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Art Therapy and Counseling for Migrant and Refugee Children

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Abstract:

Migration and asylum seeking are complex psychosocial phenomena which appear in many historical periods and are connected to various social and political changes. As social phenomena, they affect the personal and social life of individuals, their education and challenge many social institutions. This paper focuses on the application of art therapy and counselling to migrant and refugee children, explores the advantages, the challenges, and the methodology of its application. It gives emphasis on the study of the migrant children's need for support and explores the possibilities of counseling via visual arts, as well as experiential art workshops and activities at school and in the classroom. Art is a universal language that overcomes obstacles in communication and can be even used in the early diagnosis of the problems encountered by migrant and refugee children, thus aiding timely intervention.

Key words: art therapy, art counseling, migrant children, refugee children

1. Migration and asylum seeking as psychosocial phenomena

Migration is a social and historical phenomenon, consistently observed in human history. Migration and asylum seeking are studied by various disciplines, such as sociology, political science, psychology etc. Therefore, many studies are inter-disciplinary (Castles, 2003) and, as D. S. Massey, J. Arango, G. Hugo, A.Kouaouci, A.Pellegrino and J. E. Taylor (1993) point out, various theoretical approaches to these phenomena have been developed within the boundaries of each discipline (Suárez-Orozco & Suárez-Orozco, 2000).

Migration must be perceived as part of the broader process of globalization, social reformation and development, rather than a problem to be solved. Many theoreticians have suggested a classification of the theories that explain the phenomenon of migration in two distinct categories: a) theories that investigate the causes of migration process, and b) theories that investigate the impact of migration for the sending and receiving communities and societies (Massey, Arango, Hugo, Kouaouci, Pellegrino,& Taylor,1998, 1993; Castles & Miller,2009).

The experience of migration is never the same for all people or times because migration models change; however, the social, psychological, and economic impact differ accordingly. Migration, as a phenomenon, can be observed to follow four stages:

- 1. Pre-migration
- 2. Migration
- 3. Post-migration
- 4. Resettlement
 - (Kirmayer et al., 2011)

For some theoreticians, the stages of migration and post-migration are regarded asone stage, although, in some cases, the stage of migration appears to last longer. This depends on the type of migration and the circumstances under which it takes place, as well as the obstacles or assistance coming from people. The most developed and possibly safe countries, in some cases, become the epicenter of migration as they are promoted as ideal destinations for migrants. The possibility for access to education, financial resources and employment contributes to increased influx of migrants to these countries, in accordance with their high expectations (Massey, Arango, Hugo, Kouaouci, Pellegrino & Taylor, 2010). Besides, factors such as war, inequality, political instability, and lack of civil rights could be added to the determining causes of migration, without offering a sufficient explanation for this phenomenon nevertheless (Vandererf, &Heering, 1996; Crawford & Campbell, 2012).

Migration and asylum seeking have changed as phenomena and simultaneously they are changing our experience and view of the world, everybody's life (Kirmayer et al., 2011).

Stephen Castlesand Mark J. Miller (2009) suggest that in every migration mobility an interaction between macro-structures and microstructures can be observed. Macro-structures are related to institutions like the economy and the policies developed by the countries involved in migration phenomena, while micro-structures are related to narrower structures and institutions such as the family, the individuals, the migrants' values and convictions and their social bonds. Certain types of migration, such as forced migration, bring about social changes both in the receiving and the intermediate countries (Castles, 2003).

Migrants' contribution to the economic, social and cultural development of the receiving countries, as well as humanity at large, is considerable. Many migrants and refugees were significant scientists and artists and political and social activists as well, such as Albert Einstein, Charles de Gaulle, Sigmund Freud, Eric Fromm, Bertolt Brecht, Victor Hugo, Jean-Jacques Rousseau and many others (see Sher &Vilens, 2010, p.3).

2. Mental health of migrant and refugee children: The consequences of migration

The nature of migration and the contingencies that occur in the various phases and stages of the migration trajectory play a significant role in the occurrence of psychological problems among migrants, their children and their families. An important type of difficulties is related to communication and interpersonal relationships, since language is a decisive factor for their integration and everyday communication (Kirmayer et al., 2011). Ditty Dokter (1998) points out that the loss of cultural identity combined with poor social conditions affect migrants' mental health negatively.

