

HEALING THROUGH ART



A little bit about RWCA

(Refugee Workers Cultural Association)

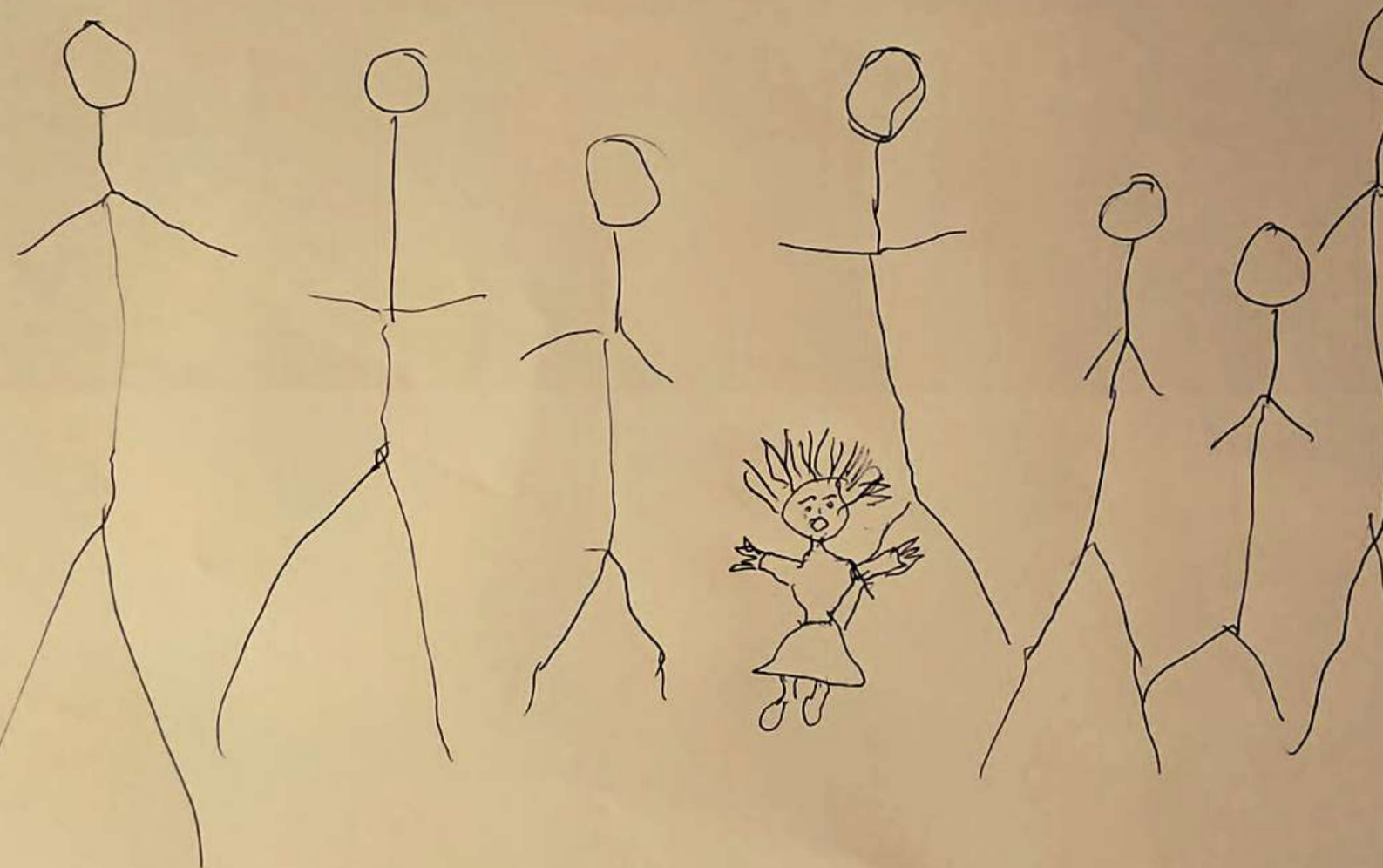


The RWCA is a charitable organization based in North London, dedicated to serving the Turkish-speaking communities in London, Haringey. Established in 1991, the RWCA aims to address the social, cultural, and educational needs of the Turkish community in the city. Over the years, RWCA has effectively served its target communities, gaining recognition as one of the prominent charitable organizations known for its wide range of activities and services.



