Using art therapy to help Muslim refugees assimilate and resettle in the United States

Neda Nickzad

neda.nickzad@gmail.com

ABSTRACT

Art therapy in the sphere of multiculturalism promises the development of positive and pragmatic models for engaging cross-culturally. Literature in the realm of art therapy proves that art making can be central to therapeutic application with a spectrum of clients, including Muslim refugees. This analytical study aims to enhance the research on this subject through numerous literatures from art therapy, and discovering how art therapy can be used to reduce problems of assimilation and resettlement of Muslim refugees in the United States by adaption to cross-cultural and cross linguistic settings.

TABLE OF CONTENTS

TABLE OF CONTENTS…………………………………………………………… 3

I INTRODUCTION ………………………………………………………………. 4

II ART THERAPY……………………………………………………………… 6

III BENEFITS OF ART THERAPY ……………………………………………. 7

IV ART THERAPY AND ISLAMIC CULTURE AWARENESS ……………… 8

V REFUGEE POPULATION …………………………………………………… 10

VI WHY DO MUSLIM INTEGRATIONS FAIL ………………………………... 12

A. The Effect of Migration …………………………………………………… 12

B. Dehumanization of Muslims ……………………………………………… 13

C. Muslims as Victims of Discrimination …………………………………… 14

D. Psychological Distress, Mental Health and Trauma Afflicting Refugees ……. 14

E. Complexity of Refugee Resettlement and Assimilation ……………………... 16

F. Change in Refugee Family Structure………………………………………. 16

VII THE EFFECTIVENESS OF ART THERAPY TO INTEGRATE ……………… 18

A. Overcoming the language barrier with art therapy …………………………. 19

B. Limitations of Research findings …………………………………………… 20

C. Implications of Art Therapy Practice with refugees ………………………… 20

VIII CONCLUSION ………………………………………………………….... 22

IX REFERENCES ….…………………………………………………………… 24

Introduction

In the wake of international terrorism, there have been multiple flows of Muslim refugees migrating to western nations, particularly the United States. The cultural chasm separating Americans and Muslims has never been wider in the second decade of 21st century. To help people better assimilate, we will look at how art therapy invites participants into a relationship with the host culture, which is grounded in a respect towards culture of origin.

"It is estimated that 1 in every 230 persons in the world is a child, adolescent, or adult who has been forced to flee his or her home. These statistics speak to the reality of Muslim refugees and asylum seekers who experience tremendous challenges to survive during an uncertain and often difficult journey" (Rivera, 2016, p.321). This literature review will uncover the various migration struggles of Muslim refugees, the sufferings they endure as they pursue to integrate into their host society, the United States. It will also explore the resilient characteristics exhibited by many refugees, as well as the therapeutic effect of art therapy that is able to support their social integration, resettlement, and assimilation.

As our world becomes a single community, art therapists frequently find themselves engaging with an increasingly diverse population from different cultural backgrounds who speak a variety of languages. There is growing need for development of culturally suitable mental health and assimilation for socially unsettled populations. Individuals from Muslim backgrounds, many of whom have escaped persecution and have been forced to relocate from their countries, consequently face social rejection and discrimination in the host country of resettlement, comprise this population. Thus, working with Muslim refugee backgrounds (hereafter refugees)

introduces art therapists to various challenges. To begin, refugee's experiences of persecution, physical and emotional trauma, and unwilling relocation gravely affect many of them to struggles and experiences of psychological shock and disorder prior to and post resettlement and make their struggles and experiences different from those of voluntary migrants (Kimayer, et al., 2011). In addition, the services to which they have access ensuing resettlement must achieve support for refugees psychologically, educationally, financially, and socially which demands flexibility in responding to the diverse needs of refugees in ways that conform to cultural beliefs and norms. Moreover, there is currently the need for information on the mental health and assimilation interventions and their effectiveness on refugees. Not only reducing symptoms of psychological trauma but also enhancing qualities of psychological and social wellbeing.

A myriad of researchers critique the ineffectiveness of the use of verbal psychotherapy as exercised in the United States. They argue for the suitable treatment of the mental health needs of clients from non-Western backgrounds, due to the ingrained cultural biases of the theoretical standards and due to the traditional method of the delivery of psychotherapy that is commonly Standard English (Ivey, et al., 2007; Lo and Fung, 2003, Seeley 2000)

This study will examine the challenges, analyzes, and evaluates the study of intervention in the host countries, and makes recommendations for art therapy interventions with refugees. Furthermore, this literature examines refugee research, analyzes empirical evaluations of therapeutic interventions in resettlement and assimilation situations, and presents recommendations for best practices and future guidance in the host country. The most effective resettlement and assimilation interventions generally aim at culturally homogeneous refugee samples and establish moderate to large outcomes on conditions of traumatic stress and anxiety reduction and finally, assimilation to US culture. Additional art therapy assessments and

approaches, including host cultural education and community-based interventions that assist in personal growth and change, are encouraged. Lastly, there is urgency for increased awareness, training and funding to implement art therapy interventions that work collaboratively with refugees in the stages of resettlement and assimilation. In the following sections of this literature review, we explore the possibility of how refugees and art therapists engage and work cross culturally leading to effective therapeutic communication.

