



Mindfulness  
for Integration

MINDFULNESS FOR INTEGRATION

# BEST PRACTICE HANDBOOK



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## **Artemisszió, Hungary**

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## *Disclaimer*

We aim for our guide to lead you on a journey, offering practical solutions for integration and mental health concerns. The images utilized are sourced primarily from the Canva platform, with any exceptions duly noted below.




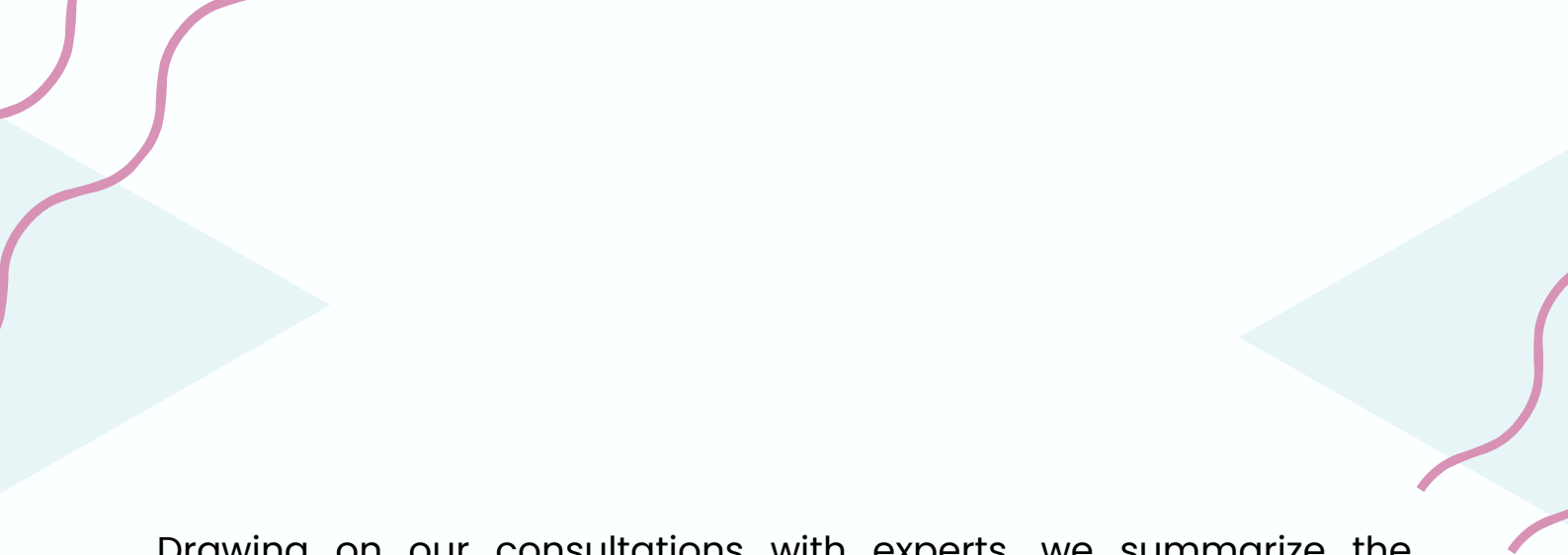
# INTRODUCTION

This handbook has been developed to broaden the knowledge of support workers, facilitators and adult educators working with groups and individuals, focusing on three topics: migration, mental well-being and artistic and creative tools.

The beneficial effects of art and immersion in it have been known for a long time, and new research is emerging on the use of creative techniques with different groups – usually focusing only on one creative tool at a time. In this handbook we collected good practice examples showcasing various means of art. When looking for information on the mental health of migrants as professionals or as people interested in the subject, one can find materials on post-traumatic stress as a result of the trauma suffered by refugees and how this can be alleviated through different artistic techniques. We consider these to be very important, although, everyday experience shows that the above focus is only a small part of the big picture, as the situation in Europe and globally is more complex. Migration, whether planned or forced, is certainly a mental demand for those who experience it, as the process of settling into a new environment, of separating from the old, catalyzes complex internal processes.

In compiling this handbook, we have tried to highlight different aspects of the topic. We show how the role of the arts in supporting mental well-being has evolved over the past decades, highlighting different methodologies and techniques.





Drawing on our consultations with experts, we summarize the difficulties migrants and refugees face today in different European countries (in Estonia, Germany, Greece, Hungary, Poland, and Sweden) and how this relates to their mental well-being. During the expert consultations, it became clear that this topic cannot be discussed without talking about trauma and trauma-informed approach, so we have included a short introduction to explore basic concepts, accompanied by some exercises, and recommend further literature to deepen the understanding of the topic. We present some examples of good practice from around the world, and at the end of the publication, we present some of the suggestions that practitioners have made for working with the target groups.

Although the main focus of this publication is on the difficulties faced by migrants and refugees and the practices that help them, we hope that the content is widely applicable, informative and useful for professionals working with other groups or those who are simply interested in the topics discussed.

The handbook is the first result of the Mindfulness for Integration project, we can not thank enough to the experts we consulted for their contributions to the work.



Mindfulness  
for Integration

**MINDFULNESS FOR INTEGRATION**

**WORK, ART, MENTAL  
WELLBEING  
& THE CHALLENGES MIGRANTS  
AND REFUGEES FACE**



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# BRIEF HISTORY OF ART & MENTAL WELLBEING

## Art and Mental Health

Art therapy might sound like a new-age concept, as the therapeutic use of art only gained more recognition in the early 20th century. However, humans have been communicating through various forms of expression—such as dancing, storytelling, drawing, and singing—since before written history, and they have always understood the therapeutic value of expressing themselves creatively.



There is research which suggests an intersection of health and arts from the earliest artifacts found in caves dating back to around 40,000 years ago.


Over time, as the fields of psychology and psychiatry evolved, so did the understanding of the therapeutic benefits of art. Throughout history many famous individuals have used **art as a form of self-therapy** to cope with various challenges, including mental health issues, personal struggles, and traumatic experiences. Notably, Frida Kahlo the renowned Mexican artist used painting to express her physical and emotional pain following a tragic bus accident and a series of health issues. Her artwork often delves into themes of pain, identity, and resilience.



Vincent van Gogh, the renowned Dutch post-impressionist painter, is another compelling example of an artist who utilized his art for self-healing and self-expression. Throughout his life, van Gogh grappled with various mental health challenges, channelling his intense emotions and inner turmoil into his artwork. His capacity to transform his pain and suffering into impactful works of art underscores the therapeutic and healing potential of artistic expression.

Art therapy as a **formal, structured medical practice** traces its roots back to the **early 20th century** with a pioneer named Adrian Hill, a British artist and educator. He began using art as a therapeutic tool during his **recovery from tuberculosis** in the 1940s. Tuberculosis was rampant throughout much of that era. In those days, treatment most often involved isolating the infected and contagious patient in a sanatorium. These facilities functioned as a combination of a modern medical quarantine centre and an inpatient hospital. Art therapy continues to be used in tuberculosis cases today.

Observers, medical staff and Hill have noticed that tuberculosis patients who engaged in drawing and painting appeared to experience reduced suffering. Through artistic expression and the use of a visual medium, these patients found a **sense of freedom** and interaction that their isolated, confined situations did not typically offer. It became clear that the act of creating art offered a beneficial emotional release, aiding in the recovery process.



These theories and practices were adopted and formalized by mental hospitals and other institutions throughout Europe at a rapid pace. By 1964, the United Kingdom was home to a professional organization calling itself **The British Association of Art Therapists**.

Two other pioneering figures in the development of art therapy were **Margaret Naumburg** and **Edith Kramer**. Margaret Naumburg played a key role in popularizing art therapy among American patients and institutions. Her work was deeply psychological, focusing on the expression of unconscious and subconscious thoughts through free association in art. Edith Kramer, an Austrian-born artist, further developed these ideas by emphasizing the significance of the artistic process in therapy.

In the **1960's American Art Therapy Association** (AATA) was established, contributing to the **formalization and standardization** of art therapy practices. Art therapy gained recognition as a legitimate therapeutic approach in mental health settings, schools, and hospitals. It became integrated into various psychological and counselling theories. The field began to accumulate research supporting the efficacy of art therapy in treating various mental health issues.

Today, art therapy is recognized as a valuable form of psychotherapy with applications in diverse settings, helping individuals explore emotions, improve self-awareness, and enhance their overall well-being.

Art can serve as a valuable tool for promoting mental health, developing positive coping strategies, and managing stress and anxiety. It can be employed through various approaches, involving either a single art form or a combination of multiple disciplines. This may encompass visual arts such as drawing, painting, and sculpting, as well as sound and music therapy, writing and poetry, dance and movement, theatre and drama therapy, among others. Even within one form of art, there is a whole lot of different methods and forms and the combination of many.



Producing **artwork on paper** can be achieved using various tools, such as drawing, (finger) painting, coloring or even collage making. Collage is a versatile and enjoyable method that appeals to individuals, whether or not they have previous art experience. It is particularly effective in alleviating fears associated with drawing skills and art-making process.