About Project

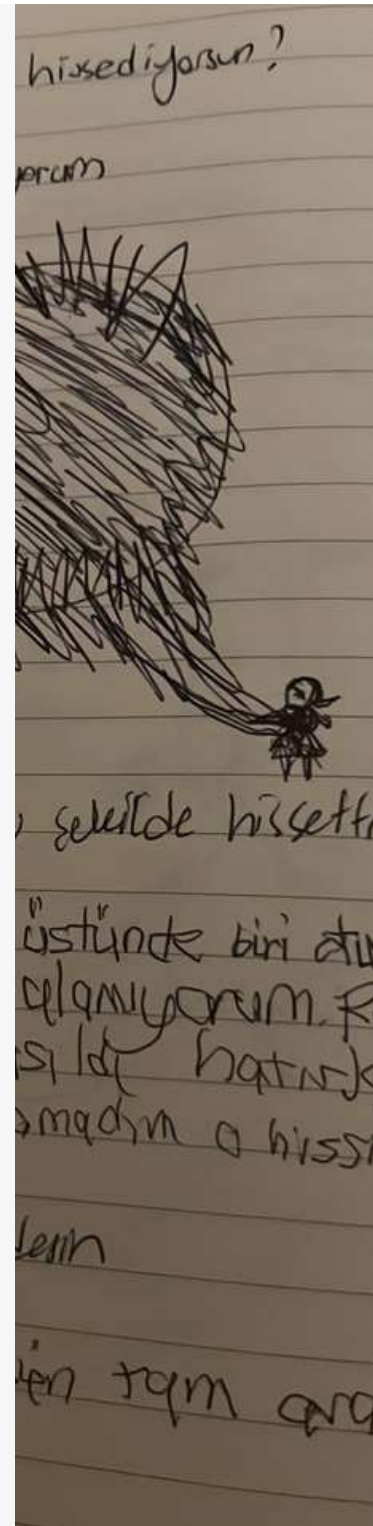
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HEALING THROUGH ART

This project was funded by the **National Lottery, Awards For All Programme**. HEALING THROUGH ART emerged from a pressing concern within the Turkish and Kurdish communities regarding the integration challenges faced by women. These challenges often result in social isolation, leading to significant psychological pressures, including depression and anxiety. The situation has been exacerbated by the prolonged aftermath of the COVID-19 pandemic, which has not only induced anxiety but also witnessed a surge in domestic violence. Many women have grappled with issues such as post-traumatic stress disorder (PTSD), depression, and anxiety.

Recognising the widespread use of art therapy and the effectiveness of Schema Therapy, the project's core objective is to address the psychological distress experienced by women within these communities. At the project's inception, ***we identified the need to assess participants' symptoms and provide referrals to General Practitioners (GPs) when necessary, with the aim of reducing symptoms through group sessions.***





Project Duration and Target Audience



The project encompassed 24 initial sessions but was later extended to 27 sessions due to participant demand and the need to support working women, which required both morning and evening sessions. An additional 3 sessions were introduced to address specific needs identified during the initial 15 weeks.

The project primarily targeted women of Turkish and Kurdish origin between the **ages of 25 and 60**. We recognized that many of these women arrived in the UK at a young age, often through early marriages, and subsequently faced challenges in accessing assistance and therapy due to language barriers. However, given the recent increase in depression and anxiety rates, compounded by PTSD experienced by some women, we believed that this program would significantly benefit them.