Art therapy

Art therapy is a therapeutic mediation that can assist the communication of intricate psychological reactions to trauma and others. Art leads us closer to the truth. Visual art is a universal way to portray one's feeling and thoughts either true or lies. There are certain feelings that we cannot express in words. Therefore, visual art, particularly painting have been broadly used representation. True art will timelessly expose the truth, whether it is a model, emotional truth, action of an object, or memories. Therefore, art is a way of producing visual and superficial forms of deeply rooted implications and a way of communicating with others.

"Art has the power to heal, restore, uplift, and encourage in physical, spiritual, and emotional realms. Art can heal the hearts of individuals, causing them to find hope and courage, even in the face of adversity and to engage to live a meaningful way" (Nickzad, 2016, p.1). Art making is therapeutic and has value in its unique synthesis of art and therapy and there is no other discipline that exclusively focuses on this relationship. As a new field, art therapy is working on a path to define its boundary and claim its position within brain science. Art therapy has gained popularity because it combines free artistic therapeutic intervention. The scientific method is one

way we can prove that at therapy helps adjust the brain's physiology and lead to a more versatile, resilient individual (Konopka, 2014). Art therapy in the case of refugees may help bridge cultural gaps for individuals trying to assimilate into a new society.

Benefits of art therapy

The benefits of art therapy are the accomplishment that art-making, can be very useful and healing process. Art therapy aids in the release of emotions in a sustained way, attributed to catharsis (Rubin 2005). It serves as access to and provides comfort for painful or distraught emotions enclosed in a safe therapeutic setting by developing a physiological reaction of relaxation or by changing mood. This can induce feelings of empowerment as well as a sense of inner peace during art expression (Rubin, 2005). Art is a universal and innate human tendency to communicate, and visual images can guide verbal memory and transcend linguistic limitations (Malchiodi, 1998; Rubin, 2005; Wadeson, 1980). Hence, through art, people can retrieve moments that took place or events that happened to them before they gained language, but are still encrypted in their brains. (Rubin, 2005). Further, through the medium of art, individuals can express complex feelings and situation that may have otherwise been left dis-acknowledged: they can represent visually what has been rejected or is considered unacceptable (Rubin, 2005), and "by adding art to therapy you are enhancing the possibility that patients can express ideas and feelings that they may not be able to say in words" (Rubin, 2005, p.27). Visual images can arouse deeper layers of conscious and allow individuals additional connection to their subconscious.

Researchers note the relaxing and stress relieving benefits connected in the mind with making art in therapeutic experience (Malchiodi, 1998; Rubin, 2005). Considering making art is typically a relaxing activity, when used in therapy it can break down barriers between art therapist and client by making individuals feel calm in therapeutic experience, and the more relaxed individuals are, the more freely they communicate (Rubin, 2005) Making art in therapy can mitigate some of the stress and anxiety to talk, which for some individuals can be very strenuous. A change in creative energy that appears when someone is engrossed in an art making activity is similar to energy that is generated when people play. This energy frees individuals from obstacles they may have previously held (Wadeson, 1980). According to Wadeson, "people can become more open, revealing, and receptive to the clinician and to therapy than they initially were."(p.11)

It is important to remember Abraham Maslow's suggestion, that when people's basic needs for food, shelter, and safety are met, they show a strong drive toward self-expression, and even when their basic needs are not met, some people are still compelled to make art. Also, art therapist Bruce Moon has identified the existential purpose that art therapy serves by helping people to make sense of a confusing, chaotic world, asserts that people can find relief from fear, anxiety, and stress, and can find new meaning in their lives through creating art (Moon, 2009).

Art Therapy and Islamic Culture Awareness

There is growing need for development of culturally suitable mental health assimilation for socially unsettled populations. Individuals from Muslim backgrounds, many of whom have escaped persecution and have been forced to relocate from their countries, consequently face

social rejection and discrimination in the host country of resettlement. Therefore, art therapists face various challenges.

