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THE POTENTIAL OF REFUGEE ART TO INSPIRE EMPATHY AND SOCIAL ACTION

by

Zoé Cavnar-Lewandowski and Kelsey Gavin

A research paper presented to the

FACULTY OF THE DEPARTMENT OF
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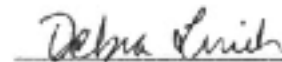
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Abstract

This research seeks to utilize an art experiential to explore the potential of art and art making as a means to stimulate empathy towards refugee populations. Researchers attempt to show how art can evoke empathy and inspire social action by communicating the experiences of marginalized communities, specifically Syrian refugees. This research follows a qualitative approach utilizing appropriate quantitative methodologies for data analysis. The research design includes experiential art based focus groups, implementation of guided relational viewing (Potash & Ho, 2011), surveys, response art, and verbal discussion. The data analysis observes for common themes among the three parts of the experiential, and assesses for graphic empathy (Potash & Ho, 2011) and empathic imagination (Kapitan, 2012). Our inquiry explores how participants from two groups, undergraduate studio art majors and first year art therapy graduate students, understand and relate with the experience of Syrian refugee children through art viewing and making. Researchers' examine how these processes may act as a way to stimulate empathy and act as a catalyst for social action. After analyzing the participants' response art and their discussions about the art viewing and making process, researchers identified four major themes distinguishing the two groups, and three major themes the groups had in common. Researchers' examination of pre- and post-surveys on attitudes and behaviors towards refugees indicated changes that informed the conclusions of this research. Researchers conclude with a discussion of the results and how the results inform answers to the research questions and future implications.

Disclaimer

This paper does not reflect the views of Loyola Marymount University nor the Department of Marital and Family Therapy. Prior to data collection, an Institutional Review Board (IRB) approval for the research was obtained. Appendices contain IRB approval.

Dedication

We would like to dedicate this research to the refugee children who created the artwork examined in this experiential. We do not know you, and we likely never will, but you have touched our lives more than you could ever imagine, and we are eternally grateful to your contribution. Your resilience continues to move us and motivate us. We are your allies.

This research is also dedicated to all refugees who lost their lives on the dangerous and tumultuous journeys to safety. We honor you.

Lastly, we dedicate this research to any and all social activists out there. We applaud you, we appreciate you, and we stand with you in your pursuits towards justice, equality, and equity.

Acknowledgments

We would like to thank Robin and Robert Jones for generously allowing the use of the Syrian refugee children's precious artwork used within this experiential. We are so grateful that you shared your experiences with us, and allowed us to look at ways in which we can foster a community of support and acceptance in the mental health community, as well as the greater community.

We would like to thank Dr. Debra Linesch, our research mentor, for her encouragement, guidance, and support throughout this entire process. Thank you for bringing us back down to earth in the moments we needed it, while still allowing us full creative license.

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Introduction

The Study Topic

This research seeks to utilize an art experiential and explore the potential of art and art making as a means to stimulate empathy towards refugee populations. We attempt to show how art can evoke empathy and inspire social action by communicating the experiences of marginalized communities, specifically Syrian refugees. The designed experiential implements guided relational viewing, response art, and a semi-structured interview as ways to examine the potential to cultivate empathy and social action. The data analysis observes for common themes among the three parts of the experiential, and assesses for graphic empathy, empathic imagination, and aesthetic empathy.

Significance of the Study

The violence and conflict in Syria as well as other areas of the Middle East have presented the world with the largest refugee crisis since WWII (Vick, Bejakal, Shuster, Walt, & Witty, 2015). Much tension, confusion, and debate has developed among several nations as to how this crisis should be handled, particularly where and in what manner refugees should be resettled. This has created outpourings of compassion and aid toward victims of war as well as fear and discrimination against refugees who have been labeled as dangerous. Prior research has shown that even though the experience of war can be terrifying, the process of migration and seeking asylum can be just as unsafe, humiliating, and isolating (Ahmed & Aboul-Fotouh, 2012). Rather than focusing all attention on reducing harmful psychological symptoms of refugee individuals, art therapists have a unique opportunity and responsibility to use their skills in a way that can shape environments and communities. The intervention can invoke a welcoming

environment and develop a corrective experience of safety and understanding refugees.

This study intends to increase understanding of the lived experiences of others as a framework for the designed art experiential through guided relational viewing and response art. By showing participants the artwork of refugee children and having the participants engage in their own art making as a response, we hope to demonstrate how the art process can be used as a mode of communication between two culturally different communities (Potash & Ho, 2011). If the results of this study show a reduction in fear and stigma associated with refugee populations, as well as incite empathy, further studies may choose to apply a similar method of inquiry to continue exploring how art and art therapy can be used as a form of social action to reduce discrimination based on fear of the “other,” such as xenophobia and Islamophobia.

Background of the Study Topic

This research intends to look at imagery as a potential language of empathy. The designed art experiential includes viewing art, creating new art, and a discussion. The art being viewed was originally created by refugee children as they fled war in their countries of Syria, Iraq, and Afghanistan, and landed in Greece after crossing the Mediterranean Sea. The art was given to Debra Linesch by Robin and Robert Jones (Blue Point Books, 2016) who initially collected the art. The questions of this research seek to learn what emotional reactions are elicited when viewing the art of refugee children, and how people use art to create meaning and understanding of another person's experience.

In preparation, a literature review was conducted on the background of the Syrian conflict and refugee crisis, the attempts of different therapists to provide support for refugees' socio-emotional well-being, and how art can evoke empathy and inspire social action by communicating the experiences of marginalized communities. Kapitan (2012) discussed how art therapy can create an "empathic imagination" (p. 255) that can elicit individuals to be more understanding to those who are different, and therefore, reduce stigma against "the other". Potash and Ho (2011) implemented a similar project that allowed for individuals to view artwork created by people with mental illness and to then make their own response art. They found that participants felt that the experience created a conversation and increased feelings of empathy for the emotional experiences of people with mental illness (Potash & Ho, 2011). Hocoy (2005) wrote how art can "mediate between the individual and collective" (p. 7) which encourages individuals to become more connected and involved in their communities. The research proposed intends to continue looking at how art therapists can promote empathy through art making and create connection between culturally different communities.

Literature Review

In this literature review, we first explore the context around the Syrian Refugee Crisis, reviewing the history and current state of the crisis. Next, the review examines the literature on the socio-emotional impact on refugees and asylum seekers. These inform the conversation about suggested treatment options for refugees, which is derived from literature of art therapy as treatment. This leads into reviewing how art has – and can continue to be – used as a means of understanding others, as well as the potential art has for stimulating and potentially sustaining empathy in others. Finally, there is a discussion on how these qualities make art a potential catalyst for social change, and how it can be implemented in social action art therapy.

I. Syrian Refugee Crisis

A review of current literature suggests that what has today become known as the Syrian refugee crisis can be a daunting, disheartening, and confusing sequence of events to understand; especially as it continues to develop and change. Jabbar and Zaza (2014) point out that the conflict began after Syrians watched the Arab Spring uprisings in other countries around the Middle East and North Africa. In early 2011, Syrians felt inspired to host peaceful demonstrations as a way to voice their dissatisfaction with the current state of their government. Citizens began to demand “political and economic reform; positive changes in regime leading to justice, human rights, equal opportunities and democracy for all citizens” (Jabbar & Zaza, 2014, p. 1507). However, as demonstrations continued, acts of violence became more common and people began to divide into opposing groups. Syrians were seen as either strongly supporting or opposing the regime of president Bashar al-Assad; those who opposed the regime would continue to further divide into different factions that may not agree on similar issues (Jabbar & Zaza, 2014). The Syrian government responded to opposition by carrying out mass arrests,

interrogations, beatings, and tortures; using barrel bombs, chlorine gas, and live ammunition to suppress the resistance (Citizenship and Immigration Canada, 2015). The violence eventually escalated into a civil war, during which Syrian civilians have paid the heaviest toll. As Jabbar & Zaza (2014) explained, “It is a war that is fought mostly inside urban centres: cities, towns and villages, with the result that most of the damage occurs to the country’s infrastructure and economic sectors, and most of the victims are non-militant civilians” (p. 1507). Due to the violence and destruction, many Syrians have been forced to make the difficult and overwhelming choice to leave their homes, travel across dangerous territories, and seek assistance from other nations to acquire refugee status.

According to the 2016 UNICEF report on the Syrian Crisis for the month of September, there are approximately 4,795,648 registered Syrian refugees, with nearly half of that total consisting of children. Families fleeing Syria have found themselves situated predominantly in camps in the neighboring countries of Lebanon, Turkey, Jordan, and Iraq (Citizenship and Immigration Canada, 2015). Many Syrian refugees within the camps have applied for residence in other countries and are awaiting news for when and how they can complete their immigration process. Those who have applied for the protection and residence of another country are asylum-seekers, and can be deported if their applications are denied. According to Vick, Bejakal, Shuster, Walt, and Witty (2015), a person with refugee status has successfully completed the application process and cannot be returned to their country of origin against their will. It becomes recognizable that the responsibilities, paperwork, and bureaucracy that must be endured in order to obtain a safe home can create a great deal of anxiety, as most of these individuals and families place their hopes in this process.

Although many people in the Western world share a conception about all people from the

Middle East being Muslim or possibly involved in terrorism, it is important to note that the literature clarifies that Syrian people are culturally diverse and share many positive values. Arabic, Kurdish, Armenian, Aramaic, and Circassian are the most popular languages spoken in Syria (Citizenship and Immigration Canada, 2015). Ethnic groups include Arabs, Kurds, Armenians, and other smaller communities (Citizenship and Immigration Canada, 2015). Religious practices include different forms of Islam (Sunni, Alawi, Ismaili, and Shia), Christianity (Orthodox, Uniate, and Nestorian Christians), and Druze (Citizenship and Immigration Canada, 2015). Before the conflict, education was highly valued, creating high rates of school attendance and literacy in urban settings, with only slightly lower rates in rural areas. Both men and women had opportunities to obtain higher education from a combination of public and private universities (Citizenship and Immigration Canada, 2015). It is necessary to have an understanding of who Syrians are, and what their lives were like before conflict, to truly understand how their lives in refugee camps and struggles with the immigration process have completely altered their lives.

A written profile on the Syrian refugee population by Citizenship and Immigration Canada (2015) discusses how refugee camps do their best to provide safe shelter, basic needs, and a variety of services. However, as the number of Syrians seeking asylum has rapidly increased, many camps struggle to accommodate the needs of all their residents. There is often a lack of adequate shelter, medical and mental health services, schools and educational opportunities, safe and clean food and water, and employment opportunities (Citizenship and Immigration Canada, 2015). Many Syrians living in the camps find it increasingly difficult to maintain financial stability without opportunities for work, creating tensions between camp residents and the host communities (Citizenship and Immigration Canada, 2015). These tensions

have begun to spill over into Europe and other Western countries as the Syrian crisis has brought waves of Syrian refugees to their borders.

Through photographs and written report, Katz (2016), described that the moment the Syrian crisis truly grabbed the West's attention was in the fall of 2015, when boats filled with exhausted and frightened individuals and families began to arrive on the shores of the Greek island of Lesbos. Over several months, approximately 3,300 people per day continued to land on the shores of Lesbos (UNHCR, 2015). The majority of people on the boats originated from Syria, Iraq, and Afghanistan. Refugees were met with a mixture of reactions ranging from organizations offering support, to police with shields in order to obstruct their movement (Katz, 2016). Vick et al. (2015) also discussed how images of these boats landing on shore, as well as the images of boats and people that did not safely complete the journey, caught the attention of many in the West who had not previously paid much attention to the conflict. This event has seen the largest wave of refugees with which Europe has dealt with since World War II, and it has increased tension among both European nations and other governments around the world as they attempt to manage the situation (Vick et al., 2015). Many individuals and organizations have also recognized the severity of the situation and have begun to develop programs of assistance and advocacy for Syrians and other refugees across the globe. One such programmatic opportunity is art therapy; mental health professionals may be able to utilize art therapy to positively impact the healing experience for refugees and their families.

II. Socio-emotional Impact on Refugees

Refugees face a wide range of challenging experiences. Not only have they endured the violence of war, scarcity of resources, and (often) loss of loved ones, refugees must complete a journey to build a new home in places they may not feel welcome; which can be further

unsettling. Therefore, if mental health professionals, specifically art therapists, are truly interested in providing meaningful support and services to refugees, it is important to understand the world of a refugee and their socio-emotional experiences.

Ahmed and Aboul-Fotouh (2012) contributed a chapter about refugee experiences in the book, *Counseling Muslims: Handbook for Mental Health Issues and Interventions*. Both authors emphasized the importance of understanding the migratory process when working with refugees. They explained that such a journey is comprised of different stages: premigratory, asylum-seeking, and resettlement. The premigratory stage involves a person's cultural context and how they perceived themselves in connection to their environment before conflict occurred. Ahmed and Aboul-Fotouh (2012) discussed how people define themselves based on different factors, such as education, values, occupation, economic status, and religious affiliation. Having to flee the communities in which they were raised, refugees may find themselves having to change many of these elements in order to acculturate into a new system. They also explain how these factors may also determine which individuals and families will have better opportunities for services. Ahmed and Aboul-Fotouh (2012) further described that the premigratory stage also incorporates the emergence of conflict, and many refugees are exposed to traumatic events, such as witnessing violence, being the victim of sexual assault, death of family members, public humiliation, and inability to obtain food or water (Ahmed & Aboul-Fotouh, 2012). Understanding a person's premigratory world highlights the stressors that they have experienced, their sense of identity, and how to best individualize their treatment plan.

The asylum-seeking phase begins when individuals and families actively search for new homes outside of their country of origin. Ahmed and Aboul-Fotouh (2012) discussed how this process can be incredibly stressful as it often causes feelings of vulnerability and uncertainty

regarding the future. Also, finding the most appropriate and safe services for relocation can be difficult and become a long and arduous process. The authors described how often, refugees and their families must spend several months at a refugee camp as they attempt to navigate an impersonal and bureaucratic process to obtain residence in a new country (Ahmed & Aboul-Fotouh, 2012). Some refugee camps can be very crowded and lack the proper resources, which may lead to unsafe conditions and further violence. As Ahmed and Aboul-Fotouh (2012) demonstrated, it is often difficult to obtain psychological services during this stage, and – even if such services were available – stigma surrounding ideas of mental health may cause some to forego treatment out of fear that it could negatively impact their ability to relocate to another country. The authors have shown that this stage creates a tense holding space where individuals and families endure a range of emotions as they wait to feel safe and have their hopes for a better future realized.