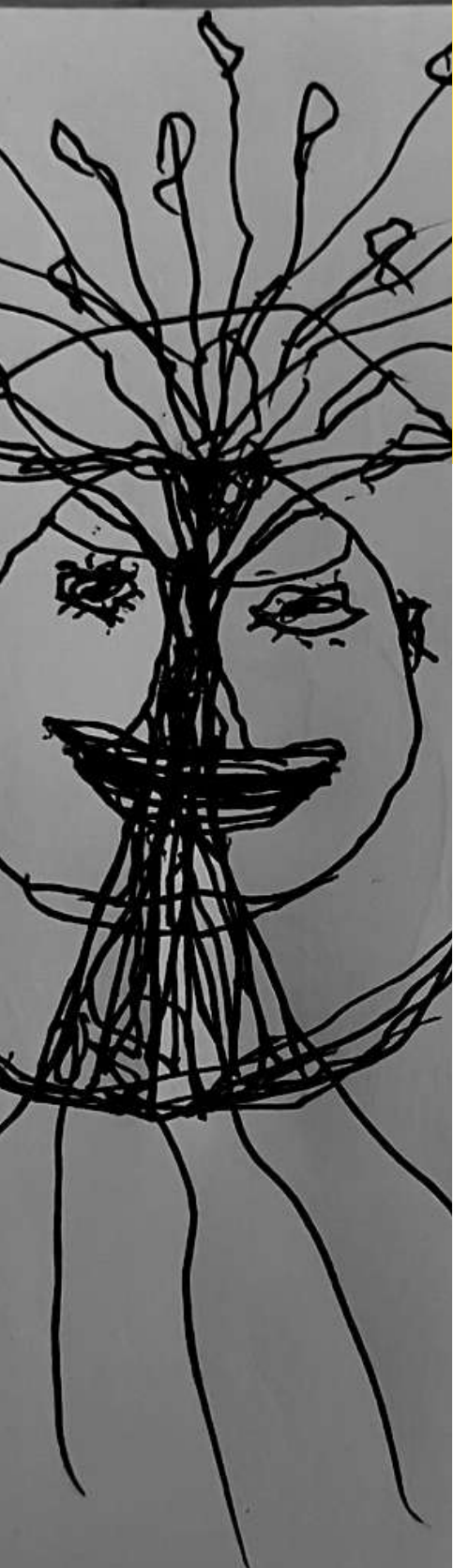
2. Project Initiation and Program Process

Migration Challenges

Immigration can be a challenging process, particularly for individuals from diverse cultural backgrounds. Kurdish and Turkish women often face difficulties in adapting to their new homes in the United Kingdom. Early years of settlement may involve limited access to education, employment, and language barriers, which can hinder integration into mainstream society. This integration challenge is further complicated by cultural differences, making it vital to address these issues to improve their quality of life.

Gender-Specific Integration Challenges

Women within these immigrant communities often bear the brunt of integration issues. Cultural norms and gender roles can restrict their access to education and employment, confining them to domestic roles. This isolation exacerbates the difficulty of language acquisition and social integration, as women have limited opportunities to interact with the broader community. Consequently, addressing the unique challenges faced by immigrant women is crucial for their overall well-being.





Women and Psychological Stress



The social isolation experienced by immigrant women due to integration challenges can lead to profound psychological stress. Feelings of isolation, powerlessness, and exclusion can contribute to increased rates of depression, anxiety, and other mental health issues. The extended aftermath of the COVID-19 pandemic has further amplified these stressors, with a notable rise in cases of domestic violence among this demographic.

