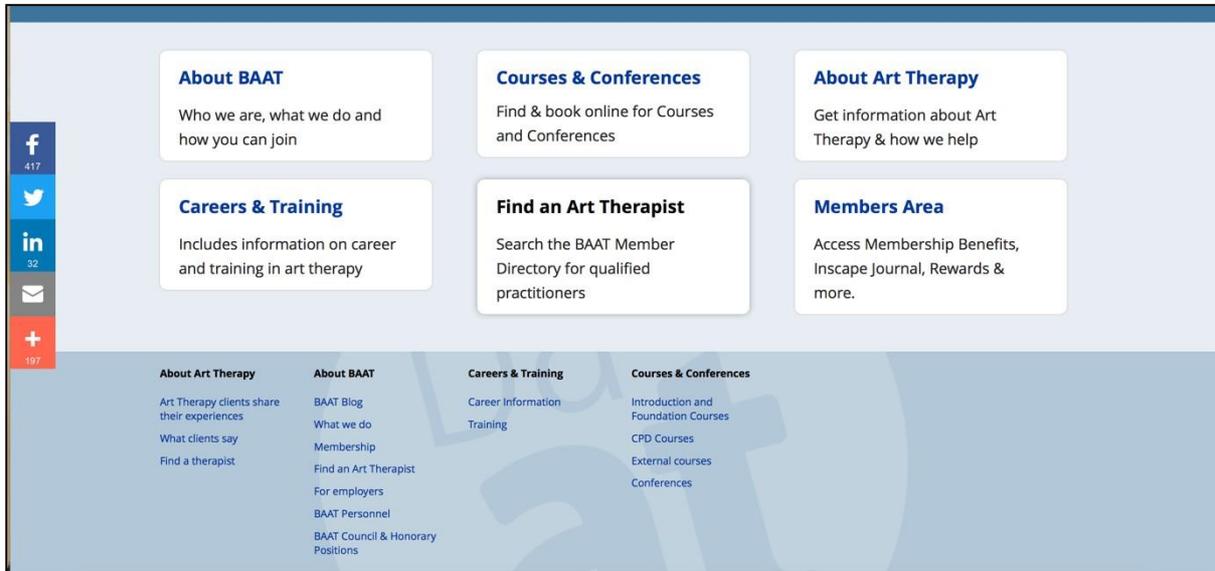
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Appendix 2d - Searching for participants using BAAT website



## Appendix 2e – Invitation email sent to participants

Dear \_\_\_\_\_,

My name is \_\_\_\_\_, a trainee Art Therapist from the University of Chester.

I am contacting you as a potential participant for an MA dissertation research study.

My research will be 'Exploring the Usefulness of Art Therapy with Refugee Children' by conducting semi-structured interviews with Art Therapists. I see from your experiences you have worked with this client group, and would like to hear your experiences.

If you would like more information about this research. Please find attached the information sheet to this email.

Thank you for your time.

Kind regards,

---

## Appendix 3 – Example creating initial codes ‘Mia’

### Exploring the usefulness of Art Therapy with Refugee Children

Interview Transcript

Participant: 01

Date: Friday 9<sup>th</sup> June 2017

Interview Type: Face to Face

Time: 11.00am – 11.45am

---

#### Background

- 1) How long have you worked with Refugee Children?  
11 weeks, 2 years (review based).
- 2) Have you worked with Refugee Children within the UK or international?  
UK.
- 3) Background of children worked with?  
Zimbabwe, Afghanistan and Sri Lanka.

From your experiences working with Refugee Children, what has been the key benefit(s) of providing Art Therapy with Refugee Children?

Well I think first the art materials and the image making provides another medium to communicate and to build a therapeutic relationship I think that's primary. I suppose with the two children I am working with (*organisation name*) they I would say the art therapy works obviously very individually with either of them, but I have one child who finds it very difficult to express their past and their stories and their trauma in that they withdraw, so the art medium does provide another avenue to explore that, whereas the other child talks loads and actually it's not about what has happened, so when they start using the

Art therapy  
providing  
another way  
communicate

Art therapy  
non-threatening  
way to explore  
trauma

## Example creating initial codes 'Nina'

**Exploring the usefulness of Art Therapy  
with Refugee Children**

Interview Transcript

**Participant:** 02 **Date:** Thursday 15<sup>th</sup> June 2017

**Interview Type:** Telephone Interview **Time:** 11.00am – 11.56am

---

**Background**

- 1) **How long have you worked with Refugee Children?**  
2 years.
- 2) **Have you worked with Refugee Children within the UK or international?**  
UK.
- 3) **Background of children worked with?**  
Kosovo, Afghanistan, Iran.