Ahmed and Aboul-Fotouh (2012) considered the third stage of the migratory process as resettlement, which is made up of several different components and challenges, such as: housing, healthcare, education, language acquisition, employment, financial stability, social support, and acculturation. The authors discussed how, as refugees adjust to a new cultural system, they may experience difficulties finding affordable housing, discrimination against their faith and customs, inability to advocate for their needs due to a language barrier, overcrowded school systems that do not offer support, lack of job opportunities, disconnection from others with a similar cultural heritage or values, and stress to adopt the host country's cultural norms and traditions. Ahmed and Aboul-Fotouh (2012) explained how many immigrant and refugee children are at risk of facing discrimination, bullying, and even assault at school. Muslim refugees are particularly vulnerable due to a rise in Islamophobia and political leaders portraying refugees as an economic

burden. The authors have shown that even though the resettlement stage should be about reaching safety and creating a new beginning, the reality for many refugees is that their new home poses various new obstacles and lack of acceptance and safety.

Refugee families may also find that their typical family dynamics will be placed under a lot of pressure. The roles between women and men, as well as expectations for parenting, may be very different in the host culture as compared to their country of origin (Ahmed & Aboul-Fotouh, 2012). Lee (2015) has been able to contribute additional ideas about family dynamics and changes through observations of Korean immigrant children. Refugee and immigrant children see their roles and responsibilities change, often encountering new social obstacles. Lee (2015) explained how one particular challenge for children who have moved to a new country is the difficulty in watching their parents and other family members struggle to adjust to new customs, social norms, and financial expectations. Lee (2015) noted that during this period of adjustment, the traditional family dynamics may begin to change, which can be confusing and frustrating for the child. Much of the literature provides examples where immigrant families experience financial struggle due to unemployment. For example, a Korean family may be used to the father being the provider, and it may be difficult for the young Korean boy to sustain his past relationship structures with his parents if his mother is now the one working and providing for the family (Lee, 2015).

Through her research, Lee (2015), described how gaps may occur due to the speed in which children and their parents are able to acculturate to new practices, social expectations, and languages. She explained that children are typically able to learn a new language faster than their parents, due to their having more opportunities for study in a school setting. The parent may begin to rely on the child to broker certain situations due to their advanced language acquisition.

Lee (2015) suggested this may change the power dynamics between the child and parent, and ultimately create tension within the family. Also, as many of these families experience financial difficulty, children may not have many enjoyable activities in which to partake at home. Lee (2015) concluded that these children may feel unstimulated or even become resentful for a lack of more engaging opportunities.

Ahmed and Aboul-Fotouh (2012) described how refugee children are also at risk of being overwhelmed by feelings of fear, anxiety, lack of trust, poor self-esteem, social isolation, and even suicidal ideation. Lee (2015) pointed out that many of these children left their homeland due to violence, disaster, or lack of opportunity. She discussed how many immigrant children have already lived unpredictable lives, not knowing where they can find safety, food, and other basic needs. In her research from 2012, Lee explains how acculturation may be slow because children can fear the permanence of stability. This anxiety can begin to hinder a child's ability to create social connections with peers. Lee (2013) demonstrated how a language barrier, different customs or social norms, and even appearances that are different from others in a new environment, can create insecurity, confusion, and isolation. According to Ahmed and Aboul-Fotouh (2012), these factors can exacerbate the issues of dealing with traumatic memories and grief, making refugee children more prone to risky behavior, poor performance in school, difficulties with managing affect, and development of mental disorders, such as posttraumatic stress disorder (PTSD) or anorexia. War and conflict already pose an unstable and confusing situation for children, so it is important to consider that refugee children do not stop experiencing challenges and fearfulness after resettlement. If refugee families and children lack feelings of support, control, and hope, then the case may be that the host cultures and countries possess the greatest ability and responsibility to provide a safe and empowering environment and

community.

In 2014, Jabbar and Zaza endeavored to better understand how Syrian refugee children had been psychologically and emotionally impacted by conflict, in order to assess their needs and the opportunities for therapists to provide support. The two researchers traveled to the Zaatari refugee camp in Jordan, which is situated close to the Syrian border. Their study aimed to identify types of anxiety and depressed symptoms that Syrian refugee children experienced, and compare these symptoms to those in children in non-conflict areas near the refugee campsite (Jabbar & Zaza, 2014). Using the Hopkins Symptom Checklist, the study compared results of 120 Syrian children living at the Zaatari camp, 120 Jordanian children living near the border, and 120 children in Amman further away from the border (Jabbar & Zaza, 2014). The results concluded that the Zaatari children had the highest marks for depression, being the only group that expressed “thoughts of ending your life” (Jabbar & Zaza, 2014, p. 1522). There was no difference in level of anxiety symptoms between Zaatari children and Jordanian children along the border. Among Zaatari participants, older children were more likely to exhibit symptoms of anxiety and depression (Jabbar & Zaza, 2014). The researchers’ assessment provided a more measured attempt to understand the impact of the Syrian crisis through the lens of psychology. The study created a statement about the need for more research and action among psychologists and therapists to address the mental health of refugee families and children. To better understand how therapy can potentially have a healing influence, further research of therapeutic interventions among refugees should be examined.

III. Treatment Strategies for Refugees

The process of deriving effective treatment options for refugee youth and their families is becoming increasingly relevant in light of the refugee crisis that the world is currently facing. As

described in the previous section, the situations faced by refugees and asylum seekers can have serious socio-emotional effects. Isakson, Legerski, and Layne (2015) suggested that clinicians and practitioners start treatment by informing themselves about the culture of the refugee. This information can help guide the treatment approach, as culture shapes how individuals make meaning of the event, how they view mental and emotional health, and how they may approach the therapeutic relationship (Isakson, Legerski, & Layne, 2015). Isakson, Legerski, and Layne (2015) suggested that first and foremost, refugee youth and their families have their basic and immediate needs met—receiving of medical attention, food, shelter, and safety, so that these immediate stressors do not impact the treatment.

Isakson, Legerski, and Layne (2015) also suggested a systemic approach, in that the family should be included in the treatment. Family therapy can aid in understanding the needs of the individual via the context of the needs of the family (Isakson, Legerski, & Layne, 2015). Family therapy can help in healing the family system after trauma exposure, contributing to a sense of safety for all by decreasing some of the immediate stressors the family now faces (Isakson, Legerski, & Layne, 2015). Once there is a strong sense of safety and stability within the family, the needs of the refugees may be greatly reduced (Isakson, Legerski, & Layne, 2015). The systemic approach suggested by Isakson, Legerski, and Layne (2015) also includes other entities in the individual's life, such as peers, school, culture, community, society, resettlement agencies, religious institutions, interpreters, and legal agencies (Isakson, Legerski, & Layne, 2015). Isakson, Legerski, and Layne (2015) stressed the importance of patience and flexibility while working with this population. To aid in this process, a modularized format of treatment is proposed, which “[breaks] down [treatment] into units that are flexibly implemented based on the needs of the youth...and can be potentially modified at multiple levels” (Isakson, Legerski, &

Layne, 2015, p. 251). Isakson, Legerski, and Layne (2015) concluded that this modularized format of treatment, which takes many important components into consideration, can be used to provide the best possible treatment for trauma-exposed refugee youth and their families.

Other research considering treatment methods for refugee populations has focused on more evidence-based models that address symptoms for PTSD, anxiety, and depression. Slobodin and Jong (2015) outlined their own attempt to explore what the literature detailed about therapy treatments for refugees from around the world. Slobodin and Jong (2015) found that Narrative Exposure Therapy and Cognitive Behavior Therapy (CBT) models were the methods used most, as they could at least show measurable results while adopting a culturally sensitive attitude. The article also reviewed applications of Eye Movement and Desensitization and Reprocessing (EMDR), family interventions, group interventions, multidisciplinary interventions, naturalistic interventions, and pharmacological interventions. Slobodin and Jong (2015) found that there is still too little research to be able to accurately compare and measure the efficacy of one method against another. Importantly, they noted that most studies claim to have improved PTSD symptoms, yet do not include other aspects of personality, such as positive changes in relationships, identity, and meaning (Slobodin & Jong, 2015). Their work highlighted the need for more research in this area and how therapists can potentially prove the efficacy of their work.

A recent German study by Unterhitzberger, Eberle-Sejari, Rassenhofer, Sukale, Rosner, and Goldbeck (2015) of unaccompanied refugee minors sought to provide evidence that trauma-focused (T-F) CBT could be a useful treatment model for reducing symptoms associated with PTSD among this population. The study recognized that separation from family and caregivers could increase the risk of developing symptoms for PTSD. Therefore, the researchers

chose six adolescent refugees who arrived to their host country without parents or a caregiver and had a primary diagnosis of PTSD. Each participant attended 12 to 15 90-minute sessions – sometimes with their host caregiver – that followed the TF-CBT model of “psychoeducation and parenting skills, relaxation, effective modulation, cognitive processing, trauma narrative, in vivo exposure, conjoint child/caregiver session, and enhancing safety and future skills”

(Unterhitzenberger, Eberle-Sejari, Rassenhofer, Sukale, Rosner, & Goldbeck, 2015, p.3). The study found that symptoms related to PTSD did, indeed, improve after treatment. However, Unterhitzenberger et al. (2015) noted that one of their greatest challenges was helping the adolescents feel safe despite their anxiety around their asylum seeking status. This study may be a good example that, even though a certain treatment can be effective to reduce some symptoms, it may not be able to address the environmental and political aspects that shape a person’s perception of security.

A seven year Dutch study by Drozdek, Kamperman, Tol, Knipscheer, and Kleber (2013) inspected the long term effectiveness of trauma-focused groups for reducing symptoms of PTSD in asylum seekers and refugees. The study included sixty-nine adult males, originally from Iran and Afghanistan, to participate in the study. All participants had been recommended for the trauma-focused groups to address symptoms of PTSD. Seven groups of approximately ten participants attended weekly group sessions for one year, and data concerning the severity of the symptoms were collected over the course of twelve years. Drozdek et al. (2013) incorporated into group sessions elements of CBT, experimented with coping strategies, and provided a space for empowerment and social support. The researchers chose to utilize different therapies to help group members feel comfortable with sharing their stories, such as music therapy, art therapy, and psychomotor therapy. The study found that overall symptoms of PTSD, depression, and

anxiety significantly decreased during the first five years of treatment, but then began to rise over the sixth and seventh year. Although the authors of the study found the results to show that trauma-focused groups were effective for creating long-term reduction of symptoms, there was no associated attempt to better understand the rise in symptoms after five years. The researchers noted that asylum seekers had higher levels of anxiety than those granted refugee status when they entered the program, perhaps due to refugees having more rights and opportunities for employment. Through their study, Drozdek et al. (2013) demonstrated that group therapy treatment can have a lasting positive impact, but it failed to understand what may be happening in the participants' lives that would cause symptoms to rise again.

In the United States, therapists Schottelkorb, Soumas and Garcia (2013) wanted to compare the effectiveness of the popular TF-CBT against child-centered play therapy (CCPT) in reducing symptoms of trauma in refugee children aged 6-13. The study recruited 38 refugee children from the same school district with a wide range of national backgrounds and migratory experiences. The researchers split the children into two groups, with one receiving CCPT that incorporated culturally diverse and appropriate toys, and the other receiving TF-CBT. Children attended individual therapy sessions, with occasional dyadic or family sessions as supplements. Comparing results of the UCLA PTSD Index and Parent Report of Posttraumatic Symptoms (PROPS), the study found that both methods of treatment had an equal effectiveness in reducing PTSD symptoms in refugee children. Schottelkorb et al. (2013) did not offer a rationale as to why the two treatment methods may be nearly equal in outcome, or as to what would make CCPT unique, yet it may nevertheless demonstrate the healing potential of a strong therapeutic alliance. This may also indicate that treatments inclusive of the whole family may be beneficial to symptom reduction.

The literature on therapeutic interventions is sparse, but it does maintain a consistent feature of creating a voice for individuals and families in need of assistance and support. Much of the research conducted was set up to support evidence-based practices that can measure the effectiveness of treatment, such as that by Schottelkorb et al. (2013), Slobodin and Jong (2015), and Unterhitzberger (2015). In these studies, refugees are attributed symptoms of depression, anxiety, and PTSD, and successful intervention is defined by the reduction of these symptoms. Creating a clear and calculated method of treatment may be an attempt to increase faith in the efficacy of therapy and obtain financial support. However, other studies, such as that by Drozdek et al. (2013) and Isakson, Legerski, and Layne (2015), have shown that the context in which refugees live within their host countries can impact their sense of security and identity, creating a need for more socially integrated forms of interventions.

Art Therapy with Refugees

In 1999, Kalmanowitz and Lloyd used art therapy to explore its potential for community building and expression among refugees of former Yugoslavia. Kalmanowitz and Lloyd (1999) traveled to Slovenia and Croatia where families were living in refugee camps. The program struggled due to a lack of funding, which led to more open group art making sessions. The therapists looked for themes that emerged during this spontaneous art making. At one point during the study, children gathered materials on the edge of a forest to build a house, which was later destroyed by other children. The authors documented how the children used this opportunity to create a memorial, which may have been a unique way for the children to mourn and find closure for the homes and communities they lost during the conflict. Although the study by Kalmonowitz and Lloyd (1999) did not involve completely structured art therapy sessions, by providing room for improvisation, an opportunity to assess the needs of the children and families

was created.

Fitzpatrick (2002) used art therapy with Bosnian refugees living in Australia. Although she had difficulty forming an art therapy group within a community of Bosnian women, her work with one individual was able to reveal some powerful insights. In her work, Fitzpatrick (2002) not only focused on themes of trauma, but also explored the emotions associated with resettlement. While utilizing drawing materials, collage, and mixed media, narratives surfaced about feelings of disconnection between her client and the client's family, friends, and home. Through the art making process, the client was able to set new goals for the future and realize that there could be opportunities for herself and her family in Australia. Fitzpatrick (2002) advocated for bringing the whole family into the art therapy session to aid in building trust as a cultural outsider, as family members may feel encouraged by each other – similar to Isakson, Legerski, and Layne's (2015) proposed approach to treatment.