**Music therapy** is an experiential form of therapy during which a person goes through assessment, treatment and evaluation by engaging in different types of music experiences, music therapist Kenneth E. Bruscia writes in his book *Defining Music Therapy*. These music experiences might include listening to music, writing music or playing instruments. Music therapy can be an active process, where clients play a role in creating music, or a passive one that involves listening or responding to music.



**Writing therapy** has the potential to promote mental and physical healing, with one key benefit being the emotional release of sharing and "getting things off one's chest." It is a cost-effective, readily available, and adaptable form of therapy. It can be practiced individually, requiring only a person and a pen, or under the guidance of a mental health professional. Additionally, it can be conducted in a group setting, where discussions center around writing activities.



**Dance/movement therapy** is the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration. Practicing can help people with physical health by increasing strength, improving flexibility, decreasing muscle tension, and boosting coordination. It can also offer important mental health benefits including stress reduction and even symptom relief from conditions such as anxiety and depression.



**Psychodrama** pioneered the field of theatre therapy, a structured therapeutic approach where an individual enacts a personal issue or conflict, often in the presence of a group. While the group members typically participate in the dramatization, the focus remains on the individual's concerns. Developed by Jacob L. Moreno, a Viennese psychiatrist and psychotherapist, in the 1920s, psychodrama has since evolved with various practitioners introducing new methods. However, the core concept of addressing an individual's issues within a group setting persists.



**Psychodrama** can be integrated into a broader treatment plan or used as the primary or only therapeutic approach.

**Drama therapy** is a treatment approach that provides a theatrical platform for people in therapy to express their feelings, solve problems, and achieve therapeutic goals.

The North American Drama Therapy Association defines the therapy as *“an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviors, practice being in a relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world.”*



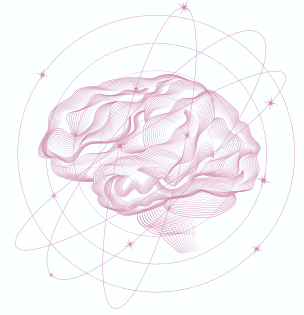
Another facet where drama can support the mental health of a collective is Augusto Boal's **Theatre of the Oppressed**, which aims to empower marginalized communities and individuals to address and transform social and political issues through theatre. This approach fosters active participation, dialogue, and collective problem-solving using a range of theatrical techniques. The primary techniques include Image Theatre, Forum Theatre, Invisible Theatre, and Legislative Theatre.



Although it has many similar elements to psychodrama, Boal's approach emphasizes collective action, empowerment, and social change; in contrast, psychodrama typically focuses on individual therapy and personal growth within a group setting.







Although Mindfulness is a different therapeutic approach than Art Therapy, they share the same principles, and it can be integrated into the art sessions to complement and enhance the experience. Mindfulness is a technique which is based on one's **ability to be fully present** of thoughts, feelings, body sensation and surrounding environment without judging it.

While mindfulness is commonly linked with Buddhism, its origins can be traced back to the **yogic** practices of the Hindu people. Scholars suggest that the Hindu religion began between 2300BC and 1500BC in the Indus Valley, which predates Buddhism and Buddha himself. In Buddhist texts, mindfulness is referred to as "sati," emphasizing awareness, attention, and remembering. It was a fundamental aspect of Buddha's teachings, emphasized as a path to enlightenment and liberation from suffering.

Over the years, mindfulness practices have spread to various cultures and traditions, adapting to different contexts and beliefs. In the **20th century**, mindfulness gained traction in the Western world, largely due to the efforts of **Jon Kabat-Zinn**, a scientist and meditation teacher. He introduced the **Mindfulness-Based Stress Reduction** (MBSR) program in 1979 at the University of Massachusetts Medical School. MBSR combines mindfulness meditation and yoga to help people manage stress, pain, and illness.

The popularity and acceptance of mindfulness grew rapidly in the Western medical and psychological communities and numerous mindfulness-based interventions and programs have been developed, which help individuals to cultivate awareness, reduce stress, manage emotions and improve overall well-being.



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**UNDERSTANDING MENTAL  
HEALTH CHALLENGES FACED  
BY MIGRANTS AND  
REFUGEES**



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# UNDERSTANDING MENTAL HEALTH CHALLENGES FACED BY MIGRANTS AND REFUGEES


## Mental Health Challenges of Migrants & Refugees

We conducted research in collaboration with our project partners to gather valuable insights and experiences from partners who have worked with migrants and refugees. The research involved 64 participants, including local authorities, civil society organizations supporting migrants and refugees, creative professionals, and mental health professionals across six countries:



Italy, Germany, Hungary, Estonia, Sweden, and Greece. Based on the interview responses, this chapter will explore the various mental health challenges faced by migrants and refugees. Subsequently, we will identify the resources and approaches used in their practice.

The research showed that refugees and migrants encounter a range of mental health challenges, with the loss of their cultural and personal roots being particularly impactful. As one psychologist pointed out, "all foreigners have lost their roots; this is the fundamental issue we need to address to stabilize the client. Until they overcome this sense of rootlessness, they struggle to think rationally."





This indicates that until migrants' fundamental needs, including food, housing, financial stability, and community support, are adequately addressed, their mental health might be secondary, and they may require substantial assistance.

Another expert mentioned that 70–80% of refugees have **experienced trauma due to war, violence, or the migration journey**, leaving deep psychological scars. Post traumatic stress disorder (PTSD) emerged as a significant concern in all the interviews. One of the psychologists explained that “Trauma is a mental state where individuals who have experienced trauma often feel constricted and narrowed in their mindset. They are in a constant state of alertness, internally fleeing, and unable to think rationally. Until these individuals achieve basic safety and stability in a new country, addressing their traumas is challenging. They require comprehensive support to heal. Through verbal therapy, medication, and art therapy, we can penetrate this narrowed consciousness and expand it. Art therapy, for instance, can help them explore creative solutions to their challenges.”

It's essential to highlight that even those who have not directly faced war or violence can suffer from serious mental health conditions, including PTSD. This can be due to a combination of factors and events that individuals perceive as traumatic. In an upcoming chapter we delve into trauma, PTSD, and trauma-informed care and approaches in more detail.

Foreigners often experience **culture shock** to varying degrees. Third-country nationals may arrive in the EU with **high expectations that the reality does not meet**.

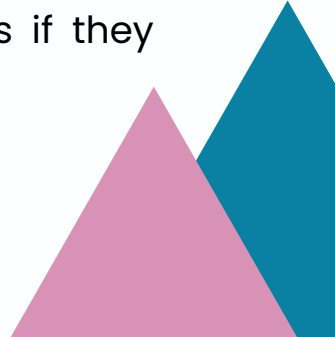




Both adults and children also frequently face **a loss of their previous status from their home countries**. Adults may have had a higher standard of living, well-paying white-collar jobs, and higher education in their home countries, but in the host countries, they may **only find lower paying jobs**. Children, who might have excelled academically and personally in their home countries, often **struggle to achieve the same level of success in the host country**. Children may experience a sense of **loss of control in their lives** due to the disruptions caused by war, and the adults and communities around them may not offer the same level of structure and control. They lack positive role models and guidance to help them understand their identity and desires.

Third-country nationals often face **high expectations from family members still living in their home country to provide financial support**, if living in the EU enables them to do so. However, due to the challenges mentioned earlier, many foreigners struggle to meet these expectations, and some may even end up in homeless shelters, making it difficult to support their families financially.

While these challenges are widespread, **the local context can amplify existing issues**. For instance, Hungary's system **lack of necessities like housing or food** which heighten feelings of insecurity and **unpredictability**. Hungary is primarily seen as a transit country where migrants seldom settle, often aiming to move further west or return to their home country. Consequently, they encounter barriers to integration, such as learning the language, enrolling their children in schools, and accessing healthcare services. Many question the need to utilize these services if they plan to leave soon.



Another significant challenge for migrants is the **lack of existing migrant communities and support systems**. There is a strong societal pressure for assimilation, with expectations for migrants to fully integrate, speak the local language, adapt to local customs, and even abandon their religion. While migrants may strive to meet these expectations to fit in, the desire to assimilate often prevents them from supporting new arrivals from the same country of origin. This desire to conform also hampers the formation of supportive migrant communities.

Although nationalism and **anti-immigration narratives** are growing stronger in Europe, Hungary faces additional challenges. The government's harsh and xenophobic rhetoric and propaganda further polarizes society, leading migrants to **encounter increased discrimination and hate speech**, making their integration into the host country more difficult.



**Mental health challenges** significantly **affect** the **daily lives** of refugees and migrants, leading to social withdrawal, relationship and employment difficulties, and financial instability. One partner vividly described how trauma can permeate all aspects of life, “affecting ability to learn the language, secure employment, make friends, parent children”.



**Language barriers and a lack of culturally sensitive services** often hinder access to mental health support. Other obstacles include the stigma associated with mental illness, limited financial resources, and a general unawareness of available services. In some countries, there is a severe lack of free or English-accessible healthcare and mental health services.