Migrant and refugee children are exposed to multiple risk factors and stressors, which threaten their mental health and normal development. Negative experiences and threats intrude during the stages of premigration, the intermediate stage of the actual fleeing, and finally during the stage of their adjustment to another country or intermediate countries, until their settlement in the receiving country.

The way children experience migration is different from that of adults. Children face different risks in each one of the four stages of the migration trajectory described above. During the migration stage they experience separation from their parents or caregivers, they live in refugee camps in hostile conditions for long periods of time, they are exposed to violence and to the risk of abuse. They encounter hunger and insecurity, travel as unaccompanied minors risking their security, they face the risk of death more often and have to cope with the loss of beloved people (Bean, Eurelings-Bontekoe&Spinhoven, 2007). A significant type of migrants' problems is related to social justice and unequal care (Cole, 2007).

Unaccompanied migrant and refugee children and adolescents are considered an especially vulnerable group, which runs the risk of abuse or traumatic experiences since their parents are not there.

Those psychological traumas lead to the development of emotional and behavioral problemsbecause migrant children are usually treated rather as migrants than as children (Sourander, 1998). These parameters formulate a constant demand for developing special care services for the child as a migrant or refugee (Derluyn, 2005;Geltman etal., 2005).

During the adjustment stage, children have difficulty in constructing a new identity, they are faced with discrimination, social and educational exclusion. It is worth noting, however that many refugees or migrants have been facing traumatic experiences long before their migration, may have been wounded or have already suffered physical and emotional violence and abuse; they have experienced losses and have encountered the impact of war and disaster, which is why suicide prevention is important in the case of people who have experienced extreme violence (Sher &Vilens, 2010, p. 6). The study of the impact of migration on mental health has begun relatively recently, as there is an increased influx of migrants from impoverished countries where people live in poverty and have numerous social problems (Thapa, Dalgard, Claussen, Sandvik &Hauff,2007). Several studies report higher percentages of depression among migrants in comparison with the general population; however, migration does not always constitute a threat to mental health when conditions are not hostile and there is a supportive social environment to include them (Khavarpour&Rissel, 1997).

In many studies, stress appears to be a central explanatory mechanism for the comprehension of migration on mental health. Stress is believed to cause instability in the use of coping mechanisms for hostile events or life contingencies. After migration, other stressful factors, such as unemployment, illness, losses, family problems, add up. In the case of refugees, prior experiences of imprisonment and torture must be taken into consideration(Hauff&Vaglum, 1993).

3. Art in the communities and hotspots of migrants and refugees

Various art forms, such as music, poetry, visual arts, drama, dance, are used in refugee camps and hotspots for receiving and hosting migrants and refugees. Many researchers believe that art per se is a form of empowerment for migrants and refugees, who often experience complex problem such as poverty, inequality, injustice, and forced migration (Andemicael, 2013).

Visual arts, in particular, contribute to the development of community and bonding, and help migrants reinforce their cultural identity (Kay, 2000). In addition, visual arts build bridges of communication with host communities, they help to discuss and manage sensitive matters. Thus, participation in art activities improves health and education quality, and results in decreased criminality (Newman, Curtis & Stephens, 2003).

Art helps to maintain mental and physical health and promotes mental resilience among children. Art makes the educational process more attractive to children, increases their participation and the satisfaction they derive from it. Visual arts facilitate both the creation of learning opportunities and therapy at the same time (Dunn- Snow &D'Amelio,2000) for children who have had traumatic war experiences.

Although art is not sufficiently utilized in hotspots for migrants and refugees, it nevertheless plays a significant role in raising awareness of migrants' and refugees' problems, in sensitizing the community and the world. The use of art has proved important for the mobilization of the community, the dissemination of information among migrants and more generally, the organization of the educational process (Andemicael, 2011).

Combining various arts is considered a most effective strategy, since it optimizes the benefits that both adults and children can reap. In this sense, art is regarded as a form of humanitarian aid for the accommodation of migrants' immediate and urgent needs because it reinforces the sense of continuation and the real life of migrants (Dokter, 1998).

4. Art therapy and counseling for the developmental needs of children and adolescents

Art therapy and counseling is stressed in literature as an important type of intervention, which contributes to satisfying the developmental needs of children and adolescents (Malchiodi, 1998). Some of the needs it satisfies are the following:

- It enhances creativity, which is of fundamental importance for their normal development and sustained health (Riley, 1999).
- It encourages expression of feelings and traumatic experiences, thus facilitating control and restriction of their impact on children and adolescents (Appleton, 2001).