In addition, Baker (2006) utilized art therapy with Bosnian refugees, yet focused her attention on an older, often overlooked generation. She described how a men's group and a women's group were created for adults over the age of fifty living in Chicago, Illinois. In the beginning, the older men were reluctant to reveal too much about themselves or their experiences, but over time, the men felt more comfortable and even motivated to tell their stories, in hopes that it could inform future generations. In this study, many of the women felt that it was better to leave their trauma stories in the past, in order to forget the painful memories. The researcher noted that as the women's group continued to meet, the preferred form of artistic expression became knitting and needlepoint, as it was a medium with which most of the women related as a cultural tradition. Baker (2006) suggested to the women that they work together to create a quilt of remembrance. As the group came to an end, the women acknowledged that even

though approaching their trauma stories comes with profound sadness, they were able to find purpose in the art making and comfort in each other's support. In this case, art therapy provided a unique opportunity for storytelling, having these stories witnessed by others, and empowering participants by providing them with a platform from which to guide future generations.

In Canada, Rousseau and Heusch (2000) used art therapy with refugee and immigrant children in a school setting. The program was set up by a team of therapists, including an art therapist, and focused on students in a 3rd grade classroom with culturally diverse backgrounds. With a weekly session over a period of six weeks, the children were asked to draw the story of their immigration to Canada. The story was organized to have four parts: life in the homeland, the journey, arrival in Canada, and their future. The therapist collected several drawings and assessed them for prominent themes. Each child's story demonstrated their ability to engage with their personal narratives, display signs of anxiety, and create schemas of resiliency.

Using art therapy among the refugee and immigrant children at this school in Canada continued, and Rousseau, Lacroix, Bagilishya, and Heusch (2003) discussed the importance of metaphors and myths for this population. The research team claims that most children become excited to share their cultural stories with their peers, an infrequent opportunity for them. Rousseau et al. (2003) conducted a similar study, but in this study, the therapist began by telling the children stories of myths that involved characters taking a trip. The researchers observed how the children were slowly able to use the art to incorporate their own migration stories into these fantasy stories, a method and process that may have helped the children feel more comfortable by not having to confront their specific reality. This work demonstrates how art therapy can provide a means to obtain better understanding of a story, allow a safe distance from painful thoughts, and create a community built on creativity, openness, and support.

In Australia, Drabant and Edwards (2015) utilized their skills to address issues of trauma and acculturation among refugee children from various places around the globe. Children identified for behavioral and emotional concerns were chosen to participate in group art therapy that incorporated narrative therapy to help the children reframe their experience into a tale of a hero's journey. The children created a collaborative collage using different fabrics to create a magic carpet. The children then created self-portraits choosing images of animals that represented them and their families. After placing their animals on the carpet, the children listened to a story with the ending purposely omitted, and then were tasked with creating their own ending as a group. Drabant and Edwards (2015) also created a group for refugee girls to work collaboratively and individually on art that explored issues of self-esteem and acculturation. The investigators made a point of recognizing that metaphors and symbols may help a child feel more comfortable talking about what may be a painful story. A child can be encouraged to create a character and tell the story of journey, struggle, and quest to form a sense of identity.

In 2016, two articles were published that looked at the efficacy of art therapy among refugee children. Kowitt, Emmerling, Gavarkavich, Merson, Linton, Rubesin, Agnew-Brune, and Eng (2016) had created a program for children called the Burma Art Therapy Project. The article focuses less on the art interventions used and more on the issues their program seeks to address, such as trauma and symptoms of PTSD, anxiety, and depression. Using evaluation techniques, Kowitt et al. (2016) identified and matched prominent themes to different issues, such as themes of personal/collective identity and safe space memories with issues of self-esteem and emotional/behavior regulation. Ugurlu, Akca, and Acarturk (2016) sought to decrease symptoms of PTSD, anxiety, and depression among Syrian refugee children living in Turkey.

The study created a weeklong workshop for 63 children that incorporated art therapy, movement therapy, and music therapy. Children and their parents filled out different questionnaires before and after the workshop to measure levels of their symptoms. Art interventions were not discussed, but claimed to include “expressing thoughts and feelings through visual art, reducing stress, encouraging creativity, emotional integration, catharsis, sublimation, improving self-confidence and having respect for self and others, gaining insight, enhancing problem solving skill and having fun” (Ugurlu et al., 2016, p. 94). Although the study did show some success in decreasing symptoms, it was important to the authors that they note that the results may not be truly indicative of the children’s internal processes, as many of them were not accustomed to talking about emotions nor had the skills to identify them. Also, their beginning scores for the symptoms measured were not as high as expected, perhaps due to a more stable living environment as the children were in homes and attending school, unlike at a refugee camp. Ugurlu et al. (2016) and others showed that art therapy can be effective for child refugees, and that there is a growing trend to conduct more measured experiments that focus on trauma and symptoms.

As seen in Rousseau et al.’s (2003) work, by working in groups, children begin to feel more positive about their cultural identities when they receive positive engagement from their peers. Also, by providing materials and a space for creativity, a child may enjoy a complete sense of flow as they become absorbed in the art making process. Lee (2015) believed that flow allows for self-initiated actions, such as self-correction and self-assignment. As a child reviews the work and their process, they may begin to feel a sense of achievement.

Kalmanowitz and Ho (2016) argued that approaching all refugee treatment from a trauma-informed approach may be a very westernized concept that is not always applicable in

the treatment of refugees. Kalmanowitz and Ho (2016) stated, “that we do not want to medicalize distress and that we cannot take it out of context, and yet we cannot ignore the disadvantaged situation in which asylum seekers live or the suffering they endure” (p. 58). Kalmanowitz and Ho (2016) suggested a holistic approach when treating refugees, including both internal and external worlds, which include the greater community, social systems, families, and schools. These external worlds can be supported by social workers, immigration officers, teachers, and other organizations, while mental health professionals can help to support their inner worlds (Kalmanowitz & Ho, 2016). To support these inner worlds, Kalmanowitz and Ho (2016) created a space they called “The Inhabited Studio” (p. 59), where they combined both art therapy and mindfulness in a group setting. The Inhabited Studio was structured in a way to promote an open, safe environment in which the refugees could focus on processing their experience, focusing on the emotions that came up in the space, and creating meaning of those experiences and emotions through the art making (Kalmanowitz & Ho, 2016). Kalmanowitz and Ho (2016) found that the refugees had a variety of experiences, such as catharsis, increased self-awareness and knowledge, and coping with loss. They also found that the group context added a layer of support, universality, and resilience. By focusing on providing a supportive, safe, open environment for processing through art therapy and mindfulness practices, Kalmanowitz & Ho (2016) saw that the refugees were able to process their experiences in a way that suited each individual, as each refugee viewed their experiences in different ways. Those individuals who felt traumatized by their experience were able to process without a trauma-focused treatment approach.

According to Golub’s (2005) work in social action art therapy in communities in non-Western countries (which is discussed further in a later section), individuals “may alter language

and image in such a way to simultaneously disguise and hold the truth, thereby ensuing physical and spiritual survival” (p. 20). Golub (2005) also found that many individuals have their own “culturally determined ways of receiving images” (p.22), and therefore, their relationship to the art process may be much different than the art therapist anticipated. This stresses the importance of cultural competency and awareness, particularly when working with individuals from other countries; it is critical to remain open to their perspectives on the art rather than imposing one’s own cultural perspective. Golub (2005) discussed the idea of training past refugees in art therapy as a way for current refugees to feel more comfortable, more understood, and more connected to the therapeutic process.

IV. Art as a Means for Understanding Others

Art has historically been used as a form of communication, dating back to the prehistoric era as seen in cave drawings and paintings. Art was used as a way to send messages, pass on information, or tell cultural stories, particularly to those who were illiterate. Over time, as the artist emerged and took shape, their role evolved “with the idea of the artist as outsider, observer, [and] social critic” (Junge, Alvarez, Kellogg, Volker, and Kapitan, 2009, p.108). As Perkins (1988) points out, art has been found across all cultures in all civilizations. Perkins (1988) goes on to explain that, through experiences with and of art, “we encode, anticipate, project, ponder, conceive -- constructing and operating on and through webs of relationships” (p. 118). Making artwork is also a way to understand and communicate emotions (Perkins, 1988). Perkins (1988) added that through the creation of art, we attempt to make sense of ourselves, the world around us, and how one fits into that world. It is then through the viewing of art, we come to learn of others’ experiences and understanding of the world, which can add to one’s own understanding of the world, or create opportunity for the understanding of others. Peloquin (1996) illuminated

three actions from those who make and view art: response, emotion, and connection. According to Junge et al. (2009), the emotional evocation from the expression of artwork is clear, and is one of the core components of art therapy.

The effects art can have on its creator have been clearly demonstrated by the art therapy treatment process. Hurley, Linsley, Rowe, and Fontanella (2014) created a study to explore of the impact of the art on the viewer, rather than the consumer (the individual creating the artwork). In the study, youth with various mental health illnesses created artwork with the theme of “connect, celebrate, grow,” to be displayed in a variety of community spaces, such as shops, banks, and cafes (Hurley et al, 2014). Participants conducted and recorded a series of open-ended interview questions about the artwork with patrons of these community spaces. Through their data collection and analysis, Hurley et al. (2014) discovered four key themes coming out of the interviews about the art displays, which included “art as a means of engagement, art as a means of reducing stigma, art as a language that enables empathetic understanding of others’ emotional positioning, and art as encouraging help-seeking behaviors” (p. 422). Hurley et al. (2014) believed that “the lack of physical proximity provided the necessary space and perceived safety for those holding stigmatized views that challenged their own beliefs” (p. 422). This distancing from the person with the mental illness may have provided a space for those viewing the artwork to potentially develop more empathy via the viewing process. Hurley et al., (2014) hypothesized this may be due to the fact that each art piece can be interpreted as a distinct and unique message about the experiences of mental illness on the artist.

Wix (2009) spoke of a similar phenomenon as Hurley et al.’s (2014) “art as a language that enables empathic understanding of others’ emotional positioning” (p.422), called “aesthetic empathy”. Potash and Ho (2011) explored how aesthetic empathy can be achieved through their

research of “guided relational viewing” (p. 79) of artwork created by individuals with mental illness. In this study, mental health professionals, individuals with a family member who had a mental illness, mental health professionals who also had a family member with a mental illness, and community members with no direct connection to mental illness viewed artwork created by individuals with mental illness. This artwork, which was created with an art therapist, was created with the theme “something that I want to share about myself with another,” and included a description to accompany the artwork (Potash & Ho, 2011, p. 75). Before the participants viewed the artwork, they completed a survey about their opinions and behaviors towards individuals with mental illness, which created a baseline for the study. After spending as much time as they wanted viewing the artwork, participants chose one particular piece to focus on, completing a questionnaire to facilitate deeper reflection on what drew them to that art piece. From there, participants were asked to create response art, which was followed by a conversation on their experience that was facilitated by an art therapist, and followed up with a closing questionnaire to track any changes in opinions and behaviors towards individuals with mental illness.

Potash and Ho (2011) found that mental health professionals felt the distance from the individual with mental illness, similar to what Hurley et al. (2014) had found. The process created a boundary, distancing participants from those with mental illness, which in turn fostered deeper thought, connection, and responses to these individuals, so “the process of guided relational viewing may have facilitated the gradual diffusing of boundaries to allow for greater understanding” (p. 79). Potash and Ho (2011) called this distancing effect “reflective distance,” and it may be through this reflective distancing that participants developed a deeper empathetic connection via the artwork. There was a sense that the artwork created a deeper form of

communication with the artist with mental illness (Potash & Ho, 2011).

Another result of the Potash and Ho (2011) study was that nearly 85% of participants, either consciously or not, made similar creative choices in their responses to the art on which they chose to focus. Potash and Ho (2011) called this effect “graphic empathy” (p. 78). In a similar study by Potash, Ho, Chick, and Yeung (2013), the same graphic empathy effect was found among participants. Both studies suggested that graphic empathy is a form of connection between artist and viewer. The researchers noticed that some participants voiced their change in opinion, stating that they now saw the mental illness as only one component of the artist's identity. This may be due to the understanding that was created from this viewing and art response process, which enabled participants to find commonalities with the artists.

In a replication study done by Potash et al. (2013), there was a closer examination of the participants’ responses. These responses fell within four categories that include empathetic responses, self-oriented responses, other-oriented responses, and world-oriented responses (Potash et al., 2013). While the majority of participants’ responses fell under more than one response category, “the common factor or pattern was that many of the participants based their responses directly on the perceived experiences of the artists” (p. 742). This may have indicated that the process of viewing the artwork stimulated empathy, and the process of creating response art may be a way to sustain this empathy through the connections made with the artists (Potash et al., 2013).

While Hurley et al. (2014) suggested that displaying artwork in more communal spaces in a less structured way makes the artwork more accessible and relatable to audiences, Potash et al. (2013) believed that curating a space in a particular way so that “art viewers can be redirected from aesthetic critique to emotional connection” (p. 736). Potash et al. (2013) also emphasized

the benefit of having an art therapist present to help participants navigate their experience, particularly when some of the participants expressed apprehension about viewing and creating artwork, as they did not feel qualified to do so. The researchers noticed how the art therapist is able to help facilitate this guided relational viewing process.

In a similar way, Kapitan (2012) discussed the unique power of art and art therapists to resolve issues of violence within our communities by increasing the practice of art making, which – through its humanizing power – can create connection and empathy on a larger scale. Kapitan (2012) also discussed the unique opportunity that art and art therapy have to explore how people “imagine the other” (pg. 102). If art has the power to express our feelings and lived realities, then art can also reveal illusions and biases. Within different cultures, to be the “other” is often a potentially dangerous title to be given. Kapitan (2012) explained, “In the popular imagination, the other vividly appears as a monster, mutant, vampire, plague, infestation, toxin, pollutant - or dark-skinned, bearded terrorist” (p.102). Art and art therapy, through the phenomenological process of coming to know another person’s lived experience, can begin to create an “empathic imagination” that encourages individuals to be more open to understanding those who are different from themselves (Kapitan, 2012). This can occur because art can mirror the way in which people judge, diminish, and stereotype others.

V. Social Action Art Therapy

Potash and Ho (2011) stated that “social change is a process that seeks to transform biases and perceptions” (p. 79). The approach to this transformation can manifest in a variety of ways in the art therapy field. The Potash and Ho (2011) and Potash et al. (2013) studies explored how aesthetic empathy can be evoked by the artwork and seen through the graphic empathy, as this empathy “produced changes in the individual viewers, which in turn flowed into prosocial

behavior and desire for community engagement” (Potash & Ho, 2011, p. 80). Potash and Ho (2011) concluded that, “by engaging our unique skills in the facilitation of meaningful art-viewing and art-making experiences, art therapists can attend both to individuals in need and to the community structures that hamper their full participation in society” (p. 80). Potash and Ho (2011) and Potash et al. (2013) believed that through creating structured, intentional spaces for guided relational viewing of, and response art to, the artwork of marginalized populations led by art therapists, a deeper connection and empathy can be created; eliciting a greater urgency for social change.