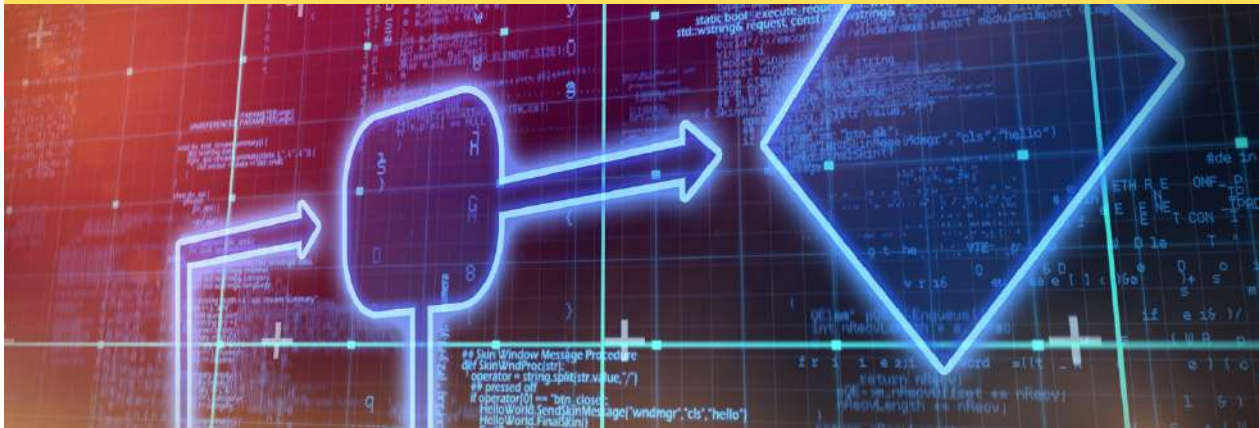
Gender plays a significant role in the manifestation of psychological stress. **Women, especially those from immigrant backgrounds, often face unique stressors linked to their roles as caregivers, homemakers, and the challenges of adapting to a new culture.** This intersection of gender and mental health underscores the importance of providing targeted interventions and support for immigrant women.



ART THERAPY

Art therapy is a widely recognized therapeutic approach that utilises creative processes, such as drawing, painting, and sculpting, to help individuals express their thoughts and emotions. It provides a non-verbal outlet for self-expression, making it particularly valuable for individuals facing language barriers or those who struggle to articulate their feelings.

Art therapy has proven effective in addressing trauma, improving self-esteem, and enhancing overall well-being.