- It helps children and adolescents find personal symbols, metaphors and paths in the process of their personal development. It encourages children reflect upon their personal problems and explore alternative solutions (Junge&Linesch, 1993).
- It increases the sense of satisfaction and provides positive experiences, which counteract the difficulties and dangers entailed in migration and asylum seeking (Lemzoudi, 2007).

Moreover, art therapy and counseling promotes emotional catharsis by providing corrective emotional experiences. It is a natural outlet for children's and adolescents' creativity and energy (Kahn, 1999).

5. Art therapy and counseling against political violence and war trauma

In their book *Art therapy and political violence*, Debra,Kalmanovitzand Bobby Lloyd (2004) describe the role of art and art therapy for individuals who have been submitted to political violence, forced migration and exile. Currently, migrant and refugee children often come from countries where they have experienced war and have been submitted to political violence and prosecution. They have even been deprived of the possibility to express their difficulties and pain, as they live in a hostile environment. In this case, their pain is numb and causes greater damage to their health (McKinney, 2007). For this reason, the first step is to encourage the child to express its needs, fear, anger or sorrow, through pictures and drawings. Children's drawings depict their life story, which is sometimes accompanied by a narration of their experiences (Dokter,1998).

At first, drawing activities are used for diagnostic assessment, the tracing of symptoms and pathological processes, and then for designing an appropriate intervention program that would accommodate the children's needs (Johnson, 1987). According to recent research, traumaticmemoriesalong with emotional processes play an important role in the creation of children's trauma and emotional difficulties (Talwar, 2007).

Especially, in the case of children with post-traumatic stress as a result of war, art therapy activates a series of therapeutic mechanisms, such as symbolic expression, containment of the traumatic material via art creations, pictures and compositions, a process which offers them a sense of control over their lives. Art therapeutic activities decrease children's hypertension and insecurity, sleep disorders and nightmares; they increase satisfaction and foster their creative abilities as a form of compensatory intervention (Spiegel, Malchiodi, Backos& Collie, 2006).

A therapeutic environment of this kind and visual arts therapy facilitate development and eliminate obstacles in the process of adjustment. During the therapeutic process, more artistic expressive means can be used, such dance, myth, music, etc., as a strategy for optimization of the therapeutic results of the intervention, since the problems of migrant and refugee children are complex and complicated (Pratt,2004).

Art therapy can take the form of individual or/and group intervention, ultimately aiming at pursuing and activating the children's inner resources for help. The therapist takes a supportive stance and ensures a supportive environment, because these children have serious psychosocial problems, some of which emerged in their own countries before migration. Besides, during their adjustment to the receiving country, they encounter multiple new difficulties and challenges. Art therapy is more effective than other forms of therapy, because drawing and visual arts activities create a sense of security; they are a non-threatening way of expression that does not trigger fear, embarrassment or terror in the child.

The children's efforts to create visual compositions and drawings reflect an effort to set their chaotic life conditions in order, to settle and handle traumatic events by establishing a form of self-protection in a way (Linesch, Aceves, Quezada, Trochez,& Zuniga, 2012).

6. The need to establish a context in Art Therapy: Difficulties and problems

Art therapists and counselors often work in adverse conditions, without always having the required assistive metal health services or the required equipment at their disposal. Art therapy requires certain equipment (materials, crayons, etc.) and space arrangements, which cannot possibly be secured (Malchiodi, 1997) when the therapists and counselors work in hotspots or reception centers, constructed roughly to accommodate migrants and refugees, or in programs organized by various organizations and institutions (Case &Dalley,2014). The therapists and the general context are tested, as they are faced with many difficulties and shortages when they work in high-risk areas or increased danger, often on borderline war zones (Huss, Sarid&Cwikel, 2010).

This is a great challenge and the risk for migrant children and their families to get wounded or hurt is high, while the therapist is called to handle multiple traumas, symptoms and negative experiences, under such dramatic circumstances and with such limited means. In these cases, art therapists experience inner conflict, and they also find that implementing therapeutic interventions is a great risk (Kalmanowitz& Lloyd, 2004).