Hocoy (2005) pointed out that, “One way in which social action and art therapy are linked is through the versatility and power of the image...[which has] the unique ability to bring to consciousness the reality of a current collective predicament, as well as the universality and timelessness of an individual’s suffering” (p.7). Junge, Alvarez, Kellogg, Volker, and Kapitan (2009) discussed that therapists have traditionally focused on the individual and their issues through a narrow psychic lens, focusing on helping individuals cope and adapt. It was not until later that therapists began to consider the client’s family system as it related to the issue(s), and still more recently, therapists have also considered the impact of more macro-level systems on the client’s issue(s), such as culture, community, and society (Junge et al., 2009). Hocoy (2005) stated, “Dominant culture frameworks for normality and psychopathology such as the DSM frequently mask the relationship between the symptoms that are expressed by individuals and societal imbalances” (p. 9). It is through this broader lens that therapists are able to consider how their work can be expanded to - and have an impact on - the larger community.

Social action art therapy can take many forms. Golub (2005) discovered how one form includes teaching the community to assess its needs, and potential solutions to these needs, via

art making. As Golub (2005) stated, “social action art therapy is ideally a participatory, collaborative process that emphasizes art making as a vehicle by which communities name and understand their realities, identify their needs and strengths, and transform their lives in ways that contribute to individual and collective well-being and social justice” (p. 17). Kaplan (2005) pointed out in her article, cultural considerations are an essential aspect of art therapy, and therefore, art therapists cannot separate the clients from their social and communal contexts. Golub (2005) also described in her article, that the social action art therapy approach in each community will differ based on many factors, such as politics, culture, resources, views of mental health, and relationship to art, and approaching each community in the same way is irresponsible and potentially dangerous.

Rossetto (2012) looked at another form of social action art therapy on a community level by examining community mural making. Rossetto’s (2012) research on community mural making and social action art therapy found that traditional art therapy and social action art therapy “worldviews” focus on the present, and that the “art making affected present problems, attitudes, and situations, both personally and socially” (p. 23) through the communal process. Rossetto’s (2012) work concluded that during this type of collaborative, communal process, therapists should “view individuals as inseparable from the culture in which they live” (p. 24) so the clients are able to gain the most from the process. Culture plays a significant role on the development of the self and where that “self” belongs in the larger society, and this sense of belonging to something larger through these types of communal art making processes, can lead to more societal involvement, thus triggering potential for social action (Rossetto, 2012). The researcher discussed these communal processes, during which participants are able to see themselves as one part of a larger system, which can also inspire social action.

Kaplan (2005) discussed another way of looking at social action art therapy in which working with an individual can impact the community, as the nature of the art therapy includes social, communal, and other cultural considerations, and therefore, the impact on one individual can create greater change in the community. This may be because, as Hocoy (2005) stated, “The image is regarded as having the potential to mediate between the individual and the collective” (p. 7). This change can be looked at in several ways: first, as the individual changes, so does the community on a more micro level; secondly, as the individual changes through the art therapy process, they are motivated to take a more active role in creating change in their community; and finally, as the therapist continues to meet with clients from a community, they are able to better understand the needs of that community, and can take a more active role as a community advocate (Kaplan, 2005). Golub (2005) implied that allowing clients a safe space to feel and process their pain, while also focusing on strength, resiliency, and connection to culture and community could inspire and develop into community action. When an art therapist treats an individual without thinking of the community they are being sent back into, it can put the client at risk of being impacted yet again by the milieu in a similar, or worse way, creating a cyclical effect due to a temporary solution (Junge et al., 2009). Kaplan (2005) similarly discussed the importance of understanding the culture the client comes from and where they will return to, thinking of ways in which one can “assist with aspects of society that have contributed to their suffering” (p. 2).

Junge et al. (2009) discussed the importance of training art therapists to view the client through both micro and macro lenses, and advocating for the client across systems when necessary. Through these teachings, art therapists are able to incorporate more activism into their practice, expanding their role from individual to community. By fostering a practice that

promotes activism in the master's curriculum, Junge et al. (2009) pointed out how art therapists may be more likely to maintain this practice as they enter the workforce. Golub (2005) spoke on the importance of encouraging, supporting, and promoting more diversity in the art therapy field as a way for client's to feel more connected and understood.

Golub (2005) wrote on the importance of the therapist refraining from pressing their own beliefs and agenda on the individual or the community, but rather be an agent of change that focuses on the needs of the individual and/or communities, taking many cultural considerations into account. To avoid this from happening, Golub (2005) emphasized how it is important to know and understand personal and professional motivations, as well as one's own cultural views and biases. As a therapist in a Western society, these cultural views and values may be less obvious, as there tends to be a more collective belief surrounding many of them. By examining the dominant culture and the impact it may have on one's life, it is easier to see how these views may be influencing one's practice (Rossetto, 2012). Hocoy (2005) wrote, "Without examining how the worldview and social order of the dominant culture is embedded in its practices and philosophy, art therapy can unknowingly reinforce structures of domination and contribute to continuing injustices" (p. 8). This emphasizes the importance of viewing each client from a unique cultural perspective, while focusing on their needs and issues as they relate to many cultural spaces. Hocoy (2005) went on to say, "It is clear that any human enterprise, left unexamined, can be complicit in societal injustice and an instrument of the dominant voice" (p.9). Hocoy (2005) pointed out that, "One way in which social action and art therapy are linked is through the versatility and power of the image... [which has] the unique ability to bring to consciousness the reality of a current collective predicament, as well as the universality and timelessness of an individual's suffering" (p.7). Junge et al. (2009) discussed how therapists have

traditionally focused on the individual and their issues through a narrow psychic lens, focusing on helping individuals cope and adapt. It was not until later when therapists began to consider the client's family system as it relates to the issue(s), and still more recently, therapists have begun to consider the impact of more macro-level systems on the client's issue(s), such as culture, community, and society (Junge et al., 2009). Hocoy (2005) stated, "Dominant culture frameworks for normality and psychopathology such as the DSM frequently mask the relationship between the symptoms that are expressed by individuals and societal imbalances" (p. 9). It is through this broader lens that therapists are able to consider how their work can be expanded to, and have an impact on, the larger community.

Social action art therapy can take many forms. One such form includes teaching the community to assess its needs, and potential solutions to these needs, via art making (Golub, 2005). As Golub (2005) stated, "social action art therapy is ideally a participatory, collaborative process that emphasizes art making as a vehicle by which communities name and understand their realities, identify their needs and strengths, and transform their lives in ways that contribute to individual and collective well-being and social justice" (p. 17). Kaplan (2005) suggested that cultural considerations are an essential aspect of art therapy, so art therapists cannot separate clients from their social and communal contexts. Golub (2005) also described in her article that the social action art therapy approach in each community will differ based on many factors, such as politics, culture, resources, views of mental health, and relationship to art – and that approaching each community in the same way is irresponsible and potentially dangerous.

Rossetto (2012) looked at another form of social action art therapy on a community level. Rossetto's (2012) research on community mural making and social action art therapy found that traditional art therapy and social action art therapy "worldviews" focus on the present, and that

the “art making affected present problems, attitudes, and situations, both personally and socially” (p. 23) through the communal process. Rossetto’s (2012) work concluded that during this type of collaborative, communal process, therapists should “view individuals as inseparable from the culture in which they live” (p. 24), so the clients are able to gain the most from the process. The author went on to explain how culture plays a significant role on the development of the self and where that “self” belongs in the larger society. This sense of belonging to something larger through these types of communal art making processes can lead to more societal involvement, thus triggering potential for social action. During these communal processes, participants are able to see themselves as one part of a larger system, which can also inspire social action.

Kaplan (2005) discussed another way of looking at social action art therapy in which working with an individual can impact the community. As the nature of the art therapy includes social, communal, and other cultural considerations, the impact on one individual can create greater change in the community (Kaplan, 2005). This may be because, as Hocoy (2005) stated, “The image is regarded as having the potential to mediate between the individual and the collective” (p. 7). This change can be looked at in several ways: first, as the individual changes, so does the community on a more micro level; second, as the individual changes through the art therapy process, they are motivated to take a more active role in creating change in their community; and third, as the therapist continues to meet with clients from a community, they are able to better understand the needs of that community, and can take a more active role as a community advocate (Kaplan, 2005). Golub (2005) implied that allowing clients a safe space to feel and process their pain – while also focusing on strength, resiliency, and connection to culture and community – could inspire and lead to community action. When an art therapist treats an individual without thinking of the community into which they are being sent back, it

can put the client at risk of being impacted yet again by the milieu in a similar, and possibly worse way, creating a cyclical effect due to a temporary solution (Junge et al., 2009). Kaplan (2005) similarly discussed the importance of understanding the culture from which the client comes and to which they will return, considering how to possibly “assist with aspects of society that have contributed to their suffering” (p. 2).

Junge et al. (2009) discussed the importance of training art therapists to view the client through both micro and macro lenses, and advocating for the client across systems when necessary. Through these teachings, art therapists are able to incorporate more activism into their practice, expanding the scope of their role from individual to community (Junge et al., 2009). By fostering a practice that promotes activism in the Master's curriculum, art therapists may be more likely to maintain this practice as they enter the workforce (Junge et al., 2009). Golub (2005) spoke on the importance of encouraging, supporting, and promoting more diversity in the art therapy field as a way for clients to feel more connected and understood.

Golub (2005) wrote on the importance of the therapist refraining from pressing their own beliefs and agenda onto the individual or the community, and instead emphasized how the therapist should be an agent of change, focusing on the needs of the individual and/or communities, accounting for many cultural considerations. As such, it is important to know and understand personal and professional motivations, as well as one's own cultural views and biases (Golub, 2005). As a therapist in a Western society, these cultural views and values may be less obvious, as there tends to be a more collective belief surrounding many of them. By examining the dominant culture and the impact it may have on one's life, it is easier to see how these views may be influencing one's practice (Rossetto, 2012). Hocoy (2005) wrote, “Without examining how the worldview and social order of the dominant culture is embedded in its practices and

philosophy, art therapy can unknowingly reinforce structures of domination and contribute to continuing injustices” (p. 8). This highlights the importance of viewing each client from a unique cultural perspective, while focusing on their needs and issues as they relate to many cultural spaces. Hocoy (2005) went on to say, “It is clear that any human enterprise, left unexamined, can be complicit in societal injustice and an instrument of the dominant voice” (p. 9).

Conclusion

This literature review began by providing a brief overview of the Syrian refugee crisis, its birth out of Bashar al-Assad’s violent reaction to citizen protests for reform, the massive exodus of civilians seeking asylum and safety in camps across the continents, and the world’s reaction to witnessing people endure terror and danger to attain security for their families. The life of a refugee was looked at in its entirety, beginning with the premigratory experience of having a foundation for cultural norms and sense of self. As conflict arises, the migratory process extends to the asylum-seeking stage – the beginning of a long bureaucratic journey to find a home. Then, the stage of resettlement presents many new challenges to individual and families as they attempt to acculturate and build a new life with less resources. This journey exhibits the socio-emotional consequences of displacement, as feelings of insecurity, loss of identity, and isolation begin to develop. This leads to a need for intervention that provides care, compassion, and advocacy – a need that therapists have a unique skill set to address. Studies were reviewed that have sought to address the diversity of needs of different refugee populations. Much of the research shows a trend of applying Western psychological terminology for emotional issues and disturbances, such as trauma, in order to create a means of measuring the effectiveness of reducing symptoms. However, art therapy begins to advocate for different methods of assessing the needs of refugees and addressing both the social and emotional aspects that influence their journey and world view.

This may be because art therapists have an understanding of how the art can be used as a means of communication to process their experiences.

This leads to the examination of literature that looks at the potential of using art as a means of communicating experiences of marginalized populations to a larger audience. The literature shows the potential to stimulate empathy through viewing artwork that is made specifically by the artists expressing their experiences. This empathy may be more likely to be sustained by having those who view the art create response art, potentially inspiring social action from those who now feel a greater understanding and connection to these artists from marginalized populations. This sense of social action via art and art therapy can manifest when the art therapist views their client through multiple cultural lenses. As Hocoy (2005) states, “the work of art therapy always has social repercussions, what makes the art therapist also a social activist is an awareness of the interconnectivity between individual and collective, between a person’s suffering and social imbalance, as well as an active commitment to personal and social transformation through advocacy for those aspects of individuals and society that are disenfranchised” (p. 12). Therefore, by practicing through this awareness, social action can be performed on both an individual and community level.

Research Approach

This research follows a qualitative approach that implements some quantitative methods for data analysis. This research includes experiential art based focus groups, implementing guided relational viewing (Potash & Ho, 2011), surveys, response art, and verbal discussion. We explore how participants understand and relate with the experience of others through art viewing and making, focusing on the potential of art viewing and making as a way to stimulate empathy and act as a catalyst for social action. Our research approach is adapted from the research conducted by Potash and Ho (2011) and Potash, Ho, Chick, and Yeung (2013). Potash and Ho (2011) explored how aesthetic empathy can be achieved through their research of “guided relational viewing” (p. 79) of artwork created by individuals with mental illness. The proposed research utilizes the principles of “guided relational viewing” as outlined by Potash and Ho (2011). The experientials are designed to begin with the researcher briefly presenting information about the refugee art and how to reflectively view it. Participants then create reflective distance as well as create a relationship with the refugee art by creating their own response art. The experientials conclude with a discussion that will explore the participants’ use of graphic empathy and connection or awareness of the social issues concerning refugee populations. Unlike most research that has been done to investigate art therapy as a treatment model for refugees, this study explores a different approach. Due to the fact that there is no means by which to contact the individual refugee children that created the art that inspired this inquiry, the research currently being proposed seeks to know more about how art therapy can be supportive of a marginalized community, even within their absence.

Methods

Definition of Terms

Refugee: According to the Merriam-Webster Dictionary (2016), a refugee is someone “who flees to a foreign country or power to escape danger or persecution”. For the purposes of this study, the term “refugee” is used to describe any individual that has actively fled their country of origin due to danger and persecution and is actively seeking asylum whether refugee status and been officially granted or not.