To address the challenges mentioned above, migrants require support to develop **coping mechanisms**, which are strategies or behaviours individuals employ to manage, adapt to, or deal with stress, challenges, or difficult situations. These mechanisms can be conscious or unconscious and can vary greatly from person to person. Coping mechanisms are often employed to reduce stress, anxiety, and emotional pain and to help individuals navigate and adjust to challenging circumstances more effectively. This can encompass seeking community support, engaging in religious and spiritual practices, participating in art, sports, community work, education and skill development, practicing mindfulness and meditation.

However, maladaptive coping methods can also emerge in these challenging situations, including social withdrawal, denial, and substance abuse. It's essential to recognize and address these less effective coping strategies to support migrants' overall well-being and mental health.






Therefore, **promoting effective coping mechanisms** through community networks, creative outlets, and cultural practices is recommended for well-being and integration.

In several of the interviews, the **holistic approach** to migrants' integration was emphasized. This approach encompasses various aspects of their lives and focuses not only on their immediate needs but also on their long-term well-being and successful integration into the host society. Healing is a multifaceted process; if a person lacks stable housing, employment, or access to healthcare, we can only briefly penetrate their narrowed mental state, achieving only temporary relief. The **trauma victim requires comprehensive support**, including psychotherapy, possibly medical treatment, legal and social assistance, and a supportive environment to truly heal. This approach recognizes the interconnectedness of different factors that influence migrants' lives and aims to address them comprehensively.






It was also emphasized the importance of training staff to recognize signs of mental health issues and to effectively manage them.

The importance of **fostering individual connections and relationships** was also emphasized as a means of providing emotional and practical support. **Building trust and creating a safe environment** were frequently mentioned in several of the interviews. Initially, foreigners may approach with specific issues or attend activities but often access additional services once trust is established. Stakeholders provide a safe environment and attentive support, encouraging foreigners to share their struggles, whether in the context of social work or creative activities, where the focus isn't solely on mental health challenges.

As the narratives and perspectives converged, it became evident that addressing the mental health needs of migrants and refugees requires a multifaceted approach. This approach should not only provide access to culturally competent services but also tackle the systemic barriers, stigma, and unique challenges faced by this vulnerable population. By understanding the timing, impact, and coping mechanisms surrounding these mental health issues, organizations and communities can collaborate to create a more supportive and inclusive environment for those seeking to rebuild their lives in the face of adversity.

In our comprehensive research conducted across six European countries, it is evident that migrants and refugees face significant mental health challenges, often exacerbated by systemic barriers, societal pressures, and a lack of culturally competent services.



A holistic approach to integration, encompassing basic needs, psychological support, and community engagement, is crucial for addressing these issues effectively. Training staff to recognize signs of mental health issues and fostering individual connections and trust are also vital components of providing comprehensive support. By understanding the complexities of these challenges and promoting effective coping mechanisms, organizations and communities can work collaboratively to create a more supportive and inclusive environment for migrants and refugees.





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**TRAUMA &  
TRAUMA INFORMED  
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# TRAUMA & TRAUMA INFORMED APPROACH

## Introduction to trauma

Interest in trauma is widespread today, and we want to better understand the collective traumas of our recent history, and their long-term effects, such as transgenerational trauma. But even if we are fortunate enough to have neither war nor genocide as part of our life experience, domestic and intimate partner violence are present in most societies, as is child neglect or natural disasters

Despite the public interest in the topic, trauma informed care might not be a widely spread knowledge among people who work with groups, support workers, facilitators, or trainers of NGOs, as they have diverse professional background. We would like to provide the readers with an insight, by collecting and defining some basic notions and concepts and recommending literature that are (hopefully) widely accessible. This way the chapter can be a starting point for a deeper dive understanding the different types and effects of trauma and the key aspects of trauma-informed care. We also have some suggestions for practical activities at the end of the chapter.






## What is trauma?

Trauma is the nervous system response to an event that threatens life and basic safety. A widely used **definition of trauma** is: "An event, a combination of events or circumstances that an individual experiences as physically and emotionally harmful or threatening and that has a lasting detrimental effect on his or her physical, social and emotional well-being." (American Substance Abuse & Mental Health Service Administration, 2014).


Or, in other words, a normal human response to an abnormal event -which definition highlights that it is not the human response that is unreasonable or incomprehensible, but rather the event that falls outside the realm of normal and tolerable human experience.

A sure sign that something is a **traumatic experience that it will not become a memory**. When grandfather dies, we mourn him, we feel sad, but the pain slowly fades away with time, we don't wake up at night. The trauma does not lose its intensity as time goes on, and the memory of it is just as vivid years later.



Post traumatic stress disorder or **PTSD** is a mental health condition as a response to a terrifying event, survived or witnessed it – this occurs in most of the cases when someone experienced trauma, but not in every case. Symptoms can vary from flashbacks, severe anxiety, nightmares, to panic attacks, depression, inability to go on with normal routines. It results in a narrowed state of consciousness. Any stimuli that recall even partial memories – flashing lights and loud noises recalling war zone conditions – can **trigger**, activate the memory of the trauma in the body.

**Bessel Van der Kolk**, one of the best-known experts on the impact of trauma, says: traumatized people **chronically feel unsafe inside their bodies**: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from themselves. (Van der Kolk, 2015, 96)



Trauma triggers a series of **neurological, biological and psychological reactions**, so we need to pay attention not only to what is happening in people's brains, but also to what is happening in their minds and bodies. In the face of danger, our brain assesses the situation based on conscious or subconscious cues. In the first case, we can consciously recognize the nature of the danger and react to it. In the second case, when the danger is imminent, the reaction bypasses our consciousness and prioritizes safety. These stress reactions are **fight, flight, or freeze** responses. When the fight or flight mode kicks in, we become hyperactive, the pulse speeds up to allow blood to get to the extremities faster, the pupils dilate for better vision, the immune system is suppressed, blood sugar levels rise, and adrenaline is increased to channel energy into flight or fight. Freezing is associated with hypoactivity, the opposite pole of the former, when we slow down, breathing is slow, there is almost no movement. Freezing is characteristic of the impact of prolonged trauma. These reactions are often described by people who experience or re-experience trauma.

Working with people who suffer from PTSD it is important to recognize these fight-or-flight responses and be able to **distinguish between the daily mood or behavior of someone or a trauma response symptom**, and handle it adequately, we will get back to this point later.



## Categories

Trauma can be a one-off event, called **Trauma with a big “T”** in the literature, caused by an accident, a natural disaster, a violent attack, abuse. As opposed to when there are recurring events, such as domestic violence or other systematic abuse or neglect, which occur in the context of relationships, called **trauma with small “t”** There is no difference in the severity of the two types, Trauma and trauma both creates the neurological reaction in the body.

**Individual trauma** can be Trauma or trauma as well, one can experience a negative and stressful event or witness it. Trauma doesn't only affect those who are directly involved in it, but it impacts as well the ones who are related to those people, as Van der Kolk states. The tantrums and emotional detachment of soldiers returning from the battlefield can be frightening for the family. The wives of men with PTSD are often depressed, and so on. Individual trauma is not an individual genre.



## Categories

**Collective trauma** mostly travels along two key axes – **historical trauma and intergenerational trauma**. Historical trauma is a large-scale traumatic event that impacts a collective – a nation, an identity group, or a community. Examples of historical trauma include the Holocaust, the Armenian Genocide, slavery, and the 9/11 attacks. The reverberations of these traumas are felt among every member of the group that experienced them.



**Impersonal trauma** can be individual or collective trauma as the key aspect is that it is not caused by people, like a natural disaster, a serious injury or a life-threatening illness.



## Categories

**Transgenerational trauma** is a psychological and physiological effect that **family members** experience where the previous generation suffered a trauma. People in the next generation find themselves showing the symptoms of trauma without having experienced the trauma themselves. It is generally subconscious and transmitted by heredity (epigenetics[1]), direct interpersonal relationships or/and culture and the wider environment (by the transmission of values, traumas, beliefs, attitudes).



**Refugees** are often at risk of experiencing transgenerational trauma. While many refugees experience some sort of loss and trauma, war-related trauma has been documented to have **longer-lasting effects** on mental health and due to that span through more generations.

Besides the high level of stress experiences in their home country before leaving, they often face the difficulty of learning a new language, adapting to a new environment, and navigating the school's social system in their host country

[1] Epigenetics focuses on investigating how the molecular changes occur without changing the DNA sequence, so that acquired traits appear in subsequent generations – in other words how our behavior and the environment can cause changes that affect how our genes work.

## Categories

**Normal caregiving** is disrupted by the process of fleeing from their original home, and it may continue to be disrupted by their parents' PTSD symptoms and challenges faced in their new home. Besides that, unfortunately it is common that there is **no adequate mental health care provided to refugees** in the host countries (and from the other side, going to therapy can be a taboo in many communities), as an effect the symptoms worsen **what can lead to transmission of trauma**. In general, children of refugees exhibited higher overall levels of depression, PTSD, anxiety, attention deficiency, stress, and other mental health challenges, that can be one form of transgenerational trauma.




