

ATOL: Art Therapy OnLine

From a Good-enough Mother to a Good-enough Sister:

Art therapy with Multicultural Groups of Refugees

Blanca Haddad

This article is a transcription of a presentation I gave at the International Art Therapy Conference at Goldsmiths (University of London) in April 2013, about the work that I have done over the past three years as a group art therapist with refugees in Barcelona, Spain. Rather than an academic or scientific presentation, this article is a testimony to the dilemmas that I confronted as a therapist, and as a citizen, as a result of the work with refugees and those affected by war and persecution. The images included in this article were produced by the members of the art therapy groups (See images and testimonies).

I have been doing art therapy sessions with multicultural groups of asylum seekers who have had overwhelming experiences of persecution and torture. When I proposed the art therapy group to the Catalan Commission for Refugees (CEAR), I thought that my studies in psychosocial interventions and my training as an art therapist, plus my previous experience working in Venezuelan prisons, would be a strong enough base to offer a holding environment to those who were going through difficult moments as the result of human rights violations. Very soon I realized that, as professionals as well as human beings, we are never prepared for atrocities.

I remember my first meeting with a group of 25 refugees of 12 different nationalities and from at least 10 different armed or political conflicts: Afghanistan, Cuba, China, Guinea Conakry, Western Sahara, Ivory Coast, Mali, Pakistan, El Salvador, Egypt, Syria, Tibet and Palestine, among others. I proposed two objectives for the art therapy group. On one hand, a “therapeutic objective” and on the other hand, what I called, the “communicational objective”.

The “therapeutic objective” was initially focused on giving the group a safe space to get to know each other, share their personal experiences and to exercise Irwin Yalom’s group therapeutic factors (1995) such as; sense of belonging, catharsis, cohesiveness, universality and installation of hope, and so on. The “communicational objective” was to help refugees produce images that could be used to promote knowledge amongst the general population about human rights violations. These images would illustrate their own personal histories and construct a more accurate narrative of what it means to be a refugee, as usually the images that accompany texts and reports about refugees are made by people who are not refugees themselves, such as photographers, graphic designers, and so on.

In that first meeting, the group of refugees did not show any interest at all in the “therapeutic objective” and a lot of interest in the “communicational objective”. A young man said ‘I don’t know what art therapy means but I know that people have to know about our condition as refugees and why we leave our countries’. It was difficult because I did not want to create false expectations with this “communicational objective”. I was concerned that they might think that we were going to produce a massive campaign with a high impact, so I explained that our campaign would be small but affordable. As they showed a lot of interest in the idea of creating images to illustrate their own personal history, we continued working together for the next two months.

I followed the recommendation of Herman (2001) about working with victims of torture when he said 'Torture robs victim's sense of power and control, the guiding principle of recovery is to restore power and control to the survivor' (Herman 1992, cited in Gorman, 2001, p.446). For me to restore this power and control was to listen to their demands and try hard to give them the kind of space and setting within the art therapy group that they felt they needed to have.

On that first meeting, I remember sitting at a big round table with all the refugees explaining how the art therapy group should work and everything I said had to be translated into four languages (English, French, Spanish and Arabic). I remember asking them 'where do you come from?' and at that moment creating a mental map in my mind and thinking 'This is the world, this is not an isolated case; this is not someone who has difficulty coping with his or her life, this is the world not in books or academic journals; this is the concept of justice challenging me and somehow asking me, "how are you going to handle this?"' I felt frustrated and depressed and I doubted my capacity to be "good-enough", to be that "good-enough mother" that I was trained to be. I like Winnicott (1949) and I always try to incorporate the idea of "good-enough mother", but I soon realized that the concept of a "good-enough mother" was not sufficient for this particular art therapy group. I felt the group was already going through a very complex process, where many social workers, lawyers, counselors, and other staff were helping them with their daily lives and also taking on the role of "good-enough mothers", telling them how to do things, showing them new cultural codes, and so on. I felt from the very early sessions that they did not want me to be a "good-enough mother" as they already had many of them. I felt they wanted me to be a "good-enough friend", a "good-enough sister". They needed horizontality; they needed to talk to me as an equal, they needed to confirm that as a human being I can share the heavy weight of those experiences of fear, humiliation, anger and insecurity. They needed to know that those human rights violations they had suffered concern all of us; they needed to know that as a citizen of this world I am also affected by them, so we worked together as a team. As a response

I intuitively decided as an art therapist not to hide my insecurities and doubts, not to pretend to be in charge. So I let them know when I felt lost or frustrated or sad, we talked openly about our feelings. It was about working for a bearable place to live, to share, it was about surviving together. The setting was the reality we shared.