Empathic Imagination: According to the Merriam-Webster Dictionary (2016), empathy is “the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.” The Merriam-Webster Dictionary (2016) also defines imagination as “the act or power of forming a mental image of something not present to the senses or never before wholly perceived in reality.” Lynn Kapitan (2012) uses the term “empathic imagination” to describe how people are less likely to involve themselves in hate or violence against another human being if they can practice imagining the reality of people different from themselves. This study continues to use Kapitan’s idea of “empathic imagination” to better explain the process in which a person may begin to understand another’s experience without direct contact.

Graphic Empathy: With the term “empathy” already defined above, the Merriam-Webster Dictionary (2016) defines graphic as “of or relating to the pictorial arts” and “of or relating to the written or printed word or the symbols or devices used in writing or printing to represent sound

or convey meaning.” Potash and Ho (2011) used the term “graphic empathy” when describing response created by research participant after viewing the artwork of people with mental illness. It was explained that “graphic empathy” could be seen in the response artwork because it had “intentional or unconscious similarities” to the artwork of those with mental illness (Potash & Ho, 2011, p. 78). For the purpose of this study, the term graphic empathy is used to describe visual similarities between the art of refugee children and the response art created by study participants to track the empathy and meaning-making process through the art.

Aesthetic Empathy: With the term “empathy” already defined above, the Merriam-Webster Dictionary (2016) defines aesthetic as “appreciative of, responsive to, or zealous about the beautiful” or “responsive to or appreciative of what is pleasurable to the senses.” Wix (2009) used the term aesthetic empathy to describe a philosophy of art and empathy working together, which was inspired by the art practices and teachings of Friedl Dicker-Brandeis in concentration camps during World War II. As Potash and Ho (2011) explain, “aesthetic empathy provides concept for how art making allows for increased awareness about another” (p.75). For the purpose of this study, the term aesthetic empathy is used to describe the idea that the art viewing and making process can stimulate empathy for others.

Guided Relational Viewing: According to the Merriam-Webster Dictionary (2016), to guide is “to act as a guide to” or “to direct, supervise, or influence usually to a particular end.” Also, relation is defined as “the act of telling or recounting” or “an act or quality (as resemblance) that connects two or more things or parts as being or belonging or working together or as being of the same kind” and to view is defined as “to survey and examine mentally.” Potash and Ho (2011)

define “guided relational viewing” as a strategy that “directs the viewer’s experience of relating to art to increase empathy, reflective distance, and relationship, and to raise awareness on societal issues that impact the artist” (p. 75). For the purposes of this study, guided relational viewing is used in a similar fashion to Potash and Ho as means of describing and designing the process by which the researchers will guide participants in viewing and engaging with the art of refugee children.

Design of Study

To obtain information about whether or not the viewing and creating of art stimulated empathy and acted as a catalyst for social action, we are utilizing a mixed-methods research project, combining surveys, guided relational viewing, and response art. Participants are asked to engage in both a pre- and post-survey on attitudes and behaviors towards refugees. Participants are also asked to engage in three main processes as part of a one day, hour and a half experiential. This includes guided relational viewing, response art making, and a discussion of the experiences had during the both the viewing and art making process.

Research Questions

1. Does participating in a guided relational viewing experience and creating response art deepen the understanding of the refugee experience?
2. What themes emerge from participation in guided relational viewing, response art, and discussion?
3. Does the response art show evidence of graphic empathy?
4. Does the research show evidence of inspired empathy and social action?

Sampling

Participants are selected from two different Loyola Marymount University communities: undergraduate Studio Art majors and first year graduate Art Therapy students. Approximately two to five participants will be recruited from each category, totaling a maximum of 10 participants. All participants must be at least 18 years of age. There is no discrimination of participants based on race, sex, gender identity, or religion. Recruitment involves contacting Studio Art faculty to relay information regarding the research to studio art undergraduate students, talking directly to first year Art Therapy graduate students.

Gathering of Data

Participants electronically sign up to participate in the experiential, first signing an electronic informed consent (see Appendix A), and then continuing on to take the Pre-Survey on Attitudes and Behaviors (see to Appendix B), that is completed before attending the experiential. This survey consists of four questions to assess participants' feelings and attitudes towards "refugees", and one question assessing how connected participants felt about art influencing their understanding of the world. This survey comes from the literature reviewed for this research project, where Potash and Ho (2011) and Potash et al. (2013) examined mental health stigma. Researchers adapted this survey to utilize within this research. The art of Syrian refugees is hung on the wall by researchers in a gallery-like way, and participants are encouraged to walk up to the images to view them for about 10- 15 minutes. During the viewing process, lighting is set to emphasize the artwork. After the 10-15 minutes, participants are asked to return to their table, and prompted to spend the next 20 minutes engaging with the art materials to create their own art in response to what they saw and how they felt about the artwork and the experience. A group discussion then takes place, where participants talk about any thoughts, emotions, or questions they have about the art or experience of making response art. This discussion is recorded. At the

end of discussion, participants complete the Post-Survey of Attitudes and Behaviors (see Appendix C).

Analysis of Data

The pre- and post-surveys are analyzed in a quantitative manner, comparing measurements of attitudes and behaviors. The recorded discussions are assessed qualitatively, identifying common themes among participants. The art responses are also assessed qualitatively, as researchers look for commonalities between the art viewed and the art created. What participants said regarding their artwork is examined and included in the data analysis.

Addendum of Design of Study

Researchers ran a pilot of the original study design to test for aspects of the design that were successful, and those that needed to be changed or eliminated. Through observations made by researchers, as well as feedback given by the participant of the pilot experiential, researches implemented the following changes:

- Researches created and implemented a script read at the beginning of the experiential.

This script (see Appendix D) includes a review of the informed consent form, some brief information about the artwork, and a review of the procedures for the experiential.

Researchers realized a need to provide more structure and information for participants as they began the experiential. The script allows for the same information to be provided to all participant groups in a more efficient and standardized manner.

- As part of the structure and information included in the script, researchers make suggestions to promote acts of mindfulness while viewing the refugee art, such as being aware of what thoughts, words, or memories triggered by certain images and to examine any physical reactions that may be experienced.

- Researchers included more images of children's artwork for a total of twelve images opposed to the original eight. Including more images is intended to prolong the time for participants' to spend viewing the artwork, as well as provide additional context and material for participants to engage.
- The discussion portion of the experiential was conducted as a semi-structured interview. After conducting the pilot study, researchers decided on a set series of questions (see Appendix E) to ask participants during the discussion, allowing for organic questions to emerge as well. While some questions were created before the pilot, others were added after the pilot discussion took place, as researchers noted the value to the data collection process. These questions act as a guide in gathering the type of information researchers need to determine whether or not research questions were answered.
- Also based on the discussion during the pilot experiential, researchers noted particular emotional language used. Researchers created a chart (see Appendix F) as a tool to more efficiently track how often these key emotional terms are used during the discussion.
- Researchers also restructured the positioning of the tables for response art so that participants are facing the children's hung artwork while they create their response art and participate in the discussion. This is intended to create a way for participants to continue to engage with the artwork throughout the entire experiential, by enabling for continued viewing and reference throughout process.

Results

Presentation of Data

Data were collected from two groups of participants. The data presented includes participants from undergraduate studio art majors and first year art therapy graduate students who signed up and attended the research experiential.

Pre-Experiential and Structure of Experiential

After agreeing to participate in the research experiential and digitally signing the online consent form, participants took the Pre-Survey on Attitudes and Behaviors online via the Qualtrics system. The experiential consisted of three parts: guided relational viewing, response art making, and discussion. During the experiential, participants were asked to spend 10-15 minutes viewing twelve colored prints of drawings created by children fleeing the Middle East. The artwork was hung horizontally across a wall and gallery lighting was set to simulate a gallery-like viewing experience. After the first ten minutes of viewing time, the researchers turned on additional lighting, as a way to signal they could begin art making when they were ready. Clients were given approximately 20 minutes to create response art. Researchers gave participants a five minute time warning before transitioning into discussion. The discussion was a semi-structured interview that lasted between 30-45 minutes and was conducted by one researcher, while the other researcher took notes. The discussion portion was recorded. At the end of the discussion, participants took a paper version of the Post-Survey on Attitudes and Behaviors.

Undergraduate Art Major Experiential Group

As participants arrived, researchers confirmed participants' identity to verify they had

already taken the pre-survey and read and signed the informed consent form. Two of the three participants who had signed up to participate in the experiential arrived on time. The researchers postponed beginning the experiential for approximately ten minutes to wait for the third participant. When the participant did not arrive, researchers began the experiential by reading the script to the participants. The participants had no questions after the script was read, so they proceeded to the viewing process. The participants began at polar ends of the images, and worked their way through all of them. One of the participants stepped back and viewed the images as a whole (as she later mentioned during the discussion). Although participants were not directed to remain silent during the viewing or response art making process, participants did not engage verbally with one another. During the response art making process, participants created the following images:

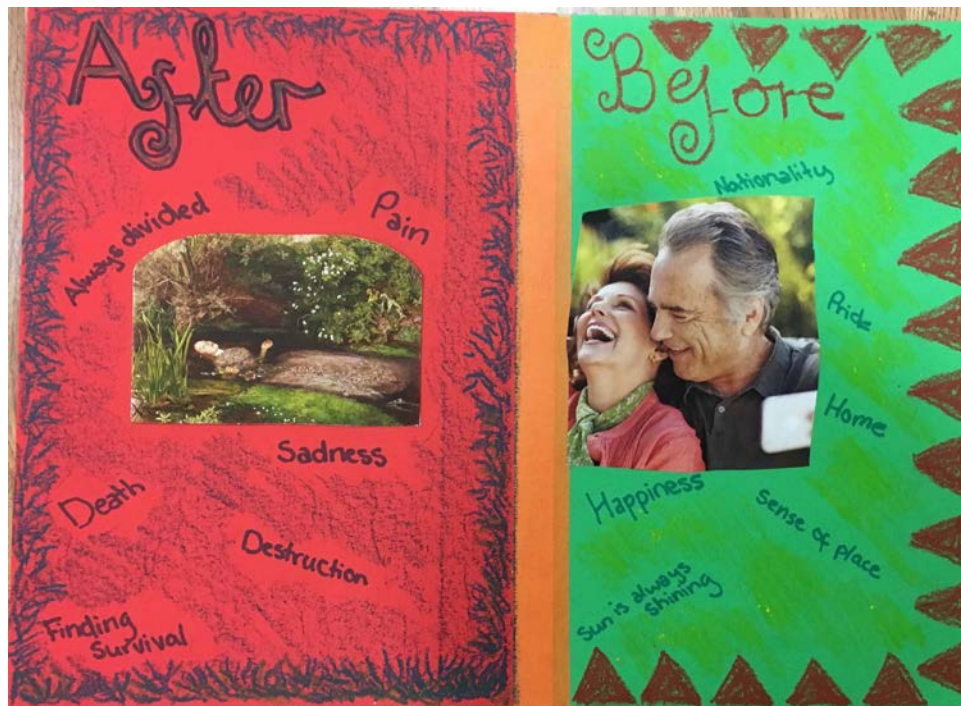


Figure 1: Response art from Participant I. Construction paper, masking tape, collage images, pastel. Size: 12" x 16.5"



Figure 2: Response art from Participant M: construction paper, marker, water color paint. Size: 8.5" x 11".

During the art making process, the researcher observed that both participants looked back up at the artwork at least once while working on their response art. Both participants used the full 20 minutes to work on their art response. After the 20 minutes for art making was complete, the researchers turned on two different recording devices, and began the semi-structured interview discussion. While one researcher ran the semi-structured interview, the other took notes and listened for specific emotional language and logged it on a chart for later analysis. This discussion included questions about the viewing process, the art making process, meaning making, and social activism. Both participants answered every question asked by the researcher. The discussion was fluid, and participants responded relatively quickly to each question. The discussion lasted approximately 32 minutes. At the end of the semi-structured interview discussion, participants completed the Post-Survey on Attitudes and Behaviors. These questions

were identical to the pre-survey, with the exception of an added space for comments, and a space to include an address to receive their artwork back at the completion of the study, if desired. The discussion was later transcribed by the researchers. Both researchers listened to the recordings and made notes on aspects and quotes from the discussion that were deemed relevant to the research questions.

First Year Art Therapy Graduate Student Experiential Group

Participants in the First Year Art Therapy Graduate Student Experiential Group were also checked in as they arrived, verifying they had signed the informed consent form and taken the pre-survey. All participants arrived on time. The researchers began the experiential by reading the same script that was read to the previous participants. The participants asked two questions after the script was read. These were written down, as the recording devices had not yet been turned on. After questions were answered by researchers, participants began the viewing process. This group was also not directed to remain quiet during the art viewing process -- however, very little interaction took place. The researchers noted that two participants whispered quietly to one another during part of the viewing process. When transitioning into the response art making process, the participants spent more time choosing the materials they wanted to use than the previous experiential group. Again, although the participants were not directed to remain quiet during the art making process, all participants remained quiet and did not interact with one another. All participants were observed looking back at the artwork during the art making portion of the experiential. The participants were given the same five minute warning before the transition into the semi-structured interview portion. Three participants were able to finish their art response and put materials aside, while one participant needed some extra time to finish. The researchers and participants waited a few extra minutes for the third participant to make her

finishing marks before beginning the discussion. During the response art process, the participants created the following images:



Figure 3: Response art from Participant L. Paper towel, permanent marker, masking tape. Size: 8" x 12" (approximately)

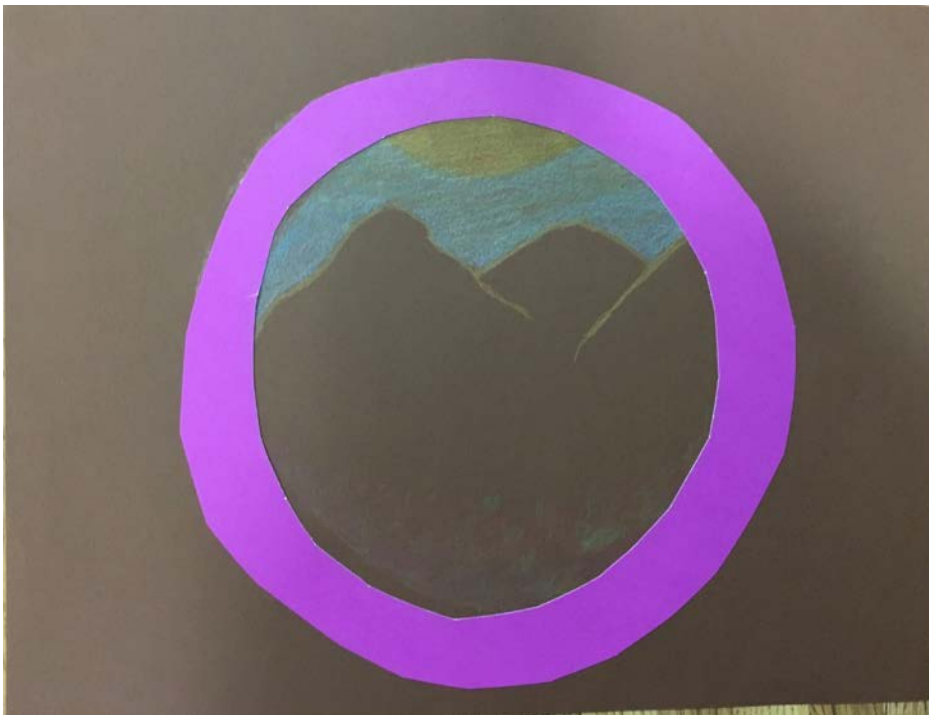


Figure 4: Response art from Participant G: Construction paper, colored pencil, glossy cardstock. Size: 8.5" x 11".