According to the United Nations 1951 Convention on the status of refugees, refugees are persons who have crossed an international boundary because they are unable or unwilling to avail themselves of the protection of their former country due to a well-founded fear of persecution based on: race; religion; nationality; membership of a particular social group; or political opinion (UNHCR, 2015). The diversity of cultural backgrounds, pre-flight trauma and experiences presents challenges for art therapists seeking to educate themselves about the conditions and cultures of refugee's countries of origin. The continuously changing nature of resettlement and assimilation programs addresses compelling challenges for effective and efficient therapy service and assimilation programs. These include cultural appropriateness of psychological assessment techniques, the cultural competence of art therapy practitioner who conducts the assessments, linguistic requirements, and cultural barriers which may deter access, utilization and effectiveness of art therapy services (Capps, et al., 2015). Examples of cross-cultural similarities and differences, meaning and appropriate methods of responding to symptoms of distress and interpretation and community efforts provide two approaches to pose these concerns. Through active collaboration with interpreting therapists and employing community liaison approaches, some of the cross-cultural similarities and differences can be identified, and processed to enhance art therapy service and communication, more commonly. Considering these challenges, the current studies evaluated mental health and assimilation interventions in resettlement countries with the focus on understanding the strengths and weaknesses of current best practices (Segal, 2005).

Art therapy can give the receiver the chance to visualize the narrative of their trauma and produce in a manner to contemplate a post trauma of an event and coping. Art therapy repeatedly becomes a passage for transforming feelings and awareness into a new life and thus, and outcome of creating a fresh impression of self.

Refugees and art therapists in the US have been considerably focused on treating refugees from other cultures. At last, there is now a drive for cultural competency that claims art therapists need to be culturally educated and understand their client's distinct backgrounds and cultures, as not to dictate the values of the host culture on their culturally varied client.

Refugee Population

The last few decades have witnessed a considerable surge in the number of armed conflicts internationally, spanning from warfare and mass violence to sporadic civil unrest and long-term unstable post conflict situations. These occurrences have had enormous impact on the poorest communities in the poorest countries. According to the United Nations (UNHCR, 2016), wars and persecution have driven more people from their homes than any time since UNHCR records began. A report entitled *Global Trends*, noted that on average 24 people were forced to flee each minute in 2016, four times more than a decade earlier, when six people fled every 60 seconds. The report found that, measured against the world's population of 7.4 billion people, one in every 113 people globally is now either an asylum-seeker, internally displaced or a refugee – putting them at a level of risk for which UNHCR knows no precedent.

Forced displacement has been on the rise since at least the mid-1990s in most regions, but over the past five years that rate has increased. The reasons are threefold: 1) Conflicts that cause

large refugees' outflows, like Somalia and Afghanistan – now in their third and fourth decade respectively – are lasting longer; 2) Dramatic new or reignited conflicts and situations of insecurity are occurring more frequently. While today's largest are in Syria, wars have broken out in the past five years in South Sudan, Yemen, Burundi, Ukraine, and Central African Republic, while thousands more people have fled raging gang and other violence in Central America. The rate at which solutions are being found for refugees and internally displaced people has been on a falling trend since the end of Cold war, leaving a growing number in limbo.

The study found that three countries produce half the world's refugees. Syria at 4.9 million, Afghanistan at 2.7 million, and Somalia at 1.1 million together accounted for more than half the Muslim refugees under UNHCR's mandate worldwide. Distressingly, children made up an astonishing 51% of the world's refugees in 2015, according to the UNCHR data. Many were separated from their parents or traveling alone. Currently, sub-Saharan Africa is host to approximately 4.1 million refugees, Asia and Pacific are host to 3.8 million, Europe is host to 3.5 million, Middle East and North Africa, 3 million and North America (e.g., United States and Canada) are host to 753,000 refugees, as shown by figures from mid-2015.

Research has also shown that there is a downward trend in the number of refugees who are able to return to their home countries, which is an indication that refugees will continue to live in exile with no prospects of returning home (UNHCR, 2015). Overall, the impact of forced migration and displacement of children and families points the need for a holistic effort to assist such individuals. The challenges are global and diverse, which call for creative perspectives on how best to assist this population in their effort to find a safe environment, one that is conductive to positive outcomes for all involved in the host country, the United States.

Why Do Muslim Integrations Fail

Hate, hostility, rampant discrimination, and harassment toward Muslims has increased in North America and Europe. Hate crimes against American Muslims have escalated to their highest levels since the aftermath of September 11, 2001, a surge intensified by terrorist attacks in the US and abroad by hostile hyperbole. There is a plethora of negative rhetoric which causes hate, and in turn progresses to violence (Lichtblau, 2016).

Islamophobia is producing second-class citizens in America, thanks to Hollywood's misrepresentation of Arabs. According to Jack G. Shaheen, Arabs have been "collectively indicted as public enemy #1 – brutal, heartless, uncivilized religious fanatics, and money-mad cultural 'others' bent on terrorizing civilized Westerners especially Christians and Jews, Arabs are brute murderers, sleazy rapists, religious fanatics, oil rich dimwits, and abusers of women." (Giddens and Sutton, 2010, p. 211)