Furthermore, there is a serious deficit in art therapists' and counselors' education as regards the provision of services to migrants and refugees, and what Is more, the relevant literature is rather poor and cannot provide sufficient guidance or knowledge on how to apply art therapy and counseling to migrant and refugee children. Therefore, art therapists have to invent their own therapeutic techniques (Murray, Davidson & Schweitzer, 2010), modify the established methods and procedures during application in order to enable art therapy and counseling without violating the principles of professional ethics (Measham, Rousseau & Nadeau,2005). In some cases, art therapists and counselors apply unorthodox methods when choosing the counselees or communicating with the migrants, as the therapists themselves often visit the beneficiaries in their place of stay, explaining and presenting to them the services and the benefits they could reap from them(Kaplan, 2007). Similar difficulties and modifications of the therapeutic process can be observed during the planning and implementation of an individual or group intervention, as well as regarding the terms of participation and the methodology of intervention (Kalmanowitz& Lloyd, 2004).

Another category of difficulties is related to the fact that, although migrants and refugees need psychological support, many of them do not acknowledge it or they tend to downgrade its importance in the face of other, in their opinion more important, needs, which is why they refrain from applying for psychological support (Rickwood, Deane & Wilson, 2007). Besides, the possibilities for art therapy and counseling are limited by the fact that counselors and therapists do not have sufficient knowledge of the migrants' background culture, which would enable them to understand the problems, their values and their models of expression and relationships (Baptiste, 1993;Dokter, 1998). For this reason, various artistic and expressive means are combined in the therapeutic process to reinforce therapeutic communication and the attainment of the goals of the therapy.

Also, not knowing the language of migrants and refugees creates many problems in communication, even though art is a universal language (Rubin, 2011). In some cases, therapists use the English or French language to the extent the counselees can use it to communicate.

Some categories of migrants come from cultures and civilizations where art therapy and counseling, psychological support in general, is not widely known or accepted as a form of provisional help. In this case, therapists are obliged to maintain a sensitive balance between activities of recreational, developmental or therapeutic character (Kalmanowitz& Lloyd, 2004).

Art Counseling and experiential workshops at school and in the classroom

Over the past two decades, visual arts and creative activities have started to be used with migrant children in school and classrooms contexts (Howard,1991;Elbedour,Bastien,& Center, 1997). In many countries, schools have to develop art therapy and counseling programs to support the adjustment of migrant children. To this end, school units cooperate with intercultural psychiatric and counseling services and programs. Such services help bridge the gap between past and present, the violent interruption of the children's life continuity and the treatment of psychological traumas caused by complex challenging experiences such as war, fleeing, loss of beloved people (Tolfree,1996).

The development of programs with visual artsactivities for educational and, mainly, therapeutical purposes or for provision of supportive counseling has been favorably received, albeit there is a shortage of systematic studies and evaluations. The number of studies is limited, probably because these programs are constructed and run under difficult, urgent circumstances, and do not allow planning or systematic research. These programs provide direct support to the child because it is difficult for migrants to access health services, especially mental health services, given that verbal communication is difficult at first. Visual arts activities help migrant and refugee children to handle issues related to their personal identity, to derive new meanings and to process the experiences of migration (Golub, 1989). In a relevant study by C.Rousseau, L. Lacroix, A.Singh,M. F.Gauthierand M. Benoit (2005), the researchers report that they had to develop an intervention program gradually, drawing from prior experiences in pilot schools projects. In these pilot workshops and projects, they combined activities and techniquesfrom visual arts, drama, and narrations, aiming at boosting the children's self-esteem and decreasing the symptoms.

Experiential workshops of creative expression are developed to cover multiple psychological, educational and learning needs of migrant children and adolescents. Parents can participate in these workshops, in activities that assume a character of community intervention, which usually end up in exhibitions or focus on group visual arts activities in the community, such as graffiti etc. C. Rousseau and A. Drapeau (2004) suggest that such actions and interventions must be based on the following basic principles:

- a. respect cultural and other differences
- b. create a safe space that facilitates visual arts expression
- c. sustain continuity and reinforce social cohesion
- d. transform and process the contingencies and difficulties encountered by the children.