When I started working with the Catalan Commission for the Refugee in 2010, everyday on the TV there were stories about refugees trying to escape from what the media later romantically called the “Arab Spring”. I remember tourists complaining that their holidays had been destroyed by the hundreds of refugees that were arriving at the Mediterranean coast, for example, at Lampedusa, in Italy. In 2011, during the first three months of the war in Libya thousands of refugees drowned in the sea trying to escape from conflict. Every day during breakfast, images of tortured leaders, soldiers, rebels and refugees were shown on the TV and people called them leaders, soldiers, rebels and refugees...but now, for me, they had names: Ahmed, Martin, Mohammed, Nadine, and so on. This close contact with people who have gone through atrocities and persecution made me realize that it is the person, the citizen, the member of the community and their values who makes the professional. I didn't just want to be an art therapist looking for an exciting job in the wake of a disaster, even though there is always this temptation.

The art therapist exists within a context. And in this particular case Art Therapy works with images, which have a symbolic social value. The images produced by the refugee art therapy group represented the voice of those who survived and those who did not survive. These voices have an impact on both social and personal levels. We as art therapists have to be open to receiving this impact and its subjective consequences.

Paulo Freire (1972) said, “The investigator who, in the name of scientific objectivity, transforms the organic into something inorganic, what is becoming into what is, life into

death, is a man who fears change” (p.81). After working with refugees and victims of torture I did change. I questioned many of the key issues about therapy, in particular, the setting and my role as the therapist.

I framed the group work within psychosocial theories and art therapy theories, but I felt that information coming from Sociology, Philosophy, Politics and Social Development was also relevant to understanding the situation I was working in. For instance, the theories of Alistair Ager on the “four phases of the refugee experience” (n. d.) helped me to articulate the group identity in this multicultural setting. Most of the group members had been through those phases: the pre-flight, flight, asylum seeking and resettlement or repatriation phase. As all the members of the group had been through these phases, they represented a common narrative which each could relate to. Each of these phases had many characteristics that were common to almost every member of the group, which gave them the opportunity to discuss and find out about each other’s coping strategies and feelings.

The pedagogical liberation theories of Paulo Freire (1972) and Martin Baró’s Latin American theories of Social Liberation Psychology (1996) were relevant. Freire’s theories situate those who have been oppressed as subjects of transformation and not just as passive receptors, an idea that influenced the art therapy sessions and allowed the therapist and the group to determine together their meaning. The group should be able to critically reflect on their own reality and their political and social context within their own cultural values and norms. In this order of ideas, Baro (1996) suggests that the affected people are capable of creating and finding their own conceptual framework, and through this process will be able to recognize and dismantle possible social stereotypes that perpetuate dominant ideologies. These theories guided the work in a more horizontal way, making it less about providing assistance and more about social and political awareness. This was a demand that came from the group.

All the people within the group were survivors, and it is not only physically that they survived, there was also a survival dimension which I called “the historical dimension”. They, and the art work they produced, embody the history of many who did not survive, representing a vulnerable collective memory. One woman in the group said, ‘Sometimes I don’t want to wake up, because I have no family and no country and nothing to fight for...’ and another member of the group answered: ‘You have to survive to tell what happens, otherwise it would keep repeating.’

When art therapy meets issues related to justice it has to deal with them head on. Art therapy can’t turn its back and isolate facts from the context because to ignore the context and its complexities is what injustice does. It is very intricate work, difficult not to take home, as when you open your eyes to injustice you start to see it everywhere. So I think all therapies that work with humanitarian issues demand a personal commitment as a friend, as a neighbor and as a fellow citizen to the issue itself. That’s why I believe we have to work towards an inter-agency collaboration creating projects that try to bring together therapy, justice, health and community. But the challenge for me is how to do this and take account of social dynamics without making it even more institutional and without overwhelming the art therapy group with the intervention of other workers or with the risk of falling into political instrumentation. Therapy and humanitarian action should stimulate affected people to participate and to trust their capacity to create coping strategies, to listen to their cultural values and to have a central role in their own history. We need to have an organic approach, which means that we have to be flexible and open to change.

By the end of the art therapy groups I found that the participants were very satisfied with the idea of leaving a visual testimony of their process, a process that, in many cases, was too heavy to hold without the support of others, and they were even happier about creating an awareness campaign with the images they made. I really think that art therapy can potentially contribute to bringing together the individual and the community,

helping to create a collective and horizontal consciousness that helps us to understand that atrocities, war and persecution, affect all of us and a review of our values is required not just as citizens but as professionals as well.