The Effect of Migration

Migration entails three sets of important changes including: change in personal and family ties and the rebuilding of social networks; the shift from one socio-economic standard to another; and the adjustment from one culture to another. The migration trajectory can be divided into three components: premigration, migration, and post migration resettlement. Each phase is associated with specific risks and exposures. The premigration period often involves disruptions to unusual social roles and networks. "During migration, immigrants can experience prolonged uncertainty about their citizenship status as well as situations that expose them to violence" (Silove, et al. 2000, p.604). Refugees seeking frequently spend prolonged durations in refugee

camps, lacking sufficient resources and widespread violence. In some countries, refugees are kept in detention centers with grueling conditions, leading to feelings of powerlessness. This feeling can infuriate and provoke depression and various other mental health problems. However, as soon as their status is resolved, resettlement generally carries hope and optimism, which at first creates a positive effect on well-being. "Disillusionment, demoralization, and depression can occur early as a result of migration-associated losses, or later, when initial hopes and expectations are not realized and when immigrants and their families face during obstacles to advancement in their new home because of structural barriers and inequalities aggravated by exclusionary policies, racism, and discrimination" (Noh, 2007, p.69). Experiences that recall details of past trauma and loss can repeatedly create anxiety, depression or Post-Traumatic Stress Disorder (PTSD). An extensive body of qualitative research of good quality and surveys with clinical and community samples suggest that the main domains of resettlements stress include social and economic strain, social alienation, discrimination, status loss, and exposure to violence (Porter, 2007; Hollifield, 2002; Tang, 2007; Lindencrona et al., 2008) "Cultural change itself poses distinct challenges for individual identity and family life" (Bhugra, 2004, p. 129). The causes for mental health problems show contrast for men and women; for example, in many instances, language skills have considerable influence on men's employment and consequently their mental health.

Dehumanization of Muslims

Islam and Muslims are continuously dehumanized. The extent of anti-Muslim rhetoric has grown exponentially since 9/11. In the Council on American-Islamic Relation publication, Franklin Graham, head of the Billy graham Evangelistic Association, claims Islam as a "Very Evil and Wicked Religion" (CAIR, 2015). There is the apparent loss of neighbor's confidence.

Muslims and Islam are gradually losing favor with their neighbors and nearly half of Americans believe that Islam promotes violence.

Muslims as Victims of Discrimination

Muslims in America are mostly seen as victims of discrimination, and considered by a narrow majority as followers of a religion that instigates violence. Americans who know a Muslim, meanwhile, are more likely to view adherents of the religion favorably. According to an Economist/YouGov poll released in 2015, "A majority – 52% - of Americans said Islam is more likely than other religions to encourage violence. Suspicion of Islam was much higher among Republicans (74%) than Democrats (41%)" (Huffington Post, Sledge, 2015). "There's just a lack of access to Muslims, and because of this lack of real-world contact, a number of conservative media sources have biased opinions," said Robert McCaw, government affairs manager for the Council on American-Islamic Relations. He goes on to say, "I think one stereotype is true: that Muslims are being highly discriminated against. So that's an experience which people have experienced firsthand." (Huffington Post, Sledge, 2015).

Psychological Distress, Mental Health, and Trauma Afflicting Refugees

The stigmatization of Islam and Muslims develop a very high level of mental health problems. The pressure Muslim Americans encounter is exhibited by the fact that many have exclusively selected to live abroad to avoid the hardship of living in their own countries. This is what war on terrorism has granted Muslims in America (Khan, 2015)

Refugees have a significant risk of mental ill health in the resettlement and assimilation period as a consequence of the serious disarray and occurrences of torture, trauma, and loss that many have experienced. Across the board, refugees demonstrate greater levels of psychological

disturbance that the general population, (Yaser et al., 2016) including higher rates of Major Depressive Disorder and Post Traumatic Stress Disorder (PTSD). However, specific rates of psychopathology among refugee samples have varied exceedingly. Different findings from popular studies may result from a variety of methodological concerns: using different measures and diagnostic cut-offs in assessment of trauma and other psychological symptoms; limitations of comparing across refugee cohorts; using culturally insensitive assessment instruments; cohort variations in levels of traumatic exposure; sampling bias; and sample sizes (Shawyer et al., 2017)

Consequently, art therapists and researchers have shifted the emphasis away from experiences of trauma and symptoms of PTSD toward understanding refugees' experiences and challenges within the resettlement and assimilation environment and toward fostering strength, capacity and resilience among individuals and communities (Solace, 2016). There is increased awareness of the need to take a holistic approach which addresses cultural differences, and the inherent strengths and knowledge within the refugee population.

It is crucial to be culturally sensitive to a refugee's perception of mental health. In Muslim cultures, therapy is commonly accepted for the mentally ill. Muslim societies, lack organized mental health services and counseling. Hospitals for the mentally ill and psychiatrists who prescribe medications do not face the stigma of shame related to emotional problems. Therefore, art therapists conclude each session with the exploration of cultural issues and deliver clarity for further understanding of the client's experiences (Lee, 1997).