Firstly, my experiences were not with refugee children it was with **asylum seekers**, so they were all in a state of **anxiety of being deported**. There were children who were **unaccompanied minors, who didn't have any parents or carers and there were children with their families who had come across various places and separated**. And at any point the family could be separated again, they were all going through the Home Office Immigration processes to establish their refugee status, so at any point they had the potential of being deported and the **families could be separated again**.

*Fear of deportation  
- affect on  
therapeutic  
relationship?  
separation + loss  
re-traumatized  
in host  
country*

## Example creating initial codes 'Barbra'

### Exploring the usefulness of Art Therapy with Refugee Children

Interview Transcript

Participant: 03

Date: Friday 16<sup>th</sup> June 2017

Interview Type: Face to Face

Time: 11.20am – 1.00pm

#### Background

- 1) **How long have you worked with Refugee Children?**  
28 years, 15 years as an Art Therapist.
- 2) **Have you worked with Refugee Children within the UK or international?**  
UK and Sri-Lanka (internally-displaced)
- 3) **Background of children worked with?**  
Pakistan, Iraq, Democratic Republic of Congo, Zimbabwe, Afghanistan and Sri Lanka.

From 2002 to 2003 we were only working with a refugee and asylum seeking children but after three years, people started to say what about traumatised children? the beginning of our work was trauma focused, because there was a lot of activities the city that were being offered as was an enrichment opportunity for children and families, such as doing after school activities with family taking them to art galleries at the weekend. The type of work you were doing, to support families build positive relationships, and generate a sense of belonging which is really important. We all need a sense of belonging and so often what is good practice for refugee children is good practice all children; because the sense of belonging is so shattered amongst the refugee children, you come here

importance  
of having a  
sense of belonging

Art therapy  
assist in  
creating a  
sense of  
belonging?

(Fullinwider)  
1996.

**Appendix 3a - Participant one 'Mia' initial codes & clustered themes**

**Initial Themes**

Art as a way to communicate
Art as a non-threatening way to explore trauma
Art captures more than words
Art as language
Use of materials
Memories of home
Remembering past life
Exploration of self
Identity exploration
Exploring new life
Artwork reflect who they are
Art therapy helps in transition
Understanding of art therapy
Cultural differences
Language barriers
Is art important?

**Clustered Themes**

**Art providing another way to communicate**

- Art captures more than words
- Art as language
- Use of materials
- Art as a non-threatening way to explore trauma

**Exploring new life**

- Exploring new self/identity
- Art therapy helps in transition
- Artwork reflects who they are
- Reflecting on the past memories

**Understanding art therapy**

- Is art important?
- Cultural difference
- Language barriers



## Appendix 3b - Participant two 'Nina' initial codes & clustered themes

### Initial Themes

Fear of being deported
Experiences of being Refugee/Asylum Seeker
Hostile immigration services
Role of community/media/racism
Blurred role of the art therapist
What is art therapy?
How can art therapy help?
Is therapy acceptable?
Cultural/Language barriers
Art as a bridge for communication
Art as a visual language
Telling journey through narrative and stories
Providing a safe place to explore trauma
Art used to explore past memories
Art used to explore the future
Art therapy enabling vulnerability to submerge
Art as a non-threatening way to explore trauma

### Clustered Themes

#### Factors affecting therapeutic relationship

- Being an asylum seeker/refugee
- Fear of deportation
- Hostile immigration services
- Role of community/media/racism

#### Understanding art therapy

- What is art therapy?
- Blurred role of art therapist
- How can art therapy help?
- Is therapy acceptable?
- Cultural differences
- Language barriers

#### Art as a bridge for communication

- Art as a visual language
- Telling journey through narrative and stories using own words

#### Art as a non-threatening way to explore trauma

- Art therapy providing a safe place to explore trauma
- Art therapy used to explore past memories and future
- Art therapy enabling vulnerability to submerge

Group family therapy	<b>Group family therapy</b> <ul style="list-style-type: none"> <li>- Sharing grief</li> <li>- Sharing stories/experiences together</li> </ul>
Sharing grief	
Sharing stories and	
Discovering new-self	
Art used to explore the future	
Art used to reconnect to culture	



<b>Discovering new self</b> <ul style="list-style-type: none"> <li>- Art used to reconnect to culture</li> <li>- Art used to explore the future</li> </ul>
--