The combination of verbal and non-verbal activities appears to be important in practice, despite the difficulties the counselor or educator may have in verbal communication, because this process sensitizes both learners and educators and is a valuable source of empowerment for the children against life contingencies. Some programs of visual arts activities are prevention oriented and aim at decreasing the social and educational exclusion of refugee and migrant children. Often, certain aspects of these programs are determined or inspired by the migrants' tradition, culture and spirituality (Rousseau &Guzder, 2008). Art and schooling strengthen the children's mental resilience, as they guarantee the conditions for normal development and the healing of mental traumas. Artistic activities help the children to cope with dilemmas and conflicts, to gain self-awareness and empathy for others (Rousseau &Guzder, 2008).

Children are invited to tell their life stories through visual arts, to explore solutions and eventually plan their lives, allowing themselves to envision a better future. In a program of creative art activities that C. Rousseau and N. Heusch (2000)had designed for a multicultural class, they organized intervention emphasizing three categories of themes:

- a. Family, because it is of special value for the establishment of interpersonal relationships, acquisition of values, securing cohesion and stability in children's lives.
- b. Friends, because they represent the social environment of the child
- c. Creative exploitation of myths from the children's country of origin, with a view to satisfying emotional needs, as well as forming a context for children to experience and process their experiences.

In their study they found that when expression is focused on these three thematic axons, it has a protective function. Connection with the past and their experiences, as expressed in the children's stories and narrations, favors life planning and the personal development of migrant children, as it becomes the foundation on which a vision for the future can be constructed.

7. Conclusion

This review has shown that art therapy and counseling in migrant and refugee children during the migration stages contributes to satisfying their need for security and creating a sense of belonging to a group or community (Hastings, 2012). The use of art therapy and counseling facilitates expression of feelings and experiences that cannot be expressed verbally and also strengthens migrant and refugee children so that they can cope with contingencies, the effects of violence, pain and loss (Rousseau, Singh, Lacroix, Measham&Jellinek, 2004).

Art helps to maintain continuity of children's life, promotes emotional resilience, and improves living conditions, since it establishes a supportive context that cultivates hope for the future. It creates a sense of security, offers opportunities and experiences of learning, as it is the only activity during children's mobilities which offers both support and educational experiences of learning. Besides, the family, the community and the parents can reap benefits from their participation in groups or activities of art therapy and counseling.

Literature review has shown that art therapy and counseling is extensively used to support migrant and refugee children. In practice, art therapists and counselors are often obliged to modify the typical methods and procedures of intervention for the children's benefit. Even though therapists apply art therapy and counseling to multicultural groups of migrants and refugees, publications and research studies in this area are limited (Campbell,1999). The hostile conditions under which these are applied make research extremely difficult and stress the need for systemization of art therapy and counseling intervention. It is expected that new approaches, practices and methods of managing the psychosocial problems of migrant and refugee children will be developed in the future, while it becomes apparent that there is a tendency to combine art therapy and counseling with other conventional verbal forms of psychotherapy(Koch &Weidinger-von der Recke, 2009).