Displaced Muslim refugees carry psychological trauma stemming from experiences of torture, injury, deprivation, and loss of family and friends to name a few. Additionally, for refugees these war traumas are intensified by the stresses of living in another country with a

different culture, learning the host language, finding work, dealing with new customs and norms, schools, laws, and just being alone in a foreign culture.

PTSD produces various problems that constrain the daily functioning of refugees including: Depression, anxiety attacks, and memory loss. Reoccurring recollections of war atrocities, distressing dreams, and difficulty in concentration interfere with their quality of life. Within the family framework, war experiences and even pre-war experiences are seldom discussed. Addressed by Barbara Ann Baker, "Social support systems are crucial at times of stress because they provide emotional support, underline the existing resources in contrast to what is lost, offer alternative ways of coping, and remind one of his or her pre-crisis identity" (Baker, 2006, p. 189). Without any emotional support, all former identity no longer exists and trust and hope for the future are very bleak.

Complexity of Refugee Resettlement and Assimilation

Research has repeatedly differentiated the pre-flight, flight, and resettlement determinants in the refugee experience. The focal point up to know has been on the pre-flight experience, stressing the damaging effects of prior torture and trauma. Studies show that individuals with higher rates of trauma have corresponding increases in severity of mental health symptoms (Jackson, et al. 2015). The flight experience, depending on the extent and conditions of refugees' journey to safety, can amplify the symptoms of trauma. Considering the flight experience is vital for planning art therapy sessions in the post-flight context, including resettlement and assimilation in the host culture and returning home or setting up a new life indefinitely in another country.

Change in Refugee Family Structure

The transpiration of the war and Muslim refugees has changed the family system within refugee families. Typically, in Muslim family traditional framework, men have a higher status than women. Men, unquestionably work and provide for their families. Conversely, a women's duty is to take care of the home and children. Frequently as refugees, the roles are reversed, causing friction within the family. The male head of the household may not be able to support his family financially, instead leaving the wife employable. Additionally, three generations generally live together to form and integrate resources. Occasionally, parents must count on their children and grandchildren for financial support. It is inevitable for children to learn a new language more quickly than do adults. In fact, some adults never learn to speak English. This is particularly challenging for young children as they stop speaking their native language, and find it difficult to communicate with their parents. Therefore, the language barrier constantly causes repeated anxiety and prevents reaching a healthy relationship (Garrick and Williams, 2014).

A qualitative study examined experiences in art therapy with three children from families that had immigrated to the US from South Korea and were facing acculturation disparities. Following intervention, these cases suggested that immigrant children experienced frustration, confusion, and anxiety as described in the literature on occultation, and resulted in parent-child conflicts often seen in immigrant families. Another struggle among families was difficult parent-child relationships due to communication challenges. These children became more fluent in English and their parents did not learn English at the same pace. In contrast to the children's expressions of tension and conflict, they experienced enjoyment and pleasure in art making. The participants' access to sufficient and diverse art materials during art therapy have significant therapeutic implications. The children's self-correcting behaviors were identified as another behavior for sustaining experiences in art. These have profound meaning, especially those who

are coping with anxiety and fear caused by strict and controlling parenting related to acculturation gaps. There are inherent limitations to qualitative study including cautions regarding generalizability, small sample size, and study of South Korean immigrants. The findings should not be generalized to Muslim refugee populations, although they are transferable to similar contexts (Lee, 2015).

The Effectiveness of Art Therapy in Refugee Integration

Art therapy treatment is a powerful treatment method of processing and reframing sensitive emotionally charged issues. There is reasonable evidence in five separate studies, that art therapy is very effective (Kalamanovitz and Lloyd, 2016; Bennington et al. 2016; Potash et al. 2015; Van Lith et al. 2016; Huss, 2009).

Through the course of art making, a visual dialogue develops to allow refugees the ease to unravel excerpts of their experiences. Art provides a balance between self-exploration and discussion and the art work acts as a voice for feelings that cannot be conveyed in words. As stated by Mc Murray (1988), “Artistic expression is a doorway to insight, depth communication, and healing … Images show us the unknown faces of our soul and generate energy for change” (p.12). The images come to life when refugees are ready to demonstrate verbal confession. The existence of the memory of trauma and its impact including: fear, mistrust, physical and emotional damage, are brought to the surface. The process of the art work grows into a path to facilitate the documentation of the experience, which is authenticating to the survivor. Thus, by way of this process healing begins to break through.

The creative art therapies have firmly established themselves in the treatment regimen for Post-Traumatic Stress Disorder (PTSD) patients. “Because many traumatic memories are coded nonverbally in kinesthetic and visual forms, the nonverbal media of the creative art therapies are able to facilitate access to these memories” (James and Johnson, 1997, p. 383). Visual images become simpler for the mind to contain than language. When traumatic experiences are repressed in an individual’s memory, good memories are automatically repressed. In other words, “If the torture survivor is depressed, he or she will have difficulty remembering pleasant experiences from the past” (Basoglu 1992, p. 259). Thus, with the help of the art therapist, art making can facilitate the refugee to unveil memories and skills of life pre-trauma.