SCHEMA THERAPY

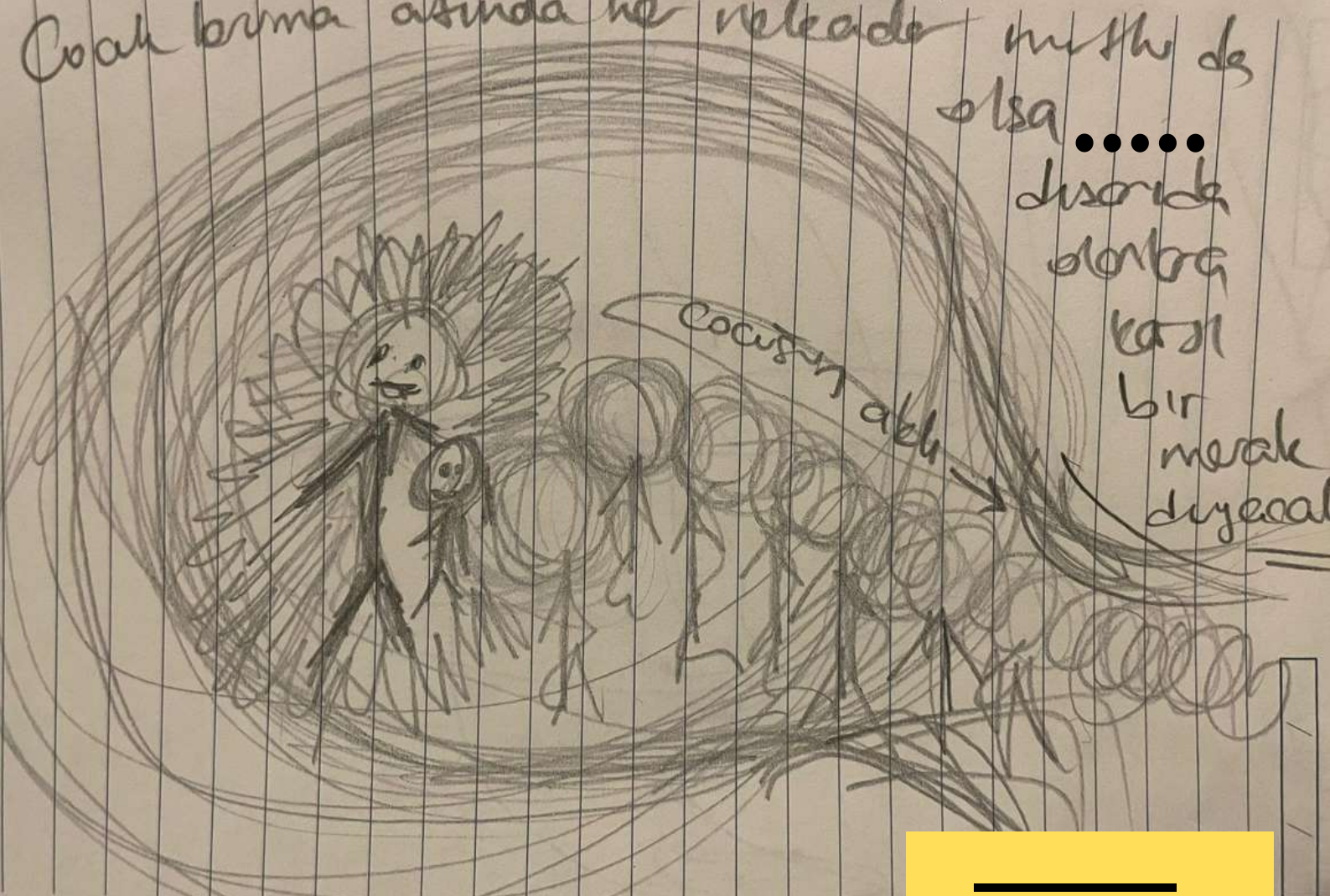
Schema Therapy is a comprehensive therapeutic approach that focuses on identifying and addressing early maladaptive schemas—deep-seated emotional and cognitive patterns formed during childhood. These schemas influence how individuals perceive themselves and their relationships with others.

Schema Therapy aims to modify these negative patterns and replace them with healthier, more adaptive beliefs and behaviors. The combination of art therapy and schema therapy offers a powerful toolset for addressing the unique needs of immigrant women.

SCL-90 and Schema Test

The Symptom Checklist-90 (SCL-90) is a widely recognized psychological assessment tool used to measure a broad range of psychological symptoms and distress. *It assesses nine primary symptom dimensions, including somatisation, obsessive-compulsive behavior, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism.* The SCL-90 provides valuable insights into participants' mental health and serves as a baseline for assessing symptom reduction over the course of the program.

The Schema Test is a psychological assessment designed to identify early maladaptive schemas—the deeply ingrained patterns of thoughts and feelings that influence an individual's emotional responses and behaviors. This test helps pinpoint specific schemas that may be contributing to psychological distress. While it was administered at the outset of the project to identify participant needs, it was not repeated at the project's conclusion. Instead, the project focused on addressing the identified schemas through art therapy and schema therapy techniques.



Project Design

In our first session, we introduced participants to the concept of schemas and how they can influence our thoughts, emotions, and behaviors. The aim was to create an awareness of potential schemas that might be related to the psychological challenges participants were facing. We also introduced participants to the idea of schema-focused art therapy, emphasizing the role of creative expression in understanding and addressing these schemas.