Images and testimonies:



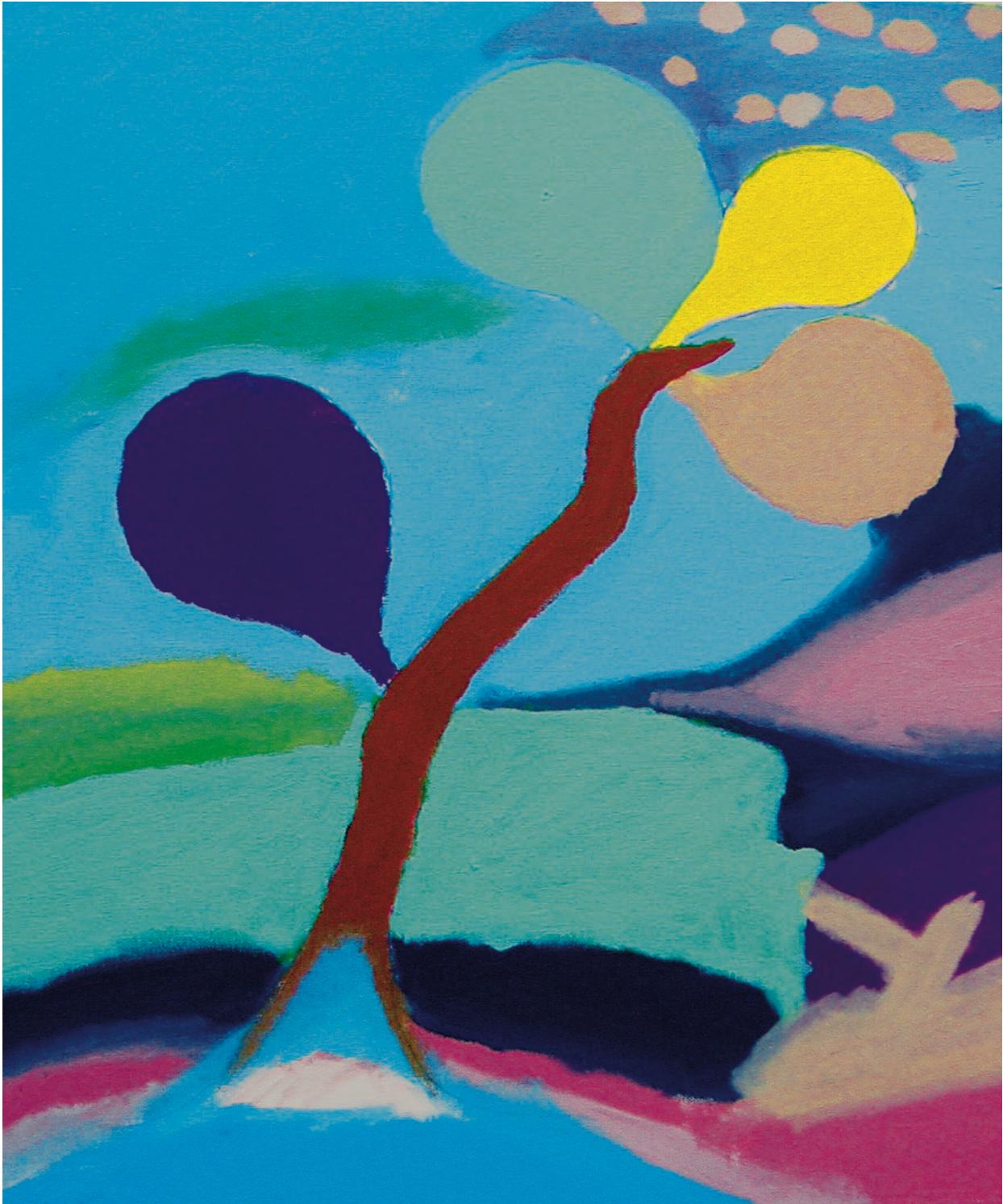
1. Without papers, without opportunities to work or to study, refugees are like the bud of a plant that can never flower. They have potential but never flourish...



2. I am 24 years old and 23 of those years I have spent fleeing from one country to another. Since I was a baby in my mother's arms, frightened, with no rights, with no home...I was only able to live in my country for one year. After that there was one war after another. We as refugees are like the bird in this cage, beings without rights or freedom.



3. We came running away from the fire and the war...we can't live forever without water and without food, drifting in a boat...When we want to enter a city the police ask us: - Where are you going? - They point their guns at us- I come from the war- I say - I don't know where I am going...



4. This painting represents a small seedling that has just been transplanted. This seedling, little by little, gets stronger and becomes a tree. This is like our life here, we start with nothing, weak, but little by little we grow firm and become strong like a tree.

Biography

Blanca Haddad holds a Degree in Fine Arts (IUESAPAR, Venezuela,1998) with a relevant career as an artist in Latin America where she has participated in cultural projects with vulnerable populations (prisons, internally displaced people). She completed an MA in Art Therapy (University of Barcelona, 2008) and worked as a group Art therapist with refugees and people affected by psychosis and major depressions. In 2008, she received the Santander Academic Award to study Social Development and Health in Queen Margaret University (Edinburgh 2010) where she graduated with a distinction. She has researched the use of art as a tool for social development in communities affected by extreme poverty and armed violence. She has recently worked in mental health with adults, elderly people and palliative care. She does group and individual art therapy.

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