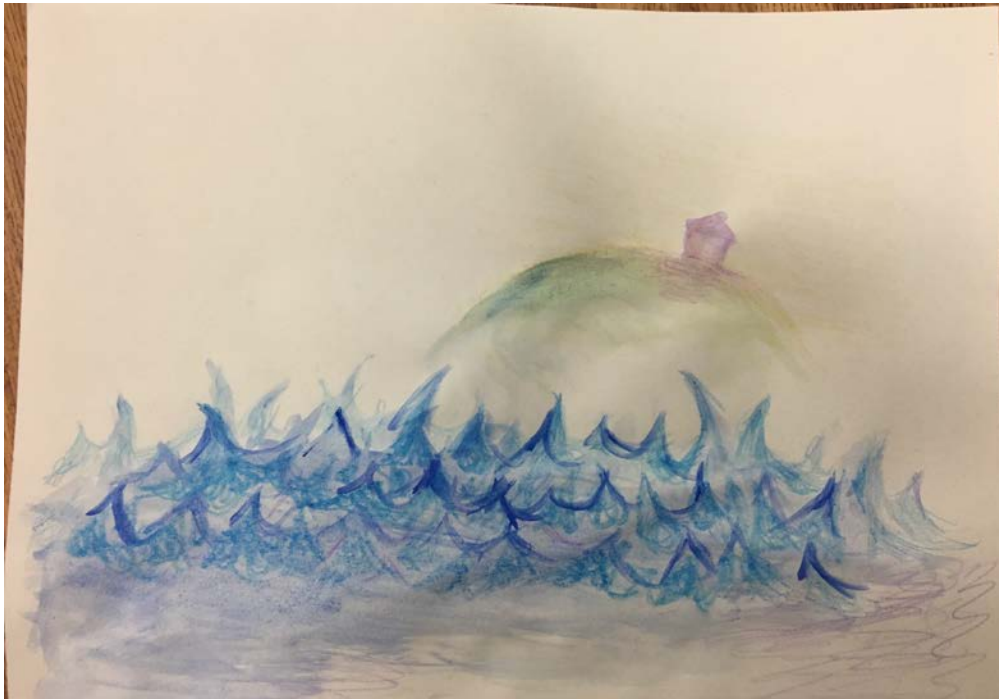


Figure 5: Response art from Participant S. Construction paper, colored pencil, watercolor paint. Size: 8.5" x 11".



Figure 6: Response art from Participant J: Construction paper, pastel, masking tape. Size: 8.5" x 11".

The discussion was again recorded on two different recording devices. A portion of the questions asked by the researchers remained the same, to be consistent with the semi-structured interview design, as well as to a way to get similar information from participants regarding the research questions. The semi-structured interview lasted approximately 40 minutes. The researcher observed that the discussion held with this group was less fluid. During the discussion, participants often paused for a significant amount of time before answering questions. All participants in this experiential group did not answer each question. While some questions elicited more engagement, and all participants answered the question, other questions did not yield full participation. At the end of the discussion, one participant asked if they could view each other's artwork. The group agreed, and participants took time to look at one another's artwork before completing the post-survey. The discussion was later transcribed by the researchers. Both researchers listened to the recordings and made notes on aspects and quotes from the discussion that were deemed relevant to the research questions.

Analysis of Data

Throughout the week following the experientials, the researchers used mixed methods to examine the data collected. Each analytical method was intended to gain more information as to how participants engaged in graphic empathy. The qualitative analysis consisted of the researchers searching for themes in the content of the response art and semi-structured interviews. The quantitative analysis compared the results of the pre-survey and post-survey about attitudes and behaviors toward refugees.

The researchers began the data analysis process by listening to the recorded discussion of each group's semi-structured interview from the experientials. While listening to each discussion multiple times, it became clear to the researchers that, for the most in-depth investigation of the

data, a transcript of the work would be beneficial. The transcript of each experiential included the questions asked by the researcher and the responses by group participants. Each transcript was carefully mined for specific words and themes that appeared to be prominent throughout the course of the recorded session, related to acts or ideas of empathy and graphic empathy, and/or related to ideas associated with social action. The words (see Figure 7) and themes (see Figure 13) were counted and listed for both the undergraduate studio art major group and the graduate art therapy student group. The results were then compared to reveal the differences and similarities of each group's discussion about viewing the refugee artwork and then creating their own response art. The transcripts were again reviewed to highlight salient statements and discussion topics that demonstrated the unique nature of how the two different participant groups responded to questions and engaged in the artwork. Efforts were made to indicate when content from the discussions related to particular pieces of art to track acts of graphic empathy.

Undergraduate Studio Art Majors	First Year Art Therapy Graduate Students
Side/sides 16	Emotion(al)/feelings 23
Emotion(s)/emotional(ly)/feeling 13	Water 12
Hope/hopeful 11	Imagine(d)/imagination 11
Divide/divided 10	Mountains 10
Happy 7	Tree/apple tree/apples 9
Sad 7	Sun 7
River 7	War 7
Boat/boats 6	Sad/sadness 6
	Intensified 6
	Home/homeland 6

Figure 7: Top words used during experientials related to research questions.

The data analysis included a comparison of the pre-survey and post-survey results for each participant. The pre- and post-survey data were analyzed for changes in average level of agreement based on a person's attitude and behavior toward refugees and potential inspired social engagement regarding the topic. Participants answered five questions on a five-item Likert scale, rating from strongly disagree (1) to strongly agree (5). *Figure 8* displays the average level of agreement for each of the questions on the pre- and post-survey.

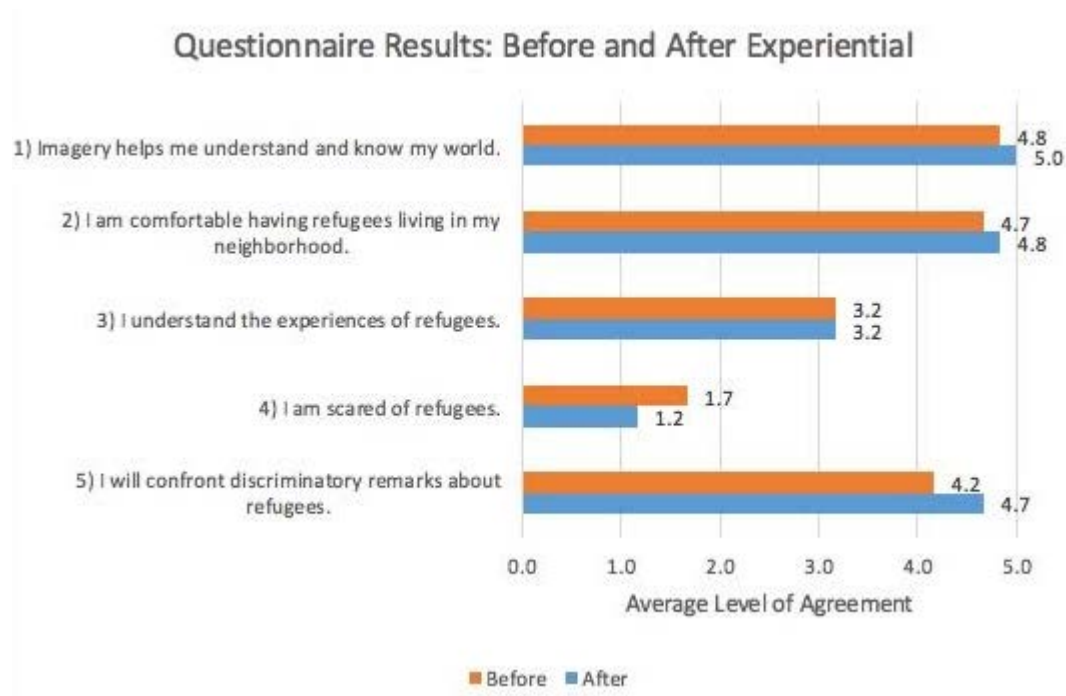


Figure 8: Graph comparing levels of agreement in pre- and post-survey (before and after). All questions showed change, despite question three indicating no change to the average. See Figure 9 for a more detailed explanation of question three.

Although question one (Imagery helps me understand my world) and two (I am comfortable having refugees live in my neighborhood) had little movement, both moved towards a higher level of agreement. Question four (I am scared of refugees) decreased in agreement, with more participants indicating a sense of stronger disagreement after the experiential. Question five (I will confront discriminatory remarks about refugees) also moved towards higher

level of agreement after the experiential. This question also showed the most significant change towards agreement in the post-survey, moving from an average level of agreement of 4.2 to 4.7; half of the participants changed their answers towards a stronger level of agreement. Although the graph in *Figure 8* indicates that there was no movement in question three (I understand the experience of refugees), this question, in fact, had the most movement; five of the six participants changed their answers in the post-survey. As can be seen in *Figure 9*, participants' answers generally moved closer to the mean, which resulted in no change to the average level of agreement to the question, but did result in the most significant amount of change among all of the survey questions. Two participants moved from lower agreement to higher agreement, while three participants moved from higher agreement to lower agreement.

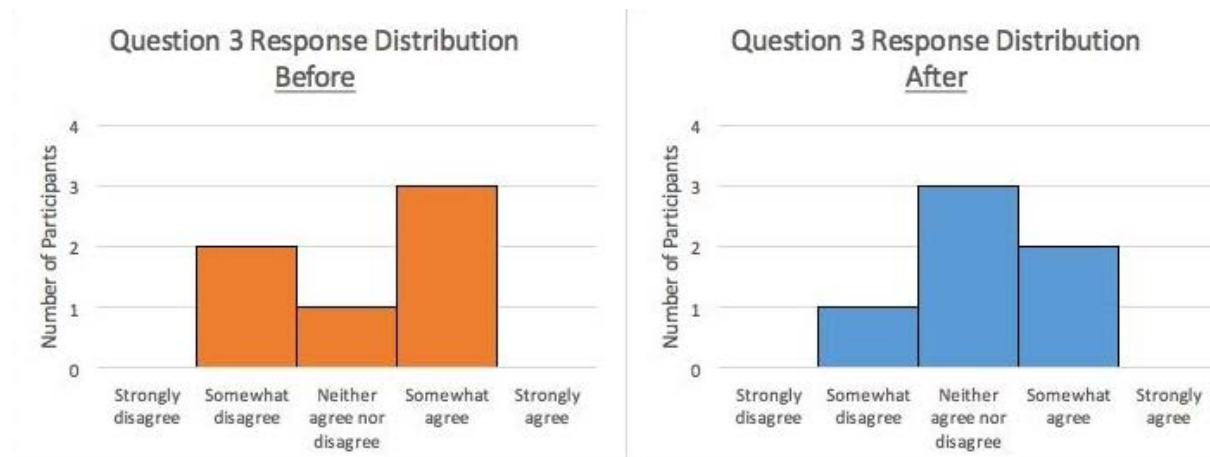


Figure 9: Graphs depicting levels of change in question three: “I understand the experience of refugees”.

Discussion

Undergraduate Art Major Experiential Group Themes

The findings from the data collection and analysis begin with an exploration of the content from the semi-structured interview discussion of each group about the art viewing and art making process, and concludes with a review of the results from the pre- and post-survey. An examination of the transcript of the semi-structured interview discussion from the studio art major group reveals several themes. These themes include:

- the participants' focus on artistic and visual elements on the refugee artwork,
- a greater attention to symbols of hope and resiliency,
- a notable interest in the symbolic meanings of visual divisions in the art work,
- and more desire to engage in metaphor, as both a means to understand the refugee art, as well as to express their own experiences with the art (see figure 13).

The group of undergraduate studio art majors spent much of their time exploring symbolism and the stories being told in the drawings, and attempting to interpret the possible meanings of the refugee art work. For example, one participant linked the sun in one drawing to “tranquility” and the other participant used the symbol of the river to explain how she personally related to the imagery by saying, “eventually you find the right river to go and the right people to support you.”

The most repeated words used were “hope/hopeful”, “emotion(s)/emotional(ly)/feeling”, “side/sides”, and “divide/divided” (see Figure 7 and Figure 10). Both participants talked about the different forms of division in the images created by the refugee children. In regards to drawings that were prominently divided by perceived water and/or river, one participant explained, “the people traveling in the river hadn’t really gotten to the happy side yet, they were

either on the sad side or they were transitioning to get over to the better side.” The same participant utilized the theme of division in her response art by using a river to separate a dark cloudy landscape from a green and sunny land with hearts (Figure 2). The other participant also incorporated the theme of division in her art piece by using tape and complimentary colors to create opposing sides labeled as “After” and “Before” (Figure 1). The theme of division and “sides” was further reflected in the participants’ discussion of the topic of refugees in the media. One participant pointed out, “we’re on the other side and we can only show what is going on from media and other sources, like the internet, and it’s powerful to see that these [refugee drawings] are carried over.” The other art response created during the experiential wove additional metaphor into the piece, as the artist chose to add an image that she associated with Shakespeare’s character Ophelia (as she stated in the discussion) to represent a sense of “drowning” and “trying to find a way to survive.”

During the discussion, this group also focused more on their perceptions of hope and resiliency within the artwork, focusing on the children’s determination to “survive” and “cope”. While speaking about being surprised by some of the more positive or “happy” images, a participant made the comment; “even children can see the optimism in a really bad situation.” The studio art majors used more language than the other group to identify graphic elements in the refugee children’s drawings, spent more time exploring the images potential meanings, and although they could identify themes of destruction and sadness, they continually refocused their attention to signs of hope and survival.