## Vicarial trauma

Trauma can also emerge in the helping relationship, in the wake of empathy, if there is a high level of involvement or some kind of boundary crossing. We talk about **vicarious trauma** when a helping professional shows symptom of traumatization without being the victim of a highly negative event. Symptoms of this may include the development of anxiety, sleeping problems, burn out, withdrawal, and the inability to function in everyday situations. Vicarious trauma is a transformation of the **helper's inner experience of empathy**. The development of vicarious trauma can be prevented by regular supervision, and the management of the existing situation should also be addressed at the individual and institutional level.

## How healing can happen

According to many experts, **trauma cannot be erased from our lives**, it stays with us forever, but it is possible to reach a state of mind when trauma doesn't have the leading role in one's life. According to experts, with complex therapy, recovery and growth are possible.

Bessel van der Kolk underlines the possibility of a **mind-body disconnection** caused by trauma and states that the person needs support to name what is happening in their body: "Trauma victims cannot recover until they become familiar with and befriend the sensations in their bodies. Being frightened means that you live in a body that is always on guard... In order to change, people need to become aware of their sensations and the way that their bodies interact with the world around them. Physical self-awareness is the first step in releasing the tyranny of the past."



In his book, the author discusses methodologies that can effectively complement psychotherapy and can play a significant role in trauma processing, such as body-oriented techniques, **EMDR** and **yoga**. (EMDR stands for Eye Movement Desensitization and Reprocessing, it is an effective therapeutic method to process traumatic memories).

Originating in positive psychology, **post-traumatic growth (PTG)** is now a widely accepted phenomenon. It is a positive process of change in which the individual eventually functions better after dealing with the difficulties they have experienced. PTG is therefore not a direct consequence of the loss, but the result of subsequent cognitive processing (Singer 2009).

There are many different methodologies for healing trauma, EMDR is one of them, and the healing processes are both similar and different. Judith Lewis Herman's name should be mentioned when talking about trauma and healing, so we will now briefly describe the therapeutic process she describes. Herman is the author of the book *Trauma and recovery* where she explains the various forms of control that leads to trauma, how strong one has to work on to get out from this inner prison, and also the three stages model of trauma treatment, a safe and effective approach for therapists to work with their clients. The steps are the following: first establishing **safety and stabilization** (includes emotional regulation, working on the symptoms), the second is **remembering and mourning** and the third is **reconnecting** with ordinary life. These three steps aim to recreate safety and empower the person, who might not be completely free from the effects of the disturbing past but would live a life without being constantly overwhelmed mentally and physically.

As she writes: Helplessness and isolation are the core experiences of psychological trauma. Empowerment and reconnection are the core experiences of recovery.



## Trauma informed approach for support workers



We can work in a variety of roles with individuals or groups of people who have been traumatized. Below we outline an approach that those working as facilitators can draw on, to start practicing a trauma-informed approach even if they are not qualified as therapists, working with people in a non-psychotherapeutic setting

The trauma-informed approach is sometimes described as **asking not what is wrong with you, but what happened to you**. Of course, this question can be both concrete and theoretical, depending on the role in which we have in the context (asking what happened from someone in some cases might be inappropriate and intrusive), the main point is that the facilitator is accounting for the possibility that a person's behavior, or change in behavior, may be explained by the impact of previous traumatic events. In trauma-informed approach, we develop a framework that meets the needs of trauma survivors and supports healing and recovery.



In the following, we share considerations for creating a safe environment and building trust and transparency, but it is important to note at the start that there is no **one-size-fits-all approach to avoid triggering**, as it works differently for everyone. There are some common effects, for example, for war refugees there is a high chance that a sudden loud sound or flashing lights (reminiscent of an explosion) can trigger flashbacks, but memory fragments can be very specific, a movement or even a facial expression can set off the alarm bell. This is why it is important to be prepared, to plan carefully and to create a safe environment, as well as to recognize that someone is in a state of alert.

**The possible signs of trauma:** numbness or excessive alertness (hypoarousal and hyperarousal), stress responses (the four Fs: fight, flight, freeze, fawn or appease[1] ), non-coherent behavior, one doesn't know where they are, neglected appearance, does not sleep well, extremely agitated, strong emotional response to topics in a group discussion.



## Trauma-Informed Approach

A facilitator is responsible to create a space in which learning can happen, where people feel free, safe and brave to participate, and through which the group can achieve its goals. Trauma-informed facilitation achieves this goal through considering that participants might have vulnerabilities due to past traumas and difficult experiences that make them sensitive to certain topics. The number of the principles can vary, but these are the commonly advised ones:

- 1) Safety
- 2) Trustworthiness and transparency
- 3) Peer support
- 4) Collaboration & mutuality
- 5) Empowerment and choice
- 6) Cultural, historical and gender issues

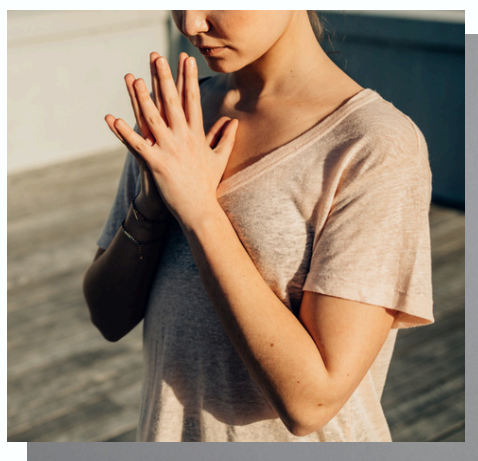


The **facilitator** needs to think about the **triggers and issues that might affect him or her personally** during the event or process. It is also important to **consider the expected participants** who will join, including possible dynamics between them that may be related to previous traumas. During the process, it is crucial to have a **clear program and purpose** for each part and activity, so that people who take part know what to expect, and to **keep a framework** (start, end, breaks on time), which will enhance transparency and reliability. It also helps if participants know that **they have options**, to skip or share as much as they want during the session.

## Trauma-Informed Approach

There are different possible responses a facilitator can give to a person who seems to be triggered by post traumas. One on one you can offer to go outside and talk briefly; acknowledge the agitation and you can also offer choices and information. If you know in advance that participants are vulnerable, the topic or the method can be somehow triggering, you can include some **grounding techniques** in your program, that helps the participants to bring themselves back to the present moment.

One of the most important tasks for support workers is to find ways to help people who have experienced trauma to **reconnect with their bodies**. If people can develop a sense of control over their bodies, it can help them to regain their health, strength, and well-being. Activities that involve **teamwork** (e.g. football, rock climbing, singing together, etc.) are useful as they foster a **sense of belonging and connection with others**.



## Calming exercises

We share some very simple techniques below that you can incorporate into your training program when working with your group. These techniques can help to relax the nervous system, increase body awareness, and strengthen a sense of community and connection by doing rhythmic exercises or grounding techniques together.



## Creating a rhythm together

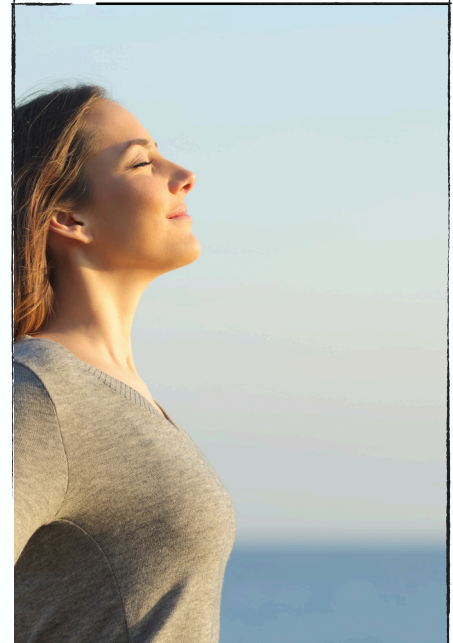
Create a common rhythm with the group. This could be a rhythm of gently tapping the thighs with alternating hands, tapping with pencils simultaneously, or standing in a circle and doing small jumps up in a round. When the group is ready for a more complex exercise, you can add a very simple melody to the common rhythm (2-3 notes, repeated melody).



## Simple breathing exercise

Try inhaling for five seconds, then exhaling for six to eight seconds. Repeat for two to five minutes or as long as you need to feel grounded.

Take a deep breath and as you exhale, imagine breathing out strongly through the soles of your feet. Feel the connection of your feet with the floor. Do this three times.



## Connect with the chair

Sit down and draw your attention to how your body connects with the chair – the way that it supports your weight, and the places where your body makes contact with it.



## Body Scan

Wherever you are (sitting or lying down), you start focusing your attention at the top of your head and moving all the way down to your toes. Notice the sensations you feel at each point of the body, where you are holding tension, bring attention to any pain or discomfort. Using this method, you can get more aware of your physical sensations and emotions and respond better when you start to feel physical discomfort.



## 5-4-3-2-1 Technique

The 5-4-3-2-1 technique involves identifying five things you can see, four things you can feel/touch, three things you can hear, two things you can smell and one thing you can taste. Focus on each item in turn.



## Butterfly hug

Cross your arms over your chest, so that the tip of the middle finger from each hand is placed below the clavicle or the collarbone and the other fingers and hands cover the area that is located under the connection between the collarbone and the shoulder and the collarbone and sternum or breastbone. Hands and fingers must be as vertical as possible so that the fingers point toward the neck and not toward the arms. If you wish, you can interlock your thumbs to form the butterfly's body and the extension of your other fingers outward will form the Butterfly's wings.