Overcoming the Language Barrier with Art Therapy

In the past, psychotherapy was considered a talking cure, and clients are expected to verbalize their experiences and thoughts to receive treatment. Yet many clients receiving treatment in the US, that do not possess a good command of the English language, may be inadequate to do this effectively, specifically a refugee. Thus, these refugees are at a loss in therapy due to their lack of adept verbal communication in the language of therapy. This can lead to misinterpretation, followed by frustration between refugee and therapist, all of which deflects focus from actual therapy. Therefore, all of this can be destructive to establish a solid working alliance between refugee and psychotherapist, which is vital if effective therapy is to reach.

Art-making is a non-verbal communication, and therefore transcends language boundaries. Refugees who are capable to create art in the therapeutic setting have a method to communicate with the art therapist in a way that is inherently human, yet without the burden of having to verbalize their experiences and feelings which can mostly put a great deal of distress on both the client and the therapist as they agonize to understand each other. One study points

out, allowing clients to make art in therapy sessions raises the probability that refugees can illustrate ideas, thoughts, and feelings that they are not able to express in words. Further, the process of art-making can be relaxing and stress relieving, in contrast to the stress that could be induced if a client feels forced to verbalize when she/he is inadequate or even incapable, to do so (Rubin, 2005). Art-making in the therapy sessions, in contest to rigid verbal therapy, may be more inclined to make the client calm, and this will, in turn, improve the extent of comfort and contentment that the refugee feels in therapy, optimistically progressing therapeutic outcomes.

Limitations of Research Findings

This research examined therapeutic interventions devised to lessen refugees' symptoms of psychological pain and increase psychological wellbeing in post resettlement and assimilation. There are some limitations associated with the majority of the art therapy intervention studies and, although the findings suggest that interventions actually reduced refugees' symptoms of trauma and migration anxiety, the results however do not support a clear understanding of the methodology allowing for symptom reduction.

The insufficient evaluations of effective intervention therapies appear to emerge from the challenges in conducting research. Specifically, the cultural heterogeneity of inflowing Muslim refugees puts critical demands on art therapists and researchers making the effort to respond concurrently to new cultural, linguistic and cohort-specific cases. Consequently, this diversity lowers the capacity to plan empirical analysis of art therapy interventions, which often are designed and implemented as a crucial response to the incoming refugees who have been forcibly displaced within their countries of origin. (Mahmoud, 2015)

Implications for Art Therapy Practice with Refugees

A great deal needs to be done to improve art therapy interventions for refugees by developing culturally sensitive interventions which actually benefit distraught refugees by exploring to relieve their distress as quick as possible. Practice-based evidence for effective interventions is vital in achieving goals. Muslim refugees post resettlement may find it difficult to overcome not just the long-term psychological aftermath of threats to personal safety and social and cultural displacement but also further linguistic, educational and job challenges and inherent stresses. Therefore, continuously evaluating and exhibiting reduction in symptoms over the long-term stage of resettlement and assimilation are encouraged.

Significant emphasis has been given more recently to the need for art therapy interventions that lean on medical models of psychological pain that unjustifiably assert stress-related trauma and more on therapeutic models that encourage positive personal development. These types of interventions aim to cultivate a sense of stability, safety and trust, in addition to assisting refugees to regain a sense of authority and identification over their lives. This will be better achieved by engaging individual refugees, families, and entire communities in various art programs that encourage individual and social growth and transform reaction to adversity.

A qualitative research was conducted by two art therapists using a dialogic method of collage and letter writing over a period of four weeks with the goal to broaden understanding of arts-based research and to discover the properties of collages as a research practice in art therapy (Chilton and Scotti, 2014). “A thematic analysis of the visual and textual data sources reveled three themes; Collage making may enable (a) and integration of layers of theoretical artistic and

intersubjective knowledge; (b) arts-based researcher identity development; and (c) embodied discoveries produced by hands-on experimentation" (Chilton and Scotti, 2014, p. 163).

Acquiring and listening to refugees' personal testimonials of suffering and misfortune has also been discussed as a fundamental element of personal and social healing. The study of a testimonial art therapy intervention delivers some support for these testimonial frameworks. Despite a strong argument, thus, for presenting interventions that look to develop individual refugee and community strength and resilience, the result of this study suggests a few of these programs that have been evaluated and have compiled moderate results. The absence of persistently strong effects after these interventions may be the result of a variety of factors including the design of the interventions, their social and cultural appropriateness for refugees at a particular time of resettlement, the cultural competence of art therapists, the metrics of the foreseen outcomes, and the accuracy of the evaluation measures for the refugees in question. (Pooremamali et al. 2012)

Conclusion

Art therapists can use creative methods as a way of connecting to Muslim refugees who may not reciprocate traditional talk therapy. The use of art work applied by therapists, aids displaced refugees to endure their war-related trauma and integration into their new environment in the US. It can be challenging to reach refugee populations within a community whose culture and language are unlike the majority, but finding other methods of communicating can make a

significant difference for those individuals as they discover safety and understanding by sharing unique creative projects.