This focus on visual elements and finding meaning through metaphor may be related to the participants’ focus of study as studio art majors. As part of their studies as studio art majors, it can be assumed they focus on artistic elements and content as a form of expression and

emotional reactions,

- more consciousness regarding which art materials to use for creating meaning,
- and a sense of responsibility or need to protect others.

By comparison, the group of graduate art therapy students utilized more language that represented how they “imagined” the refugee children to be responding emotionally and psychologically through their art. The word “imagine” or “imagined” was one of the most repeated words used throughout the discussion (see Figure 7 and Figure 11), which may demonstrate the participants’ awareness of the role their own projections have as they attempt to understand what is happening in the refugee children’s drawings. The repeated use of an “imagined” understanding also relates back to the concept of empathic imagination, where individuals imagine the reality of people different from themselves (Kapitan, 2012). This indicates empathy being, at the very least, activated during the experiential process the participants were guided through.

When asked if their artwork was responding more to what they believe were the emotional states of the children drawing the art or their own emotions from looking at the art, one participant responded,

That brings up an interesting conversation about whose emotion is it that you’re feeling, because it’s an emotion that I imagine is a similar emotion that they’re feeling, but I can’t know that because that’s their own--and so then it’s my own emotion that I’m making up myself, coming from myself, that’s provoked by their art work.

Later in the discussion, another participant echoed this sentiment, stating, “...going back to whether is it my emotions or is it their emotions...” when describing why particular aspects of the imagery stood out to her. What makes these statements alluring is how they illuminate the

idea and process of empathy without having to name it. According to the Merriam-Webster Dictionary (2016), empathy is:

the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

These statements also demonstrate an awareness among the art therapy students that their interpretation of another's emotion may be a product of their own projection.

This group, as a whole, also repeated more words describing emotions than graphic elements within the drawings. Although the frequency of specific emotional words was not as high as some of the other language used (as seen in Figure 7), there was an overall greater focus on emotional language than graphic elements. Rather than focusing on hope, the art therapy students used a wider range of emotions to describe their reactions and/or interpretations, such as “frustration”, “vulnerable”, “traumatic”, and “anger”. This may be an indication of the clinical training they have experienced as marital and family therapist trainees working in the field and taking graduate courses that review techniques and topics of emotional awareness.

This group also had more to say about their rationale for choosing specific art materials to work with, such as “I feel color pencils are delicate so I also wanted that sensation of working with something delicately because this [refugee crisis] is a very delicate situation” (Figure 4), and “I chose tape and paper towel because I feel their fragility and the reason I use the tapes was I feel that they want to hold on to something, they want to stick on to a safe environment and hope” (Figure 3).

The participants of this group also discussed their concerns as to which population and

Mutual Themes

When asked how the experiential had impacted their thoughts or feelings regarding refugees or the refugee crisis, both participant groups repeated the word “intensified.” Multiple participants discussed how their emotions connected to the topic intensified during the process of viewing the artwork of refugee children and creating their own art response. Some of the art therapy students discussed how the act of creating response art was a more emotional experience than viewing the displayed drawings, as one participant explained, “I became more emotional when I was making my art and using the reflections of the drawings up there, because I felt I didn’t experience one thing but I feel I am kind of reliving that traumatic experience.” The discussions and participant art support the idea that empathy and engagement in social issues can be increased through guided relational viewing and the act of creating response art (Potash and Ho, 2011).

Graphic Empathy

Though there are notable differences in the themes and forms of expression within the discussions and response art of the two different experiential groups, both demonstrated a powerful engagement in graphic empathy. As Potash and Ho (2011) describe, graphic empathy is found when individuals creating response art, either consciously or unconsciously, incorporate elements of the viewed artwork into their response. It can be seen how participants incorporated the themes of division into their artwork and mirrored images of water, suns, trees, houses, boats, and mountains (Figure 12) as they explored the possible meanings to the refugee children. One of the art therapy students spoke about how she included the imagery of water and land with a house, as seen in the children’s drawings, as a means to imagine herself sitting in a “raft” making

the journey to this new place and what it would have been like to look around in that environment (Figure 5). Another art therapy student created bold lines of division to separate themes she drew from the refugee art, stating she intentionally included similar imagery of boats, water, homes, and mountains to attain a “broken” or “disjointed” image (Figure 6). Even the style in which the refugee children drew created meaning to participants, as one art therapy student stated how she mimicked “rough” lines in her own piece as a means to express “frustrations” and “their anger” (Figure 3). The use of similar line quality as that used by the refugee children can be seen in three other response artworks. Every participant incorporated at least one visual element that could be observed in the art work of the refugee children (Figure 9), indicating that graphic empathy can be seen from all participants across both experiential groups. All participants indicated some level of intentionality to the similarities in their artwork, with four participants indicating that similarities they noticed in their art responses were both intentional and unintentional. Some of the intentional or unintentional similarities were based on the supplies chosen with which to create the response art. Individuals from both groups indicated they used materials they were less familiar with or that they were generally less likely to use, but chose them to create a specific aesthetic in their response art. This may also be indicative of graphic empathy that was not previously considered by researchers.




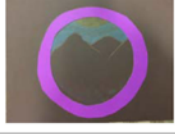
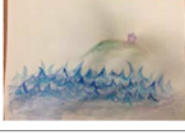

	Trees	Water	Mountains	Sun	Boat	Houses	Division of space	Line quality
		X	X				X	X
	X	X		X	X	X	X	
		X					X	X
			X				X	
		X				X		X
	X	X	X	X	X	X	X	X

Figure 12: Graphic elements included in response artwork that were elements also found in the refugee children's artwork.

Relating via Personal Stories

During the discussions, both experiential groups had some participants that were able to relate personal stories to their experience of viewing and trying to understand the world of the refugee artists. One studio art major spoke of how the refugee art and stories evoked memories of a close friend telling them of their journey and struggle to immigrate to the United States. When asked if they could personally relate to the imagery of the refugee art, one studio major responded, "I think in a way, for me I've had to climb a hill to reach where I am--not in this specific extreme, it's not to the severity of what these children are going through, but there have definitely been barricades and different areas

that I've had to struggle through and overcome and I've been stuck not known what to do". Another participant related, "I think the emotions and the divide they were trying to convey is very evident in my life and I think in a lot of people's lives". One art therapy student related her own mother's story of being a young child experiencing the Korean War before immigrating to the United States.

Path to Social Engagement

Participants in both groups also discussed their individual desires to be more involved in advocating for and serving refugee populations. Although both studio art majors expressed that they did not feel they possessed enough information about the current refugee crisis, they talked about feeling motivated by the experiential to learn more about the situation and attempt to talk about it with friends. The art therapy students displayed more stress or concern as to how they could be directly involved in helping refugees. One art therapy student expressed how the opportunity to work with refugee populations was one of her reasons for entering the field of clinical art therapy. Another participant spoke of an experience of volunteering with the International Rescue Committee and identified that there is a lot of "fear" and "misunderstanding" surrounding the topic of refugees.

Interpretation of Survey Data

Although the number of participants who participated in the experiential is minimal, the data collected from the surveys suggest that the experiential had some impact on the participants, based on the changes of agreement indicated in the survey data. Although some of the changes were marginal, the fact that there was any change at all indicates that participants were affected by their experience in the experiential. The changes that happened with the answers to question

three (I understand the experience of refugees) of the survey may suggest that those who entered into the experiential under the impression they had a stronger understanding of refugee experiences had the realization that these experiences are much more complex than previously thought. In contrast, those participants who entered into the experiential with the sense that they had little understanding of refugee experiences were able to gain more perspective and insight into the refugee experience, and therefore left the experiential with more understanding than they had previously.

The movement towards stronger agreement in question five (I will confront discriminatory remarks about refugees) may indicate that participants did indeed feel an inspiration towards social action, as confronting a discriminatory remark would be considered an act of social engagement. One participant from the undergraduate studio art major group stated, “I think an immediate engagement, I think is really affecting me—I’ve kind of been sitting here thinking, ‘I can’t wait to go back and tell my roommates about this experience’.” While this is a small act, engaging in conversation and sharing the experience of the experiential can be considered social engagement, as the individual is actively choosing to engage others in conversation about the topic. So while there was an overall sense of unknowing on how to help the refugees, there were still indications of inspired social action.

It is worth noting that those who participated in this experiential are likely to already be more interested and invested in the topic, which may be why the survey results tended to be closer to stronger levels of agreement and disagreement than closer to indifference. Also, with such a limited amount of data, researchers are only able to determine potential implications informed by the data.

Summary

As seen in the discussions with both groups, participants were only able to imagine or guess as to what these refugee children had gone through based on their artwork. Through their own response art, participants attempted to make sense of the experiences, as well as their own emotional reactions towards the artwork; the result was evidence of empathetic imagination, and graphic empathy in all participants' artwork. Although the two groups had some important differences in how and what they expressed about their experiences, they both shared themes of connecting personal stories to the images created by refugee children, incorporating elements of graphic empathy into their own artwork, and expressing a desire for increased social engagement or activism.

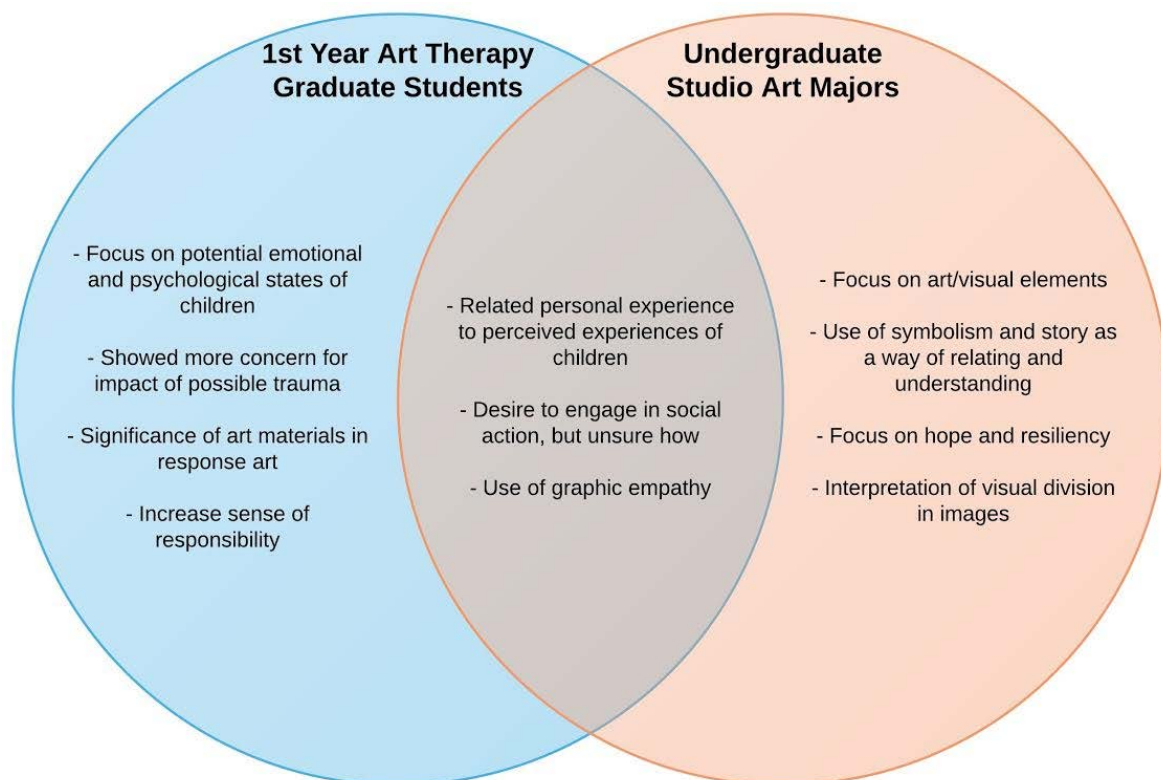


Figure 13: Summary of themes found in each experiential group, as well as overlapping themes found in both experiential groups.

Limitations

The sampling here is very limited, as all participants will be, or have been, a student at Loyola Marymount University, which has a social justice foundation as part of the school's mission. All participants also have some form of a relationship with art as well. Due to these sampling choices, the data could potentially be skewed in favor of the hypothesis. Also, the results will not be generalizable, but none the less may have implications for further research.

It is important to note the unique timing of the experiential and the possible influence this may have had on the participants' engagement with the refugee art. The initial efforts of this research began in September 2016 and the date set for the experiential had been chosen during the month of December in that same year. The experiential was scheduled for and held on February 26, 2017. Even though popular media outlets had reported on the refugee crisis in the Middle East and the violence in Syria, important political events in the United States had a significant impact on the relationship between Americans and refugee populations. Amanda Erickson reported in *The Washington Post* on January 28, 2017, "On Friday, President Trump signed an executive order banning people from several countries - including Iran, Iraq, Syria, Somalia, Yemen, Libya and Sudan - from entering the United States for 90 days. The measure also suspended admission of all refugees for at least 120 days and from Syria indefinitely." The ban was met with much outrage and protests took place across the United States in front of government buildings and outside airports which gained substantial media coverage (Siddiqui, Laris & Chandler, 2017). During the experientials, participants noted that their emotions and thoughts regarding the refugee crisis had "intensified", which demonstrates they had already been previously exposed to some of the news coverage and rhetoric related to current refugee issues and the war in Syria. One art therapy student named the current political climate by

stating, “recently it just feels like there are unknowns, that we don’t know what is going to happen with the current administration and that intensified my desire to do more.” Another art therapy student related how she entered the field of clinical art therapy to work with refugee populations and expressed her concern by saying, “how can I help refugees now if potentially in the future they can’t even come here?” The comments made by the art therapy graduate students with some experience working in public mental health, may illuminate their group’s greater sense of responsibility and emotionality as a reflection of their reaction to recent political and international events.

It is also important to note that this artwork was made by refugee children. In general, children are seen as a very vulnerable population. The fact that the images were made by children who, at the very least, experienced a dangerous trip from the Middle East to the coast of Greece, may also influence the responses seen by the participants. Both groups were asked if their experience with the art would change if it were made by adults. All participants who answered the question believed the experience would be different, with one first year art therapy graduate student noting, “[the experience] would just be different...there’s a kind of innocence that we think of when we think of children,” while an undergraduate studio art major stated, “...obviously if they were children they’ve experienced a lot more than they should’ve at their age.” Although one of the first year art therapy students thought that the artwork being made by adults would demonstrate “extreme vulnerability,” she also goes on to say, “children are also just as vulnerable, or even more vulnerable [than adults],” which indicates a difference in the way children’s vulnerability is seen.