Your eyes can be closed, or partially closed, looking toward the tip of your nose. Next, you alternate the movement of your hands, like the flapping wings of a butterfly. Let your hands move freely. You can breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body such as thoughts, images, sounds, odors, feelings, and physical sensation without changing, pushing your thoughts away, or judging. You can pretend as though what you are observing is like clouds passing.” (Described by Lucina Artigas and Ignacio Jarero in an EMDR toolkit that you can find in the list of sources)

**This short video**  
**illustrates the activity**

## Recommended Literature

- **Bessel van der Kolk: The body keeps the score**
- **Judit Lewis Herman: Trauma and recovery**
- **Safe places, thriving children - Embedding trauma - informed practices into alternative care settings**  
[https://www.sos-childrensvillages.org/getmedia/c93664b9-296b-4f83-9eb6-77f67ab89dfb/TIP-Practice-Guidance-\(English\).pdf](https://www.sos-childrensvillages.org/getmedia/c93664b9-296b-4f83-9eb6-77f67ab89dfb/TIP-Practice-Guidance-(English).pdf)
- **Listen to: Healing collective trauma by Thomas Hübl on Blinkist** <https://www.blinkist.com/en/books/healing-collective-trauma-en>





Mindfulness  
for Integration

MINDFULNESS FOR INTEGRATION  
EXISTING BEST PRACTICES  
**BEST PRACTICES**



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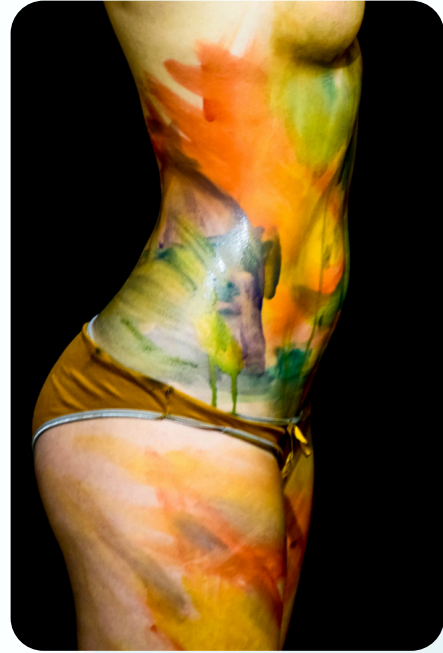
Project Number: 2023-1-HU01-KA220-ADU-000160977


## **BODY MAPPING – A NARRATIVE TOOL FOR HEALING AND ADVOCACY**

Introduced in 2003 by South African artist Jane Solomon, Body Mapping (BM) is a memory therapy tool. It can stand alone for a 2-hour session or be integrated into longer thematic training on topics like interculturality, mental health, and self-improvement.

BM is particularly beneficial for people with psychological trauma, long-term physical illnesses, or those interested in mental health. It's also suitable for migrants and refugees. Rooted in the belief that participants understand their own lives and can articulate and visualize their journeys, BM is a decolonial tool.

It integrates cultural origins into personal health and identity, making it suitable for workshops on cultural identity beyond just health. BM is an arts-based, narrative tool used in groups for therapy, research, and self-expression.





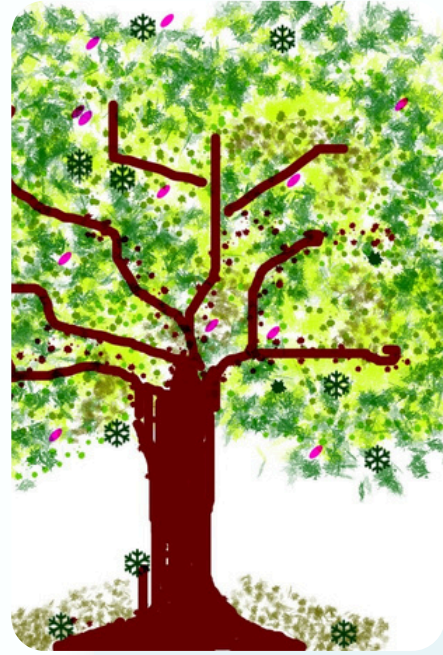
During BM, participants make posters to represent their stories, which partners then outline. Through visualization exercises the participants fill out their body shapes with drawings, or collages to represent an aspect of and the circumstances of their lives, such as: personal history, cultural heritage, country or region of origin, the present situation, future aspirations. The images, symbols or personal mottos, drawn, written or placed onto the body map can visualize obstacles, challenges, important events or anything that has left an impact. These are narrated as “marks of resilience”, parts of our lives that made us stronger or can be seen as sources of strength and resources we can use. Some variations include singing and dancing to enhance group cohesion. This narration process empowers participants to share experiences safely and process hardships.

On a personal level through this narration process participants can feel empowered to share their experiences in a safe environment and process hardships. On a regional level body maps can be used as a tool for advocacy, by bringing awareness to stigmatized situations, such as physical illnesses, mental health issues, specific identities or being part of a specific ethnic group. The exercise can help people better understand their own past, their present situation.

Given its visual nature and focus on cultural background, BM is especially effective for migrants and refugees who struggle with language barriers. It allows for less directive, in-depth information gathering in a short time

## TREE OF LIFE – EMPOWERING THROUGH STORYTELLING

The Tree of Life is a narrative approach to working with vulnerable children, young people and adults. The Tree of Life, developed by Ncazelo Ncube-Mlilo in 2006, is a narrative therapy approach aimed at empowering vulnerable children, young people, and adults. It allows participants to discuss their problems without re-traumatization and focuses on highlighting their strengths. This method offers a culturally sensitive alternative to traditional Western mental health services and is particularly effective for refugees, migrants, and individuals with cumulative trauma.



The Tree of Life exercise is a group-based activity, during which participants can discuss matters about their lives through the metaphor of a tree.

**The different parts of the tree are representations of the different experiences' participants have about their own lives, as it follows:**



**Roots**

Family history, influential figures, cherished places, songs, or dances.



**Ground**

Current living situation and daily activities.



**Trunk**

Skills and emotional strengths, with their origins.



**Branches**

Hopes, dreams, and future aspirations





### **Leaves**

Important people, including those who have passed.



### **Fruits**


Acts of kindness and love received



The activity is structured in the following sequence:

- Opening
- The Tree of Life
- The Forest of Life
- When the Storms Come
- Certificates

The opening ceremony can be tailored to participants' cultural preferences, such as singing or dancing, or other activities to foster a positive group atmosphere. In the Tree of Life exercise, participants create their personal trees through drawings and words, followed by sharing their stories. The second part of the activity is the Tree of Life exercise. Participants are instructed to create their own Tree of Life. It can be created solely through drawings, but also including words. Afterward everybody has finished their Tree, volunteer participants can also share their own story, although they are not obligated to.



In the third part, participants are asked to stick their Trees on the wall, creating the Forest of Trees. In this moment we can appreciate what are the similarities and differences between the Trees and how can we support each other belonging in the same forest.

During the Fourth part, When the Storms come, we can discuss what negative experiences participants have in their lives, but specifically in non-traumatizing ways. We could instead mention what are the potential dangers Trees can experience, and similarly, what are the harmful events people in general can experience. It can give participants courage to speak out about difficulties, yet not detailing what they went through. Through this discussion we can establish talking about practices people can do to feel better or to help others who go through something hard. We can also demonstrate that “Storms” are a part of Life for everyone, but hard times also pass.

The activity concludes with a certificate ceremony where participants acknowledge each other's strengths, dreams, and support systems, reinforcing the connections formed within the group (Dulwich Centre 2014).

## ARTSPACE - CREATIVE MISSIONS


Creative Missions is a systemic initiative of Artscape, an NGO founded in 2012 in Lithuania by theater managers Aistė Ulubey and Kristina Savickienė. The organization aims to empower professional artists to display and install art in public spaces, thereby increasing its accessibility in society. Since 2016, Artscape has been actively working with refugees and migrants, transforming artistic activities into a program for social integration and cultural education (Artscape Celebrates 10 Years: Achievements, Leadership Lessons and New Ambitions, n.d.).

The logo for Artscape, featuring the word "ARTSCAPE" in white, bold, uppercase letters on a black rectangular background. The logo is positioned on the right side of the page, partially overlapping a light blue decorative shape.

**ARTSCAPE**

In response to the 2021 migration crisis and the increasing number of refugees and asylum seekers in Lithuania, Artscape, in partnership with UNHCR, launched the Creative Missions project. This initiative seeks to help refugees connect with the community through art and creativity, providing emotional support and fostering a sense of belonging.



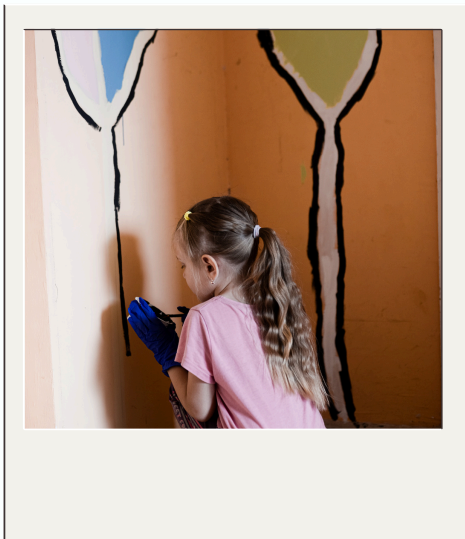


Activities include various creative workshops and art-related events organized by artists and volunteers visiting reception centers.