*15-week program
to address
psychological
distress and
promote well-
being*

İçinizdeki Çocuk güçlü bir varlıktır. Sizin varlığınızın tüm özünde yaşar. Sağlığı ve mutlu, küçük bir çocuk düşünün. Bu çocuğu zihninizde canlandırırken onun ne kadar hayat dolu olduğunu hissedebilirsiniz. Bu çocuk, büyük bir merakla çevresini keşfeder, duygularını açıkça ifade eder, zannı zihninde ağırlık, kızılgözüde baharı mutlu olduğunda gülmeye ve şen bir kahkaha atar. Bu çocuk, aynı zamanda çok hassastır ve içgüdüsel davranışlarımıza göre gülmeye veya gülmeyeceğini bilir. Oynamayı ve keşfetmeyi sever, her bir akşam yemeğini ve harikalarla dolu olduğunu bilir. Bu ayırtmazlıktan ötürü, tutkumla kimsenin bir yaratılış ve canlılık doğur.

Zaman geçtikçe çocuk kendisini yetişkin dünyasının tam ortasında bulur. Yetişkinlere has düşünceleri, tutumları ve gereksinimleri, duygularını ve içgüdülerini aynı hastaneye bulur. Adetlere alıştırmaları "Kendime fazla güveniyorum, duygularımı bir kenara bırak. Onu söyleme buna diğersin. Bizim gibi yap, en iyisini biz biliriz." derler.

Zamanla, çocuğu hayatı veren tüm bu nitelikler-merak, kendiliğindenlik, hissetme yeteneği- saklanmaya arlanır. Yetişkinler çocukları büyütürken, onları teşahhe verirken çocuğu, tüm yapacakları önceden hostislikle yetiştirirler haliyle getirirler. Çocuğun merakını ve doğallığını yok ederek onun esas benliğine zarar verirler. Zira, yetişkin dünyası çocukları içine güdümlerle yer değiştirir. Yetişkinler olan çocuk hayatına kalma adına mutlu çocukluk kullanan derinlere sığınır. Fakat bu İçsel Çocuk ada büyümeye, o derinlere gömülmüştür ve özgür olacağı zaman beklemektedir.

İçsel Çocuk sürekli olarak dikkatimizi çekmeye çalışır ama çoğumuz onu nasıl dinleyeceğimizi bile unutmuşuzdur. Gerçek hissetirizi ve içgüdülerinizi göz atılı edenlerin aslında içimizdeki Çocuk'u göz aştı ettiğinizden farkına varmaz. Vicudumuzun ve beğenimizi beslemekte yeteneği kalıplarında aslında ihmal ettiğimiz, İçinizdeki Çocuk'tur. Çocuklarımız çoğu zaman gerçekçi olmalarıdan bahanesiyle zata katlanır ve İçimizdeki Çocuk'u kendisiyle bağa bağlar. Zira bu ihtiyaçları karşılanmasa, yetişkinlerin yapacağı şeyler değildir. Mesela, amiden bir parkta zıplayı zıplaya dolayımı ya da kabattığımız bir arkadaşın arkasından gülmeye başlamayı isterse. İpe bu olanda dışarı çıkmak isteyen İçimizdeki Çocuk'tur. Ama birden içimizdeki yetişkinin sesini duyuyor: "Harik, bunu yapamazsın! Büyülersin ağırlaş. Kontrolünü kaybetmemelisin." Ve İçimizdeki Çocuk yine aldatığı yerde kilitli kalır.

İçimizdeki Çocuk engellenildiğinde kendiliğindenliğini ve yaşama sevincimizi kaybederiz. Bu zamanla enerji/kaybına tonun ya da ciddi hastalıklara sebep olur. İçimizdeki Çocuk'u sakladığımızda aynı zamanda kendimizi diğer insanlardan da soyutlamış oluruz. Bizim gerçek hissetirizi ve arzularımızı hiçbir zaman bilemezler ve gerçek kim olduğumuzu hiçbir zaman görmezler. Bu, diğer

ve sorunları çözer.