There is the need for supplementary well-designed, empirically verifies, and culturally suitable therapeutic interventions that additionally examine the art therapy processes correlated with refugees' mental health and wellbeing. Procurement of expert interpretation services may be inadequate, requiring further hiring and training of interpreters and bicultural therapists. Providing capable art therapists often comes at considerable financial costs and also the need for increased funding and education of the community on refugee issues, especially at a time in which many refugee programs have reduced fiscal backing.

Moreover, working with refugees' falls under a larger decree for cultural competence. Priority is on the need for art therapists to be mindful of their own cultural beliefs and values, have knowledge of the refugee's culture, and possess the skills to mediate in clinically appropriate ways. Pertinent cultural knowledge may be acquired through literatures, including anthropology, as well as at refugee-specific websites may provide useful information for art therapists. Notably, they should be observant for indicators of secondary trauma as they are often exposed to verbal accounts of the torture, trauma and immense suffering experienced by their refugee clients. (Eltaiba, 2014)

Through the art-making practice, trauma survivors are capable to create visual dialogue to depict the "horrors" of their struggles so healing may commence. "The voice of the torture survivor is a whisper. Where this voice can be heard is in the literature of survivors, i.e., in their art, poems, stories, and biographies – and not in the medical literature" (Basoglu, 1992). Art is the pathway to empowerment and wholeness. "Art, more than almost any other human activity,

can nurture and enhance life: the life of the human spirit, the life of the imagination, and physical life itself … Art, above all else, allows us mere mortals a glimpse, if any momentarily, of eternal truths" (Kinkade, 2002, p.161).

The refugee plight is entering a new era. Migration, in all its numerous faces, is emerging on a historically unprecedented scope with increasingly obvious social change. It will be no surprise for the number of immigrant and refugees coming from war-torn countries to increase in America.

Many of these people have suffered substantial exposure to agonizing circumstances in their countries of origin and many remain in precarious environments even after migration. Despite this high level of adversity, migrants generally underuse conventional mental health services, and existing services are not always well equipped to deal with cultural differences. Therefore, in this context, art therapists are in a favorable position to implement prevention and intervention through creative programs to address integration of the past experiences of newcomers and their adjustment to a new reality.

References

Amri, S. and Bemak, F. (2012). *Mental health help-seeking behaviors of Muslim immigrants in the US: Overcoming social stigma and cultural mistrust*. Journal of Mental Health, 7(1).

Baker, BA. (2006). *Art speaks in healing survivors of war: The use of art therapy in treating trauma survivors.* Journal of aggression, maltreatment & trauma. Taylor & Francis. 12(1-2): 189.

Bennington, R., et al. (2016). *Art therapy in art museums: Promoting social connectedness and psychological well-being of older adults.* The Arts in Psychotherapy. Vol. 49: 34-43.

Bhugra, D. (2004). *Migration, distress and cultural identity*. Br Med Bull. Vol. 69:129–41.

Basoglu, M. (1992). *Torture and its consequences: Current Treatment Approaches.* New York: Cambridge University Press. p. 259.

CAIR. (2015). Council on American Islamic Relations.Capps R. et al. (2015) MPI reports.

Chilton, G. and Scotti, V. (2014). *Snipping, gluing, writing: The properties of collage as an arts-based research practice in art therapy.* Journal of American Art therapy Association, 31(4): 163-171.

Connor, P. and Krogstad, J. (2016). Fact tank. Pew Research Center. Retrieved from www.pewresearch.org

Garrick, J. and Williams, M. (2014). *Trauma treatment techniques: Innovative trends*. Routledge.

Hollifield M, Warner TD, Lian N. (2002). *Measuring trauma and health status in refugees: a critical review*. JAMA. Vol. 288:611–21.

Giddens, A. and Sutton, P. (2010). *Sociology: Introductory Readings*. Polily.

Huss, E. (2009*). A case study of Bedouin women's art in social work. A model of social arts intervention with 'traditional' women negotiating western cultures.* Social Work Education. 28(6): 598-616.

Ivey, A., D'Andrea, M., Ivey, M.B. and Simek-Morgan, L. (2007). *Theories of counseling and psychotherapy: A multi-cultural perspective (6th ed.)*. Boston: Pearson.

Jackson J., et al. (2015). *Healthcare recommendations for recently arrived refugees: Observations from Ethno Med*. Harvard Public Health Review. Vol. 17.

James, M. and Johnson, D. R. (1997). *Drama therapy in the treatment of combat-related post-traumatic stress disorder.* The arts in psychotherapy. Vol. 23(5): 383-395.