References

- Andemicael, A. (2011). *Positive energy: A review of the role of artistic activities in refugee camps*. Geneva: UNHCR.
- Andemicael, A. (2013). The arts in refugee camps: ten good reasons. Forced Migration Review, 43,69-71.
- Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. Art Therapy, 18(1), 6-13.
- Baptiste, Jr, D. A. (1993). Immigrant families, adolescents and acculturation: Insights for therapists. *Marriage & Family Review*, 19(3-4), 341-363.
- Bean, T. M., Eurelings-Bontekoe, E. &Spinhoven, P. (2007). Course and predictors of mental health of unaccompanied refugee minors in the Netherlands: One year follow-up. Social Science & Medicine, 64(6), 1204-1215.
- Campbell, J. (1999). Art therapy, race and culture. London: Jessica Kingsley Publishers.
- Case, C. &Dalley, T. (2014). *The handbook of art therapy*.London: Routledge.
- Castles, S. (2003). Towards a sociology of forced migration and social transformation. *Sociology*, 37(1), 13-34.
- Castles, S. & Miller, M. J.(2009). *The Age of Migration: International Population Movements in the Modern World*. Basingstoke: Palgrave MacMillan.
- Cole, P. (2007). Human rights and the national interest: migrants, healthcare and social justice. *Journal of medical ethics*, 33(5), 269-272.
- Crawford, M. H. & Campbell, B. C. (Eds.). (2012). Causes and consequences of human migration: an evolutionary perspective. Cambridge:Cambridge University Press.
- Derluyn, I. (2005). *Emotional and Behavioral problems in unaccompanied refugee minors*. Ph.D. Dissertation, Ghent:University of Gent, Academia Press.
- Dokter, D. (Ed.). (1998). Arts therapists, refugees, and migrants: Reaching across borders. London: Jessica Kingsley Publishers.
- Dunn-Snow, P. &D'Amelio, G. (2000). How Art Teachers Can Enhance Artmaking as a Therapeutic Experience Art Therapy and Art Education. *Art Education*, 53(3), 46-54.
- Elbedour, S., Bastien, D.T.& Center, B.A. (1997). Identity formation in the shadow of conflict: Projective drawings by Palestinian and Israeli Arab children from the West Bank and Gaza. *Journal of Peace Research*, *34*, 217–231.
- Geltman, P. L., Grant-Knight, W., Mehta, S. D., Lloyd-Travaglini, C., Lustig, S., Landgraf, J. M. & Wise, P.
 H. (2005). The "lost boys of Sudan": Functional and behavioral health of unaccompanied refugee minors resettled in the United States. *Archives of Pediatrics & Adolescent Medicine*, 159(6), 585-591.
- Golub, D. (1989). Cross-cultural dimensions of art psychotherapy. In H. Wadeson, J. Durkin & D. Perach (Eds.), *Advances in art therapy* ,(pp. 5–42). New York: Wiley.
- Hastings, C. (2012). The experience of male adolescent refugees during their transfer and adaptation to a UK secondary school. *Educational Psychology in Practice*, 28(4), 335-351.
- Hauff, E &Vaglum, P.(1993). Vietnamese boat refugees: the influence of war and flight traumatization on mental health on arrival in the country of resettlement. A community cohort study of Vietnamese refugees in Norway. Acta Psychiatrica Scandinavica, 88, 62-8.
- Howard, G.S. (1991). A narrative approach to thinking, cross-cultural psychology and psychotherapy. *American Psychologist*, 46, 187–197.
- Huss, E., Sarid, O. & Cwikel, J. (2010). Using art as a self-regulating tool in a war situation: A model for social workers. *Health & social work*, 35(3), 201-209.
- Johnson, D. R. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy*, 14(1), 7-13.
- Junge, M. B. &Linesch, D. (1993). Our own voices: New paradigms for art therapy research. *The Arts in Psychotherapy*, 20(1), 61-67.
- Kahn, B. B. (1999). Art therapy with adolescents: Making it work for school counselors. *Professional School Counseling*, 2(4), 291-298.