#### Key Principles and Approach:

- **Building Trust:** Establish a connection with an institution receiving individuals with migrant experience and build a relationship of trust.
- **Target Group Identification:** Identify groups with the greatest need for activities to avoid repetition and ensure inclusivity. Invite social workers from host institutions to provide insights and feedback.
- **Activity Outcomes:** Focus on the creative process while presenting tangible results, such as exhibitions or collaborative songs.
- **Regular Meetings:** Conduct weekly meetings at the same time and day to maintain consistency.
- **Relationship Building:** Emphasize the importance of creating meaningful relationships.
- **Institutional Collaboration:** Include institutions in the process, share plans, and offer psychological support when needed.

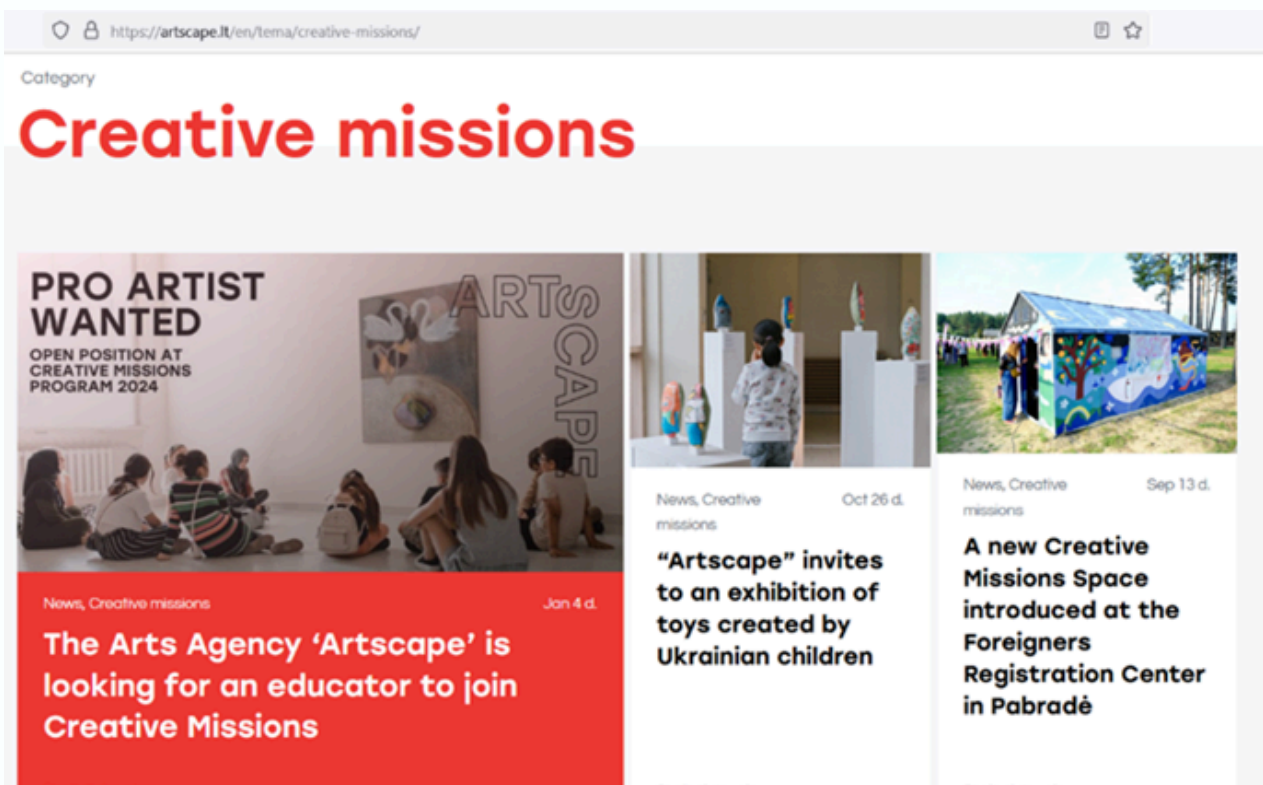
- Consistency in Group Interaction: Maintain a cycle of 12 meetings with the same group over 3-4 months before considering changes.
- Artist Preparation: Provide artists with a 4-6 hour training session covering organizational goals, values, migration terminology, and contact persons. Regular reflection meetings are also recommended.
- Initial Support: Initially, members from Artscape accompany the artists to ensure a smooth start and adherence to work principles.
- Self-Care for Artists: Limit each artist to a maximum of 3 sessions per week and ensure proper rest and breaks, especially when working with challenging groups.



Source: ARTSCAPE

Activities include various creative workshops and art-related events organized by artists and volunteers visiting reception centers.

In 2022, Artscape was honored with the CEB Award for Social Cohesion for its innovative and effective contribution to social cohesion through the Creative Missions project. Out of 64 nominations and six shortlisted projects, Artscape was selected as the winner, highlighting the success and impact of the Creative Missions initiative.



## **MINDSPRING: EMPOWERING REFUGEES AND ETHNIC MINORITIES IN ESTONIA**


MindSpring is a psychosocial group program developed by the Danish Refugee Council for refugees and individuals with ethnic minority backgrounds. The program focuses on addressing topics related to life in exile with the goal of raising awareness and empowerment to prevent the development of psychological and social problems (Council, n.d.). Recently, the program has been introduced to Estonia and is successfully implemented there.



(Source: Free Photo | Medium Shot Woman Posing With Double Exposure, 2024)

The primary objective of the MindSpring program is to support refugees in coping with life in a new and foreign country. Participation in the program aims to:

- Raise awareness among group members.
- Provide new knowledge and skills to understand and cope with daily challenges.
- Prevent psychological and social problems.
- Establish a basis for a social network.



MindSpring is considered a creative method as it assists people with migrant experience in re-establishing themselves. It provides a platform to rebuild one's identity in the receiving community, offering hope for the future.

The MindSpring group typically consists of 8-10 participants with refugee or ethnic minority backgrounds. The program is based on a manual that covers themes related to life in exile, including:

- Identity and change in identity
- Cultural encounters and new norms
- Negative social control
- Gender and rights
- Loneliness and community
- Stress and trauma

Participants meet 9-10 times over a span of 2 months, with each meeting focusing on a specific theme described in the manual (Council, n.d.). The group meetings are facilitated by a MindSpring trainer who shares a similar background and speaks the same language as the participants. The sessions are conducted in the participants' original language and follow a peer-to-peer approach, allowing like-minded individuals to share experiences. The program also allows for the support of a co-trainer, typically a professional employed at the local authority where the MindSpring group is held, such as a municipality, school, or social housing project. Due to time constraints faced by participants, the Danish Refugee Council has adapted the program to include 6 meetings instead of the standard 8-9, ensuring that the program remains accessible and feasible for participants.

MindSpring is developed for four target groups: children 9–14 years old; young adults 15–30 years old; parents, and seniors.

The Danish Refugee Council has developed MindSpring manuals tailored to each target group, available in Danish, English, Arabic, and Russian (Council, n.d.). The program materials are also adaptable for individuals without children, providing structured guidance on topics such as identity, parenting skills, and child-rearing based on the manual.

The group is led by an individual who is a Ukrainian refugee but has lived in Estonia for several years and has settled in the community. While they offer counseling based on their personal experience, the sessions strictly follow the topics and structure provided in the manual.

In conclusion, MindSpring serves as a vital support system for refugees and ethnic minorities, fostering community, empowerment, and resilience through structured group sessions and peer-to-peer counseling.

## MindSpring



(Source: (Free Photo | Person Holding Frame With Open Nature Landscape Concept, 2022))

### **SELMA**

The SELMA project, initiated by collaborative efforts between University College London (UCL), Aga Khan University in Pakistan, and the Institute of Social and Preventive Medicine at the University of Bern in Switzerland, focuses on addressing the intersection of migration and health. Operating primarily in Pakistan and the UK, SELMA seeks to bridge the gap in understanding how migration affects health and inform policies supporting migrant and refugee health globally. Through innovative art-based methodologies, SELMA documents migrants' health experiences, amplifies their voices, and engages communities in dialogue. By prioritizing interdisciplinary research, community engagement, and migrant participation, SELMA serves as a model for fostering empathy, understanding, and inclusivity, while advocating for policy changes to improve healthcare access and outcomes for migrants and refugees worldwide. This holistic approach, blending research and art with community involvement, offers a best practice adaptable for mindfulness in integration efforts, promoting holistic well-being and social cohesion.

**SELMA**

## ART OF RECOVERY

The "Art of Recovery" project, led by Lancaster University researchers and Freedom from Torture (FfT), aimed to address mental health challenges faced by refugees and asylum seekers. Recognizing the global priority of refugee mental health, the project used participatory arts, focusing on visual arts, to provide a therapeutic outlet for creative expression.