Peki çocukların beşinci yaşında andında bir tucunma mıdır? Kulunması bir İçimizdeki Çocuk'u ifade etmektedir mi? Her birimizde kayıtlıdır: "Beni tanıtmak adına İçimizdeki Çocuk'u bir şekilde ölmek istiyordum. Aslında bu da bir istenimsiz tuncunadır. Başgünlük, suç, saray ve cere tahribatının had safhada olduğu bu çağda İçimizdeki Çocuk'a derinliklerimizden günümüz yetişkin bir birey olmayı ayıkta kolektörümüzün nörolojik inkısaası. Yagadığımız dünya, derinliklerimizdeki bu hassas ve karışık parçaların içine hiç de giremediği bir yer değil. İçimizdeki Çocuk beğenimizin tam orta yerinde bir uyarı. Hassas den beğenimiz, olamk bize istek ve enerji getiriyor. İçimizdeki Çocuk'u iyileştirip yagadığımızın bir parçası haline getirmeniz tam ve mutlu yetişkinler olmamız isteniriz.

Peki bunu nasıl yapacağız? İçimizdeki Çocuk'u nasıl iyileştireceğiz? Bu, her şeyden önce ona tanıyarak ve hissederek mümkün olacak. İçimizdeki Çocuk'ta karşılaştığımızda çoğunlukla sevgi, koruma, güven, sevgi gibi çocukluk gereksinimlerinin karşılamaadığımız farkına varırız. Bu temel gereksinimlerin yokluğunda İçimizdeki Çocuk'ta kemik kayıp, kontol, utanç, ifk ve güçsüzlük durumları ortaya çıkabilir. Duygusal ve fiziksel problemlerin yetişkinlikte nörosetnesi, Çocuk'umuzun konuşmaya çalıştığına bir göstergesidir.

İçinizdeki Çocuk'u Hissetmek

Neden bazılarımla İçsel Çocuk'u hissetmekte başarısız oluyoruz?

İçimizdeki Çocuk bulduğunda konuşmak başka, onu görmek ve yaşayın bir varlık olarak görmek başka bir şey. Eğer "küçük çocuklar gibi düşün" başlatılmazsak iyileşmeyiz. Eğer Çocuk varlığınıza güvenli bir ortamda olmamız İçimizdeki Çocuk'hep duyularını kullanarak hale. Eğer çocuğu duyularımız, hissasızlığımızı, hayretimizi ve evladlarımızın oortu oortu oortu oortu İçimizdeki Çocuk'ı yarı kalacaktır.

Peki İçimizdeki Çocuk

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SANATLA TERAPİ ATÖLYESİ NOTLARI-1

Yasemin Hatipoğlu

Birer, eğer temel ihtiyaçları karşılanmazsa kendine ve diğer insanlara karşı olumsuz davranışlar sergileye ve hayatını tüm alanlarında sorun yaratma eğiliminde olabilir. Aile içi şiddetin sınırlarını bir özelelik gösterdiği bilinen bir gerçektir. Anne-babalar kimi zaman çocuklarını istisnasız ederler. Bu çocuklar da birer yetişkin olduklarında kendi çocuklarını istisnasız ederler. Bu böyle sürer gider. Başgünlük onun babalarının genelde beğenilen çocukları olan. Başgünlük sevgili değilse beğenilmeyen, ilk önce bir babasının sevgisizliği beğenilen bir çocuğu, ekle bir ama başgünlük ayda ya da böyle bey tar olar. Şiddet ve beğenilmezlik bir şekilde yaşamı zıtlık bir spiral çözüldür. Bir nesilden diğerine aktarılır ve toplumda fazlasıyla yaygınlaşır.

Yetişkin dünyamızın en temel ihtiyaçları karşılanmasa, korkmuş ve soyutlanmış bir çocuğun sağlığı teli üzerine nasıl kurulabilir ki? Yapayız. Er ya da geç bir kriz-kriz hastalık başsınma, iş hayatında karnuşa ya da maadi çöküş-patlak verir ve yapıp utak olur. Bunun sonucunda yetişkin maskesi düşmeye başlar. Bu noktada bazı bireyler içlerine dönerler ve iç dünyalarını göremeyip hayatlarını yeniden değerlendirirler. Terapötöler, kişisel gelişim kitaplarımları destek alırlar ya da zarar göç gruplarına katılırlar.