- Kalmanowitz, D. & Lloyd, B. (Eds.). (2004). Art therapy and political violence: With art, without illusion. London: Routledge.
- Kaplan, F. (Ed.).(2007). Art therapy and social action. London: Jessica Kingsley Publishers.
- Kay, A. (2000). Art and community development: the role the arts have in regenerating communities. *Community development journal*, 35(4), 414-424.
- Khavarpour, F.&Rissel, C. (1997). Mental health status of Iranian migrants in Sydney. Australia, N. Z. J. Psychiatry, 31, 828-34.
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., &Pottie, K. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. *Canadian Medical Association Journal*, 183(12), E959-E967.
- Koch, S. C. & Weidinger-von der Recke, B. (2009). Traumatised refugees: An integrated dance and verbal therapy approach. *The Arts in Psychotherapy*, *36*(5), 289-296.
- Lemzoudi, Y. M. (2007). Migration: Acculturation process, cultural identity development, and art therapy imagery of adolescent migrants. *Canadian Art Therapy Association Journal*, 20(2), 2-21.
- Linesch, D., Aceves, H. C., Quezada, P., Trochez, M. & Zuniga, E. (2012). An art therapy exploration of immigration with Latino families. Art Therapy, 29(3), 120-126.
- Malchiodi, C. A. (1997). *Breaking the silence: Art therapy with children from violent homes*. New York: Brunner-Mazel Press.
- Malchiodi, C. A. (1998). Understanding children's drawings. N.York: Guilford Press.
- Massey, D. S., Arango, J., Hugo, G., Kouaouci, A., Pellegrino, A. & Taylor, J. E. (1993). Theories of international migration: A review and appraisal. *Population and development review*, 19(3),431-466.
- Massey, D. S., Arango, J., Hugo, G., Kouaouci, A., Pellegrino, A. & Taylor, J. E. (1998). Worlds in motion: Understanding international migration at century's end. Oxford: Oxford University Press.
- Massey, E. S., Arango, J., Hugo, G., Kouaouci, A., Pellegrino, A., & Taylor, J. E. (2010). Causes of migration.InM.Guibernau& J. Rex (2010). *The ethnicity reader: Nationalism, multiculturalism and migration*,(pp.310-320). Cambridge:Polity press.
- McKinney, K. (2007). "Breaking the Conspiracy of Silence": Testimony, Traumatic Memory, and Psychotherapy with Survivors of Political Violence. *Ethos*, *35*(3), 265-299.
- Measham, T., Rousseau, C. & Nadeau, L. (2005). The development and therapeutic modalities of a transcultural child psychiatry service. *The Canadian Child and Adolescent Psychiatry Review*, 14(3),68–72.
- Murray, K. E., Davidson, G. R. & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: best practices and recommendations. *American Journal of Orthopsychiatry*, 80(4), 576-585.
- Newman, T., Curtis, K. & Stephens, J. (2003). Do community-based arts projects result in social gains? A review of the literature. *Community Development Journal*, *38*(4), 310-322.
- Pratt, R. R. (2004). Art, dance, and music therapy. *Physical medicine and rehabilitation clinics of North America*, 15(4), 827-841.
- Rickwood D., Deane F. & Wilson C. (2007) When and how do young people seek professional help for mental health problems?*Medical Journal of Australia*, *187* (Suppl. 7), S35–S39.
- Riley, S. (1999). Contemporary art therapy with adolescents. London: Jessica Kingsley Publishers.
- Rousseau, C. & Drapeau, A. (2004). Premigration exposure to political violence among independent immigrants and its association with emotional distress. *The Journal of Nervous and Mental Disease*, 192(12), 852-856.
- Rousseau, C. &Guzder, J. (2008). School-based prevention programs for refugee children. *Child and adolescent psychiatric clinics of North America*, 17(3), 533-549.
- Rousseau, C. &Heusch, N. (2000). The trip: A creative expression project for refugee and immigrant children. *Art Therapy*, *17*(1), 31-40.
- Rousseau, C., Singh, A., Lacroix, L., Measham, T.&Jellinek, M. S. (2004). Creative expression workshops for immigrant and refugee children. *Journal of the AmericanAcademy of Child & Adolescent Psychiatry*, 43(2), 235-238.
- Rousseau, C., Lacroix, L., Singh, A., Gauthier, M. F., & Benoit, M. (2005). Creative expression workshops in school: Prevention programs for immigrant and refugee children. *The Canadian child and adolescent psychiatry review*, 14(3), 77.
- Rubin, J. A. (2011). The art of art therapy: What every art therapist needs to know. London: Routledge.

- Sher, L.&Vilens, A. (2010). Immigration and Mental Health: Stress, Psychiatric Disorders, and Suicidal Behavior Among Immigrants and Refugees. New York: Nova Science Publishers.
- Sourander, A. (1998). Behavior problems and traumatic events of unaccompanied refugee minors. *Child abuse & neglect*, 22(7), 719-727.
- Spiegel, D., Malchiodi, C., Backos, A., & Collie, K. (2006). Art therapy for combat-related PTSD: Recommendations for research and practice. *Art Therapy*, 23(4), 157-164.
- Suárez-Orozco, M. & Suárez-Orozco, C. (2000). Some conceptual considerations in the interdisciplinary study of immigrant children. In E. Trueba&L.Bartolomé*Immigrant voices: In search of educational equity*, (pp.17-36).N.York:Rowman& Littlefield.
- Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *The Arts in Psychotherapy*, *34*(1), 22-35.
- Thapa, S. B., Dalgard, O. S., Claussen, B., Sandvik, L. &Hauff, E. (2007). Psychological distress among immigrants from high-and low-income countries: findings from the Oslo Health Study. Nordic Journal of Psychiatry, 61(6), 459-465.
- Tolfree, D. (1996). *Restoring playfulness Different approaches to assisting children who are psychologically affected by war or displacement*. Stockholm: RäddaBarnen Swedish Save the Children.
- Vandererf, B. & Heering, L. (Eds.). (1996). Causes of international migration. Brussels: DIANE Publishing.