**Appendix 3c - Participant three 'Barbra' initial codes & clustered themes**

**Initial Themes**

Developing a sense of belonging
Perceptions of host country
Exploring new life in host country
Discovering new self
Identity exploration
Transition
Integration
Making new memories
Reconnecting to good memories
Exploring the future
Art therapy as a non-verbal way of communicating
Art therapy gives children a voice
Art allows more to be said
A way to communicate

**Clustered Themes**

<p><b>Developing a sense of belonging</b></p> <ul style="list-style-type: none"> <li>- Exploring society, self and family</li> <li>- Exploring new life in host country</li> <li>- Perceptions of host country</li> <li>- Discovering new self</li> <li>- Identity exploration</li> <li>- Transition</li> <li>- Integration</li> </ul>
<p><b>Exploring memories</b></p> <ul style="list-style-type: none"> <li>- Reconnecting to good memories</li> <li>- Exploring the future</li> <li>- Making new memories</li> </ul>
<p><b>Art therapy as non-verbal way of communicating</b></p> <ul style="list-style-type: none"> <li>- Art therapy as way to communicate</li> <li>- Art allows more to be said</li> <li>- Art therapy giving children a voice</li> </ul>



Processing of traumatic memories
Exploration of feelings associated with being refugees
Art therapy provides a safe place
Group therapy
Being heard
Building resilience
Listening and sharing stories
Sharing stories and being heard
Discuss changes of being in host country
Perceptions of home country
Sharing similarities
Media portrayal of home country
Racism



**Art therapy provides a safe place**

- Exploration of feelings associated with being refugees
- Processing of traumatic memories

**Art therapy in groups**

- Listening and sharing stories
- Sharing stories and being heard
- Discuss changes of being in host country
- Perceptions of home country
- Sharing similarities
- Building resilience
- Being heard

**Factors affecting refugee children**

- Media portrayal of home country
- Racism

**Art therapy provides a safe place**

- Exploration of feelings associated with being refugees
- Processing of traumatic memories

## Appendix 3d – Brainstorming and arranging final themes

# EXPLORING THE USEFULNESS OF ART THERAPY WITH REFUGEE CHILDREN

### Theme 1

**Art providing another way to communicate**

- Art captures more than words
- Art as language
- Use of materials

**Art as a bridge for communication**

- Art as a visual language
- Telling journey through narrative and stories using own words

**Art therapy as non-verbal way of communicating**

- Art therapy as way to communicate
- Art allows more to be said
- Art therapy giving children a voice

### Theme 2

**Art as a non-threatening way to explore trauma**

- Art therapy providing a safe place to explore trauma
- Art therapy used to explore past memories
- Art therapy enabling vulnerability to submerge

**Art therapy provides a safe place**

- Exploration of feelings associated with being refugees
- Processing of traumatic memories

**Art as a non-threatening way to explore trauma**

- 6- part story
- Narrative exposure therapy
- Remembering past life
- Memories of home

### Theme 3

**Art therapy in groups**

- Listening and sharing stories
- Sharing stories and being heard
- Discuss changes of being in host country
- Perceptions of home country
- Sharing similarities
- Building resilience
- Being heard

**Group family therapy**

- Sharing grief
- Sharing stories/experiences together

### Theme 4

**Exploring new life**

- Exploring new self/identity
- Art therapy helps in transition
- Artwork reflects who they are

**Discovering new self**

- Art used to reconnect to culture
- Art used to explore the future

**Developing a sense of belonging**

- Exploring society, self and family
- Exploring new life in host country
- Perceptions of host country
- Discovering new self
- Identity exploration
- Transition
- Integration

**Exploring memories**

- Reconnecting to good memories
- Exploring the future
- Making new memories

**Factors affecting refugee children**

- Media portrayal of home country
- Racism

### Theme 5

**Understanding art therapy**

- What is art therapy?
- Blurred role of art therapist
- How can art therapy help?
- Is therapy acceptable?
- Cultural differences
- Language barriers

**Factors affecting therapeutic relationship**

- Being an asylum seeker/refugee
- Fear of deportation
- Hostile immigration services
- Role of community/media/racism

**Understanding art therapy**

- Is art important?
- Cultural difference
- Language barriers

**Appendix 4 - Response art to findings**



**Theme One:** Giving a voice



**Theme Two:** Rebuilding Trust, Opening Wounds.



**Theme Three:** Sharing Stories, Healing Pain.



**Theme Four:** Exploring identity, Discovering New-Self.



**Theme Five:** Understanding Art Therapy.

**Appendix 4a – Photographs of *'My Research Journey'***