Conclusions

While results of the experiential showed evidence of both empathic imagination and graphic empathy, whether this activated empathy that already existed, or whether this was newly inspired empathy, cannot be determined by this research study. There is likely a higher level of initial empathy to begin with, as those who signed up for this experiential likely have a stronger interest and investment in the topic. However, there are implications for the ability of a process such as this, involving guided relational viewing of artwork created by vulnerable or marginalized populations, response art, and a guided discussion by someone professionally trained in the field of art therapy, to inspire or increase empathy. This is indicated in the use of empathic imagination and graphic empathy seen in this research experiential.

An interesting result the researchers noticed was the importance of the art materials chosen for the response art. Multiple participants chose materials to create specific aesthetics in their response art, despite how comfortable or familiar they were with them, implies a level of attempted connection and understanding with the refugee children purely based on the material choice, as well as the imagery included in the response. Researchers had not previously considered how the material choice could become an extension of the graphic empathy. This result leaves a space for further investigation and research.

While the data show that the first year art therapy graduate students verbalized their empathic imagination more directly, the undergraduate studio art major's descriptions and use of metaphor to try to understand the experience via the artwork can also be considered empathic imagination, as there is an attempt at understanding another's experience (Kapitan, 2012). Nearly all of the themes show the participants' attempt at understanding the refugee children's experience, including the emotional or psychological state the children were in while making the

art, as well as a curiosity towards potential future outcomes for the refugee children. This overarching theme of attempting to understand another, particularly through the graphic empathy seen in the response art, indicates empathic imagination. Therefore, it can be concluded that this experiential either inspired empathy, or amplified empathy that already existed.

As much as this study's exploration of graphic empathy and the use of guided relational viewing provide information about how people can engage with images with deeper meaning, the research may also prove useful in regards to developing support and care for refugee populations. The current refugee crisis pouring out of the Middle East, particularly from Syria, may be the worst since World War II as it is overwhelming and heightening tensions in nations across Europe and around the world (Vick, Bejakal, Shuster, Walt, & Witty, 2015). The initial loss of home and exposure to violence undoubtedly have a significant impact on a refugee, yet the experiences undergone through the asylum seeking and resettlement phases of migration can also have lasting impacts on a person or child's wellbeing (Ahmed & Aboul-Fotouh, 2012). After fleeing their country or origin, many of those waiting to receive their refugee status and establish residence in a new country must first spend time living in a refugee camp. Due to overcrowding or lack of resources, refugees will experience inadequate shelters, access to medical services, lack clean and safe water food supplies, and have little opportunity for employment which can lead to tensions with the host communities (Citizenship and Immigration Canada, 2015). Once refugees are able to achieve resettlement, new challenges often arise as they begin to acculturate as well as nurture a connection to their home culture. It can be intimidating and overwhelming to navigate a new cultural system and refugees often experience difficulties finding affordable housing, discrimination for their faith and customs, inability to advocate for their needs due to a language barrier, and overcrowded school systems that do not

offer support (Ahmed & Aboul-Fotouh, 2012). The environment in which a refugee is transplanted can be triggering and play a significant role in the mental health of this population.

Much of the research that has been conducted to demonstrate how psychotherapy and art therapy can be effective modes to support the mental health of refugees focuses on a Western medical model that seeks to measure the level of symptoms related to depression, anxiety, and trauma (Slobodin & Jong, 2015). As much as individual and group therapy with refugees can allow for a cathartic release and decrease some symptoms, one study did point out that waiting to learn about their refugee status could be hindering a more significant change in symptoms or behaviors (Unterhitzberger, Eberle-Sejari, Rassenhofer, Sukale, Rosner, & Goldbeck, 2015). This approach has the potential to be blind to the entire context of the refugee experience and may pathologize reasonable distress (Kalmanowitz & Ho, 2016). A holistic approach, as advocated by Kalmanowitz and Ho (2016), should take into consideration a person's external world which includes the greater community, social systems, families, and schools. The recent travel ban in the United States and protests around the world demonstrate a global debate about what to do for refugees (Erickson, 2017). Ahmed and Aboul-Fotouh (2012) point out how political leaders portraying refugees as an economic burden makes them vulnerable to discrimination. It is the chaos and destruction of one's environment that creates a refugee and it may be the potential of a new environment to be supportive, accepting, and engaging that's helps them to feel safe and human again.

This study's demonstration of guided relational viewing, graphic empathy, and empathic imagination may support further research as to how communities can become more involved in the support of refugees and other marginalized populations. As Kapitan (2016) explains, "When grounded in empathic imagination as well as creative action, art therapy can foster the capacity

to embrace the other more generously and completely” (p. 102). If a refugee enters a new community in which they do not feel safe or welcomed, their mental health and broken hearts will not heal. Yet the techniques used in this research may be able to diminish the “otherness” often applied to refugees and create an environment in which outside and host communities take an active role in supporting and caring for individuals and families that have lost so much.

Furthermore, there is an implication that engaging mental health professionals, as well as those training to become mental health professionals, in experiences similar to that of this experiential could improve mental health treatment for refugee populations. While our data cannot conclude that understanding of the refugee experience increases, what does increase is empathy. This is seen by the participants efforts at understanding the experience of the marginalized and vulnerable population presented (refugee children) through the guided relational viewing and response artwork. Through the efforts towards understanding, empathy appears to have either been inspired or amplified. Therefore, this empathy can be utilized in the treatment process, allowing for more individualized and culturally humble and competent treatment of refugees.

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Appendices

Appendix A

Informed Consent Form LOYOLA MARYMOUNT UNIVERSITY

Date of Preparation November 28, 2016

Loyola Marymount University

- 1) I have been asked to participate in a research project which is designed to view and record my reactions to viewing the art of refugees through the process of surveys, art making, and group discussion for approximately an hour and a half.

- 2) I understand that the reason for my inclusion in this project is that I am either a studio art major, a first year art therapy graduate student, or an art therapy alumni from Loyola Marymount University.

- 3) I understand that if I am a participant, I will take a pre-survey when I sign up to participate. At a later, pre-planned date, I will participate in an hour and a half experiential where I will be asked to view and create art, and partake in a short discussion of the experience. Finally, I will complete a post-survey before leaving the experiential. The investigators will review experiential procedures, and help to lead the discussion. Investigators will store all art created in a locked cabinet in a locked office, to be returned at the completion of the study if desired, or otherwise destroyed.

- 4) I understand that I will be audiotaped and my artwork may be photographed in the process of these research procedures. I understand that these tapes will be used for teaching and/or research purposes only and that my identity will not be disclosed. I have been assured that the tapes will be destroyed after their use in this research project is completed. I understand that I have the right to review the tapes made as part of the study to determine whether they should be edited or erased in whole or in part. I understand that any artwork used for research purposes will have any identifying information covered or removed.

- 5) I understand that the study described above may involve the following risks and/or discomforts: emotional discomfort when viewing the art or discussing refugee experiences; the art and art making may bring up unsettling or traumatic memories. I understand that both researchers will be available to process and strong feelings, and that I am able to leave the experiential at any time.

- 6) I also understand that the possible benefits of the study may include gaining a better understanding of marginalized populations, by creating a cathartic experience through artistic expression and art viewing. Another benefit may be a motivation to take social action in social issues.

7) I understand that Kelsey Gavin or Zoé Cavnar-Lewandowski, who can be reached at kgavin1@lion.lmu.edu or zcavnarl@lion.lmu.edu will answer any questions I may have at any time concerning details of the procedures performed as part of this study. In addition, the faculty sponsor, Debra Linesch may be contacted at 310-338-4562 or dlinesch@lmu.edu.

8) If the study design or the use of the information is to be changed, I will be so informed and my consent re-obtained.

9) I understand that I have the right to refuse to participate in, or to withdraw from this research at any time without prejudice to (e.g., my future medical care at LMU.)

10) I understand that circumstances may arise which might cause the investigator to terminate my participation before the completion of the study.

11) I understand that no information that identifies me will be released without my separate consent except as specifically required by law.

12) I understand that I have the right to refuse to answer any question that I may not wish to answer.

13) I understand that in the event of research related injury, compensation and medical treatment are not provided by Loyola Marymount University.

14) I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Moffet, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 at david.moffet@lmu.edu.

15) In signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject's Bill of Rights".

Subject's Signature _____ Date _____

Appendix B

Pre-Survey on Attitudes and Behaviors

Please respond to the following statements by circling the number that best corresponds to your experience.

Strongly Disagree 0 1 2 3 4 5 Strongly Agree

1. Imagery helps me understand and know my world.

0 1 2 3 4 5

2. I am comfortable having refugees living in my neighborhood.

0 1 2 3 4 5

3. I understand the experiences of refugees.

0 1 2 3 4 5

4. I am scared of refugees.

0 1 2 3 4 5

5. I will confront discriminatory remarks about refugees.

0 1 2 3 4 5

Appendix C

Post-Survey on Attitudes and Behaviors

Please respond to the following statements by circling the number that best corresponds to your experience.

Strongly Disagree 0 1 2 3 4 5 Strongly Agree

1. **Imagery helps me understand and know my world.**

0 1 2 3 4 5

2. **I am comfortable having refugees living in my neighborhood.**

0 1 2 3 4 5

3. **I understand the experiences of refugees.**

0 1 2 3 4 5

4. **I am scared of refugees.**

0 1 2 3 4 5

5. **I will confront discriminatory remarks about refugees.**

0 1 2 3 4 5

Additional comments:

If you would like your artwork returned to you at the completion of this study, please provide a name and mailing address below. Please note, to maintain confidentiality, your artwork will be destroyed at the completion of this study if you do not want it returned to you.

Name: _____

Street Address: _____

City, State, Zip: _____

Appendix D

Script:

“Welcome to and thank you for taking the time to come and participate in our research experiential, “The Potential for Refugee Art to Inspire Empathy and Social Action”. I am Kelsey Gavin, and this is my fellow researcher, Zoé Cavnar-Lewandowski.

We want to remind you that at any time during this experiential you can opt out and leave. We also want to remind you that we will be recording the discussion, and I will be taking notes. At any time you can ask to see the notes or have part of the recording played back to you. These are just for data collection processing, and will be disposed of at the completion of the study. We want to also remind you that at the completion of the experiential, if you feel like you need further processing with a mental health professional, you can find services through student health.

Before we begin, I will review the events of the day. First, you will have 10-15 minutes to view the artwork. We will have the lights set to maximize the viewing experience. We ask that you take the full amount of time to really examine the artwork closely. Next, there will be about 15-20 minutes to create a response art piece. At this time, we will turn on additional lighting. We will then invite you to engage in a discussion about the art viewing and making process led by Zoé. Finally, we will ask you to take another brief survey before leaving. On the survey is a space to indicate whether or not you would like your art returned to you at the completion of the data collection process. Throughout the process, we will let you know how much time is left before transitioning into the next step.

All art materials out on the table [indicate to the material table] are available for you to use during the response art portion. Feel free to use them whichever way you feel comfortable.

The art we have on display today are copies of drawings created by refugee children in the midst of their journey fleeing violence in their home countries. The art came to the attention of the Director of the Art Therapy department, Debra Linesch, by Robin Jones. Robin is an art teacher who was able to offer art supplies to some of the refugee children during their journey as an activity to provide some relief or distraction as their families worked on figuring out the next steps of their journey. The drawings we have today were left to her and it is unknown to us the exact age or gender of each artist. What we do know is that these are the works of children approximately below the age of 15. We also know that the majority of these children were seeking to escape violence and unsafe conditions taking place in the nations of Syria, Iraq, and Afghanistan.

In a moment we will invite you to come to the front of the room to view the artwork. We strongly encourage you to take your time to really allow yourself to engage thoughtfully with the artwork. Perhaps we have all had the opportunity to view art displayed in a museum and checking for what we like or don't like about the images on the wall. For the purposes of this experiential, we want to slow down the process of viewing art to allow for a variety of experiences and sensations.. When looking at each piece, consider what thoughts or words come

to mind, do they evoke any memories you may have, and check in with your body for any physical reactions. After absorbing the content, themes, forms and colors of the artwork, reflect on the reactions you experienced and how they can inform your artistic process today.

After about 10 minutes viewing the art, we will turn on additional lights which will signal that you may begin creating your own art in response to the art of the refugee children. There is no right or wrong way to approach how you would like to respond artistically to the artwork shown today. We are interested to learn more about your organic process and reflection.

Please begin

Appendix EResearch Questions for Semi-Structured Interview

What did you notice in the children's artwork?

What were you drawn to looking at---did anything stand out to you?

Did you notice any similarities in your own art?

Would you say this was intentional?

What feelings, if any, came up when viewing? When creating?

Was there a particular reason as to which materials you chose?

How do you understand what might be happening in the images?

Would the way you experience the artwork change if it were made by adults?

Has this experiential influenced any of your previous thoughts on the issue?

How has this process influenced your potential engagement regarding this topic?

Appendix G

IRB Approval



Kelsey Gavin <kgavin1@lion.lmu.edu>

IRB Approval/Cavnar-Lewandowski/Gavin

1 message

Paterson, Julie <Julianne.Paterson@lmu.edu>

Tue, Dec 13, 2016 at 8:38 AM

To: "zcavnar1@lion.lmu.edu" <zcavnar1@lion.lmu.edu>, "kgavin1@lion.lmu.edu" <kgavin1@lion.lmu.edu>

Cc: "Linesch, Debra" <Debra.Linesch@lmu.edu>, "Moffet, David" <David.Moffet@lmu.edu>, "Carfora, John" <John.Carfora@lmu.edu>, "Paterson, Julie" <Julianne.Paterson@lmu.edu>

Dear Ms. Cavnar-Lewandowski and Ms. Gavin,

Thank you for submitting your IRB application for your protocol titled ***The Potential of Refugee Art to Inspire Empathy and Social Action***. All documents have been received and reviewed, and I am pleased to inform you that your study has been approved.

The effective date of your approval is **December 13, 2016 – December 12, 2017**. If you wish to continue your project beyond the effective period, you must submit a renewal application to the IRB **prior to November 1, 2017**. In addition, if there are any changes to your protocol, you are required to submit an addendum application.

For any further communication regarding your approved study, please reference your **IRB protocol number: LMU IRB 2016 FA 61**.

Best wishes for a successful research project.

Sincerely,

Julie Paterson

Julie Paterson | Sr. IRB Coordinator | Loyola Marymount University | 1 LMU Drive | U-Hall #1718 | Los Angeles, CA 90045 | (310) 258-5465