Based on Herman's three-stage model of trauma recovery, the project offered artmaking activities centered on remembered or imagined safe places, facilitating remembrance, mourning, and reconnection. Through participatory arts workshops, refugees created artwork reflecting their perceptions of safety, well-being, and experiences of displacement, fostering community and belonging. Benefits of the project include offering refugees a creative outlet for self-expression, promoting social connection and support, and supporting recovery and reconnection by focusing on positive memories.



The project stands out for its holistic approach to trauma recovery, positive social engagement, cultural and personal identity exploration, and promotion of mindfulness and self-expression through art

- **Therapeutic Outlet with Tangible Results:** The participants predominantly chose to depict existing places and objects, particularly from their homeland, with positive associations. Through the process of creating artwork, participants engaged in a therapeutic outlet that allowed them to express complex emotions and memories, resulting in tangible representations of their experiences.



- **Exploration of Trauma Recovery Stages:** The project's design, inspired by Herman's three-stage model of recovery from trauma, facilitated the exploration of remembrance, mourning, and reconnection. Participants were encouraged to reflect on their past experiences while also considering their present lives, fostering a holistic approach to healing.

- **Positive Social Engagement:** The participatory nature of the workshops promoted social connection and mutual support among participants. Through sharing stories, exchanging ideas, and working together on artworks, participants found a sense of community and belonging, which are essential for mental well-being.



- **Cultural and Personal Identity Exploration:** Participants' artworks expressed a strong sense of cultural identity and historical rootedness. By depicting places associated with their personal and familial histories, participants were able to connect with their identity on a deeper level, fostering a sense of belonging and acceptance.



- **Mindfulness and Self-Expression:** Engaging in artmaking activities provided participants with a space for mindfulness and self-expression. Through careful attention to detail and concentration during the creative process, participants were able to express what they carried within them, contributing to a sense of relief and catharsis.



- **Integration of Trauma into New Narratives:** The artworks created by participants represented a form of integration of trauma into new narratives of self and personality. By depicting both remembered places from the past and present experiences, participants demonstrated a journey towards reconnection with the world around them and a redefinition of their identities beyond their traumatic experiences

**Art of Recovery:  
Displacement, Mental Health, and  
Wellbeing**

## THE ART OF RESILIENCE – THE SYRIAN REFUGEE ART INITIATIVE (ZA’ATARI PROJECT)

The practice of mural painting has emerged as a transformative method for enhancing the mental health and well-being of refugees and migrants, inspired by initiatives like the Syrian Refugee Art Initiative led by Joel Bergner.

The Syrian Refugee Art Initiative has been a transformative force in enhancing the mental health and well-being of Syrian refugees, particularly youth. This initiative has taken place primarily in Jordan, specifically in the Za'atari and Azraq refugee camps, as well as in host communities.

The motivation behind this practice stems from the recognition of the dire situation faced by Syrian refugees, including the lack of educational and creative activities, trauma relief programs, and platforms for refugee voices to be heard. By engaging Syrian youth and families in mural arts projects, the initiative aimed to provide a creative outlet for expressing their experiences, aspirations, and emotions, thereby fostering a sense of agency, empowerment, and hope in the face of adversity.



Source: freepik.

Through Artolution, a collaborative organization co-directed by Joel Bergner, Syrian artists and educators collaborated with refugees to create murals that reflect their longing for home, dreams for the future, and current challenges as refugees. These projects served as platforms for dialogue, self-expression, and community-building, both within the refugee camps and between Syrian and Jordanian youth in host communities. The process of engaging in art-making activities not only allowed participants to externalize their emotions and experiences but also promoted social cohesion, reduced tensions, and spread messages of hope and resilience to the broader community.



The effectiveness of this practice lies in its ability to address multiple dimensions of refugee well-being simultaneously. By providing opportunities for creative expression and community engagement, the initiative promotes mental health and psychosocial support, empowers individuals to reclaim their narratives, and strengthens social connections and resilience. Moreover, by involving local artists and organizations, the initiative ensured sustainability and long-term impact within refugee communities.

Overall, the practice of mural painting, exemplified by initiatives like the Syrian Refugee Art Initiative, represents a valuable approach to enhancing the mental health and resilience of refugees and migrants. By providing opportunities for creative expression, community engagement, and psychosocial support, this method demonstrates the transformative power of art in fostering healing, empowerment, and social change in the midst of humanitarian crises.



**THE SYRIAN REFUGEE ART  
INITIATIVE**


## TALES OF TRANSFORMATION - RUHRORTER, A REFUGEE THEATRE

Germany's immigration history prompts cultural policies at various levels to promote integration through additional funding and intercultural initiatives. Theatres, including Ruhrorter, spotlight refugee narratives to foster understanding and engagement. Founded in 2012 in the Ruhr region, Ruhrorter collaborates with refugee actors, using anthropological research to address regional challenges of exclusion and stereotyping.



Source: Franziska Götzen

Initially, Ruhrorter emerged as an initiative of Theater an der Ruhr, an innovative private-public municipal theatre founded in 1980 in the Ruhr Valley. Since its establishment, Theater an der Ruhr has fostered artistic collaborations and international exchanges between Germany and marginalised artists from perilous regions, including stateless and refugee artists. Presently operating as an autonomous theatre, Ruhrorter remains profoundly impacted and motivated by the ethical principles and artistic heritage of this community theatre.



The daily work is based on a process-oriented methodology; each production begins with a fundamental notion and undergoes further development over the course of seven months of improvisation-driven rehearsal. In the process, much material is created through the inputs of the participants. The concepts are then expressed in an aesthetic form that is primarily visual and not based on language. Upon the completion of the rehearsals, amateur actors construct a theatrical form that emphasises non-semantic facial expressions, body language, and verbal expressions. The responsibility of Ruhrorter is to instruct refugee actors in these mental processes, which is referred to as the self-empowerment of the participants' mental presence.

Instead of telling true, tragic tales of national conflicts or advancing the cause of national cultural integration, Ruhrorter believes that theatre should be performed by exploring shared understandings of refugees' bodily experience, physical movements, and aesthetic reflection. Participants are engaged in an artistic process on the stage, offstage, and throughout rehearsals in Ruhrorter's works. They present a theatrical concept in which meaning is negotiated and renegotiated through corporeal movements and non-verbal narratives.

Participants are viewed as individuals with diverse experiences, rather than solely as refugees. The theatre emphasizes that refugee status is a legal label, not a fixed cultural identity. Ruhrorter integrates the refugee experience with the post-industrial history of the Ruhr region, staging productions in symbolic, abandoned locations. By intertwining forgotten local histories with refugee narratives, they spark public discourse and shed light on marginalized experiences.

Overall, Ruhrorter Refugee Theatre incorporates best practices into its everyday activities by employing art to assist refugees in overcoming adversity and accepting the harsh realities.



RUHRORTER



## RESTORING LIGHT: TRANSCENDING TRAUMA'S LEGACY


The Amna Healing Network, formerly known as the Refugee Trauma Initiative, is a charity dedicated to supporting the well-being of refugees through restorative group activities. Founded in 2018 by a passionate group of psychologists, social workers, and refugees who witnessed firsthand the trauma and distress experienced by those fleeing war and persecution, the network operates across Europe, the Middle East, and Africa.



Source: [amna.org](https://amna.org)

Through collaborations with local organizations and refugee communities, Amna runs safe spaces where children, youth, and caregivers can engage in healing activities.

The impetus behind the creation of Amna Healing Network stemmed from a recognition of the profound trauma and emotional turmoil faced by refugees. Escaping conflict, persecution, and displacement takes an immense toll on mental well-being, and there was an urgent need to address this gap in care. Driven by compassion and a belief that everyone deserves healing, the organization was brought to life by individuals committed to making a difference in the lives of refugees.



Amna emerged through collaborative efforts, with psychologists, social workers, and refugees themselves coming together to pool their expertise, cultural insights, and passion for designing effective interventions. The network's programs were co-created with refugee communities, ensuring that their unique needs, backgrounds, and preferences were understood and incorporated. Amna developed light-touch interventions, including early childhood development, youth empowerment, and mental health support, tailored to the specific contexts of refugee populations.

Beyond direct interventions, Amna advocates for a kinder and more respectful narrative surrounding refugees in the media and public discourse. By engaging with thought leaders and challenging stereotypes, the network amplifies the impact of its work by promoting empathy and compassion for the plight of refugees.

Amna Healing Network stands out as a good practice in supporting refugees' mental well-being for several reasons. First, its inclusive and human-centered approach recognizes that healing goes beyond clinical interventions, encompassing emotional, social, and cultural needs. By offering safe spaces for group activities, Amna fosters a sense of community, joy, and belonging, acknowledging the whole person, not just their symptoms.

Amna's programs are culturally sensitive, respecting refugees' backgrounds, traditions, and languages. This cultural competence and intercultural respect build trust and ensure that interventions resonate with the diverse refugee population, which is essential for effective care. The organization empowers refugees and helps them regain resilience, cope with trauma, and find hope through its activities.