Kalamanovitz, D. and Lloyd B. (2016). *Art therapy at the border: Holding the line of the kite*. Journal of Applied Arts and Health. 7(2).

Khan, M. (2014). *American Muslims as allies in the war on terrorism*. Hoover Press: Garfinkle/Terrorism.

Kinkade, T. (2002). *Sharing the light*. American Artist. p. 16.

Kirmayer, L. Narasiah L, Munoz M, Rashid M, Ryder A., Guzder J., Hassan G., Rousseau C.,

Konopka, L. (2014). *Where art meets neuroscience: a new horizon of art therapy*. Croat Medical Journal. 55(1) 73-74.

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

Lichtblau, E. (2016). *Hate crimes against American Muslims most since Post-9/11 era.* New York Times. Retrieved from
https://www.nytimes.com/interactive/2016/09/17/us/18hatecrime_report.html?_r=0

Lindencrona F, Ekblad S, Hauff E. (2008). *Mental health of recently resettled refugees from the Middle East in Sweden: the impact of pre-resettlement trauma, resettlement stress and capacity to handle stress*. Social Psychiatry Psychiatry Epidemiol. Vol. 43:121–31.

Lo, H.T., and Fung, K. (2003). *Culturally competent psychotherapy*. Canadian Journal of psychotherapy, 48(3): 161-170.

McMurray, M. (1988). Illuminations: The healing image. Wingbow Press.

Mahmoud, N. (2015). *The cultural challenges of the Syrian refugee crisis*. Ahram online. Retrieved from www.english.ahram.org.eg/news

Malchiodi, C. (1998). *The art therapy sourcebook*. Illinois: Contemporary Publishing Group, Inc.

Moon, B. (2009). *Existential art therapy: The canvas mirror*. Charles C Thomas Publisher.

Nickzad, N. (2016). The quandary of cancer of the brain: The Iranian perspective. Evergreen Energy. Retrieved from www.nyu.edu/classes/keefer/evergreenenergy/nickzadn.pdf

Noh S, Kaspar V, Wickrama KA. (2007). Overt and subtle racial discrimination and mental health: Preliminary findings for Korean immigrants. AMJ Public health. Vol. 97(12): 69-74.

Pooremamali, P. (2012). *Muslim Middle Eastern clients' reflections on their relationships with their occupational therapists in mental healthcare*. Scandinavian Journal of Occupational Therapy, Vol.19: 328-340.

Potties, K. (2011). *Common mental health problems in immigrants and refugees: general approach in primary care.* Canadian Collaboration for Immigrant and Refugee Health (CCIRH).

Porter, M. (2007). *Global evidence for a biopsychosocial understanding of refugee adaptation*. Transcult Psychiatry. Vol. 44: 418–39.

Porter M, Haslam N. (2005). *Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis*. JAMA Vol. 294: 602–12.

Potash, J.(2015). *Advancing multicultural and diversity competence in art therapy: American Art Therapy Association Multicultural Committee 1990 – 2015*. Journal of American Art Therapy Association, Vol. 32(3): 146-150.

Rivera, Hector; Lynch, Julia; Li, Jui-Teng; Obamehinti, Feyi. (2016). Canadian Psychology. Vol. 57(4): 320-329.

Rubin, J. (2005). *Artful therapy*. Hoboken: John Wiley & Sons.

Seeley, K. (2000). *Cultural psychotherapy: working with culture in the clinical encounter*. Maryland: Jason Aronson.

Segal, U. and Mayada, N. (2005). *Assessment of issues facing immigrant and refugee families*. CiteSeerX. Retrieved from www.citeseerx.istpsu.edu/viewdoc

Silove D, Steel Z, Waters C. (2000). Policies of deterrence and the mental health of asylum seekers. JAMA. Vol. 284(5): 604-611.

Sledge, M. (2015). *Muslim Americans widely seen as victims of discrimination.* Retrieved from Huffington Post. http://www.huffingtonpost.com/2015/02/23/muslim-americans-discrimination_n_6738642.html

Shawyer, F. (2017). *The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents*. BMC Psychiatry. Vol. 17: 76.

Tang TN, Oatley K, Toner BB. (2007). *Impact of life events and difficulties on the mental health of Chinese immigrant women.* Journal of Immigration Minor Health. Vol. 9: 281–90.

UNHCR. (2016). United Nations high commissioner for refugees. Retrieved from www.unchr.org/en-us/.../states-parties

Van Lith, T. (2016). *A landscape of art-based therapeutic practices in Iran*. Journal of Applied Arts and Health, 7(1).

Wadeson, H. (1980). *Art Psychotherapy*. New York: John Wiley & Sons.

Yaser, A. (2016). *Beliefs and knowledge about post-traumatic stress disorder amongst resettled Afghan refugees in Australia*. International Journal of Health. Vol. 10.