Rather than merely providing services, the network enables individuals to become active participants in their healing journey, fostering empowerment and resilience. Amna collaborates with local organizations and trains facilitators, ensuring sustainability and capacity-building within the communities it serves. By empowering local communities, the network creates a ripple effect, extending its impact beyond its direct reach.

Through its holistic approach, cultural competence, empowerment strategies, collaborative efforts, demonstrated impact, and advocacy work, the Amna Healing Network embodies a comprehensive and compassionate response to the mental health needs of refugees. It stands as a model for how to support the well-being and resilience of those who have endured profound trauma and displacement, recognizing their inherent dignity and right to heal.



Source: [amna.org](https://amna.org)

[Amna.org](https://amna.org)

## THEATRE OF THE OPPRESSED: A CRESCENDO OF VOICES UNBOUND

In the urban tapestries of Alto da Cova da Moura and Vale da Amoreira, vibrant threads of resilience intertwine. Here, the Theatre of the Oppressed ignites a symphony of transformation, conducted by the communitarian groups DRK and ValArt. Like sentinels of hope, these collectives stand defiant against the dissonance of marginalization and injustice that echoes through their neighborhoods.




Orchestrated by GTO LX, a vanguard championing theatre's emancipatory power, DRK and ValArt took form in 2005 and 2006, their overtures resonating through the years. Harmonizing voices from diverse ethnic and cultural backgrounds, these young artists wield their creativity as an instrument of liberation.

Upon the stage, their stories unfurl like tapestries of truth, each thread an experience, a history, a narrative woven with the hues of oppression and dreams of equity. Through the alchemy of theatre-forum, they engage in a collective dialogue, inviting audiences to bear witness and become co-creators in the pursuit of justice.

Their performances resound as clarion calls, challenging the dominant narratives that cast long shadows of discrimination and stigma upon their communities. With each scene, they disrupt the hegemony, conjuring alternative realities where their identities and agency take center stage.



In this living opus, art transcends mere expression, becoming a catalyst for awareness, reflection, and metamorphosis. Each performance is an invitation to explore the contours of inequality, confront the complexities of racism, poverty, and violence, and ultimately, to reimagine the cities they inhabit as sanctuaries of democracy and equity.



Like vibrant murals adorning the urban canvas, DRK and ValArt's praxis celebrates the kaleidoscope of diversity that thrives within their enclaves. Their artistry unveils the resilience and creativity pulsing through the veins of these oft-overlooked spaces, inviting a reappraisal of the narratives that have long cast them in shadow.

In this crescendo of voices unbound, the Theatre of the Oppressed resonates as a triumph of the human spirit, a harmonious rebellion against the discordant forces that seek to silence and subjugate. Through their art, DRK and ValArt compose a symphony of hope, beckoning all to join in the chorus of transformation, one note, one story, one act of defiance at a time.

Visor Redalyc - Cidadania em espaços  
(sub)urbanos: o Teatro do Oprimido no  
Alto da Cova da Moura e no Vale da  
Amoreira

## **ARIADNE, THE ART OF ADAPTATION**

The Ariadne for Art project is a standout best practice that systematically addresses the intersection of art, intercultural communication, and migrant integration. Partners developed workshops using an intercultural approach and creative methods, incorporating Forum Theatre, collage making, drawing, and creative media activities. These workshops were conducted with mixed groups of migrants and locals, and the experiences were documented through case studies.

The project's robustness is further enhanced by its inclusion of various art forms and rigorous method assessment. Focusing on recent migrants who haven't fully integrated highlights the initiative's relevance and timeliness. Additionally, a training program for professionals ensures the sustainability and dissemination of effective practices.

We highly recommend to visit the website of the project and learn more about the practices during the creative workshops:

[ariadne4art.eu](http://ariadne4art.eu)



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MINDFULNESS FOR INTEGRATION

# RECOMMENDATIONS FOR FACILITATORS



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## RECOMMENDATIONS FOR FACILITATORS

In this chapter, we present a set of recommendations identified during our interviews with experts who work closely with refugees and migrants. These insights are drawn from their extensive experience and understanding of the unique challenges faced by this community.

### 1. Empower Clients/Participants to Gain Control Over Their Choices and Life

Engaging in creative activities can offer a shift in perspective that benefits daily life. This creativity provides a sense of control and empowerment, contrasting with the usual feeling of helplessness due to war or family situations. Through artistic techniques, individuals can feel more in charge and make decisions, leading to a more balanced and healthier state of mind, even if the effects are temporary.



### 2. Implement Trauma-Informed Care and Conduct Grounding Exercises When Necessary

For individuals affected by trauma, rhythmic and repetitive movement or sound exercises can be particularly effective. Stabilization exercises can be conducted, involving purposeful deep breaths and creating a simple rhythm, even using a pencil, to synchronize the group and help individuals align with themselves.



Breathing and movement exercises are beneficial for calming the nervous system and can be incorporated both at the beginning and end of each session. Incorporating singing and music can also be helpful. Repeating one or two notes in singing is recommended, avoiding excessive sound or rhythm that might disrupt the calming effect. This repetitive and predictable nature is often found in children's songs, offering reassurance. Similarly, repeating two chords on a guitar and improvising on them or holding two notes in a single breath can be effective.

Additionally, mirroring exercises can be utilized to enhance connection and understanding within the group.

In a traumatized state, focusing and paying attention can be challenging due to the high level of stress. An inability to perform these simple exercises may indicate an unstable neurological condition.


### **3. Maintain Flexibility, Transparency, and Proactive Communication**

Maintain a flexible schedule and program. Clearly communicate what will occur from start to finish to reduce uncertainty. Participants should have the right to opt out if they find the session too challenging. Incorporate reflection and feedback rounds by forming a circle between each activity or at the end to discuss any memories or insights that arose.




### **4. Use the Power of Art**

The healing potential of art lies in its aesthetic experience. We collaborate in a setting without a formal therapeutic framework, fostering an equal relationship as we come together for a shared artistic experience.



Engaging in art can inherently offer therapeutic benefits. While artists with a social sensibility are encouraged to participate, such a sensibility is not a prerequisite for being a therapist, as the emphasis is on the intrinsic power of art.


Professionals should be trained to work with diverse methods and understand their objectives. It's essential to understand why art therapy or other methods are necessary, as it enhances communication and enables a better understanding of the client's state. Clear justification for these methods and the required skills are crucial, as not everyone possesses them.



While providing some technical tools as a foundation can be beneficial, the most crucial aspect is to allow space for free creative expression. Feedback should be personalized to the individual, focusing not on aesthetic standards but on questions such as, "What do you like about your creation?" and "What would you change to make it more appealing to you?"

## 5. **Promote Positive Coping Strategies**

Artists who understand the transformative power of art do not necessarily need to be therapists; they can utilize their artistic tools effectively to demonstrate positive coping strategy. In these instances, the focus is not on addressing the aspects of the individual that are not functioning optimally (though it is important to be aware of issues like trauma), but rather on engaging with the healthy aspects of the individual that can appreciate beauty and creativity.



In working with refugees and migrants, the recommendations provided by experts underscore the transformative potential of art and creative expression as therapeutic tools. By empowering individuals to regain control over their lives, implementing trauma-informed care, and maintaining transparency and flexibility in the approach, we can create a supportive environment that fosters healing and resilience. The emphasis on the intrinsic power of art, rather than on aesthetic standards, allows for a personalized and empowering experience that can help individuals cope with their unique challenges.

## 6. **Self care**

Self-care is essential for individuals working with refugees and migrants due to the emotionally taxing nature of the job. Bearing witness to the traumatic experiences and ongoing challenges faced by refugees can lead to compassion fatigue and secondary traumatic stress (as explained above). Prioritizing self-care helps mitigate these risks by preventing burnout, establishing healthy boundaries, and fostering resilience. By modeling self-care behaviors, workers not only safeguard their own well-being but also promote the importance of mental and emotional health to the people they support, fostering a culture of well-being within the community. *I matter*



“I believe it's crucial for those working with refugees to prioritize self-care and recognize that this work can impact them emotionally. Many of those they assist have experienced trauma, so it's essential for professionals to be aware of this and know how to respond to various situations while maintaining their own balance.”



## **7. Holistic approach and collaborative support**

A holistic approach to integration, encompassing basic needs, psychological support, and community engagement, is crucial for addressing these issues effectively. Training staff to recognize signs of mental health issues and fostering individual connections and trust are also vital components of providing comprehensive support. By understanding the complexities of these challenges and promoting effective coping mechanisms, organizations and communities can work collaboratively to create a more supportive and inclusive environment for migrants and refugees.

Stakeholders require collaboration and networking opportunities to efficiently secure essential funding and establish connections with other stakeholders. They believe that cooperation between CCI professionals, support workers, and mental health professionals is crucial to provide appropriate support to refugees and develop targeted programs effectively.



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# Mindfulness for Integration

This handbook offers diverse support workers, facilitators and trainers knowledge in three vital areas: migration, mental wellbeing and creative tools. It departs from traditional methods by presenting various artistic techniques, understanding the complex mental demands of migration and providing a more general understanding of the challenges faced by migrants and refugees worldwide.



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