Kendinizi bu senaryo sürecinizin bir parçası olarak kullanabiliyorsanız, İçsel Çocuk değildir. Her şeyden önce iç kaldı. Hepimizin bu yolda t dolu ilişkilerin temetini olu;

Hatırlanmakta fayda var!

Sadece kendinizi içini başka hiç kimse sizin için ye çöpmenizden ve banlan yer bilin ki, şimdiye kadar sevg Çocuk'a ilgi göstermesini bu zamanda, diğer insanlara b varçepmemizi sağlar. Zira o

SANATLA TERAPİ ATÖLYESİ NOTLARI-1

Yasemin Hatipoğlu

İçimizdeki Çocuk'u güçsüzlük içinde bulduğunda, bu zamanla beğenimizi saklamak tutuyoruz. Bu, nasıl bir tepki ve ne denli beğenli bir tepki? Çocuk bir insan olarak düşünmeli ki, İçimizdeki Çocuk'un bu şekilde davranması ve ölmek istemesi doğaldır. Her

bir şeyden önce "Benim çocuk" diye düşünürken, İçimizdeki Çocuk'u bir insan olarak düşünmeliyiz. Her şeyden önce "Benim çocuk" diye düşünürken, İçimizdeki Çocuk'u bir insan olarak düşünmeliyiz.

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WEEK 1 - Introduction



During the second session, we delved deeper into how schemas might influence one's self-expression through art. We explored the impact of schemas on participants' art therapy experiences, helping them recognize how these deep-seated beliefs could affect their creative expression. The main objective was to emphasize the importance of overcoming schema-related inhibitions and fostering a sense of artistic freedom and self-expression.



WEEK 2 - Art Therapy Techniques and Their Impact: ●●●●●

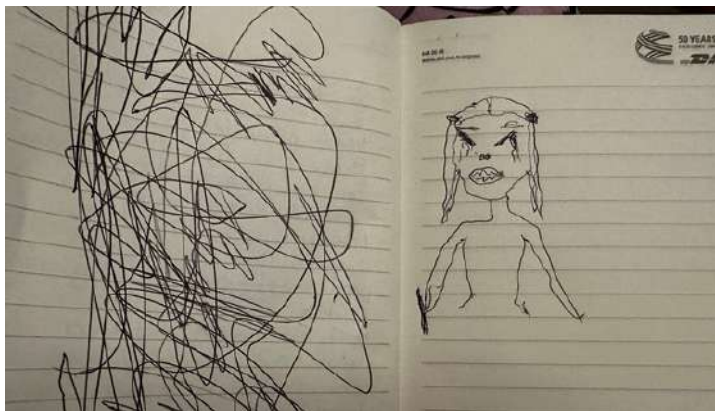
During the second session, we delved deeper into how schemas might influence one's self-expression through art. We explored the impact of schemas on participants' art therapy experiences, helping them recognize how these **deep-seated beliefs** could affect their creative expression.



WEEK 3 - Meeting the Vulnerable Child Within:



Our third session focused on identifying and addressing schemas related to vulnerability, fear, and emotional distress. **We aimed to target schemas contributing to somatisation symptoms and emotional struggles, such as Abandonment/Instability and Mistrust/Abuse.** The session encouraged participants to connect with and heal their inner vulnerable child.



WEEK 4 - Embracing the Angry Child



In session four, we explored schemas connected to anger and frustration. **We addressed schemas like Mistrust/Abuse and Emotional Deprivation, aiming to help participants understand and manage their emotional responses better.** Additionally, we targeted schemas related to **impulsivity and self-control**, working towards a healthier emotional balance.



WEEK 5 - Discovering the Inner Parent



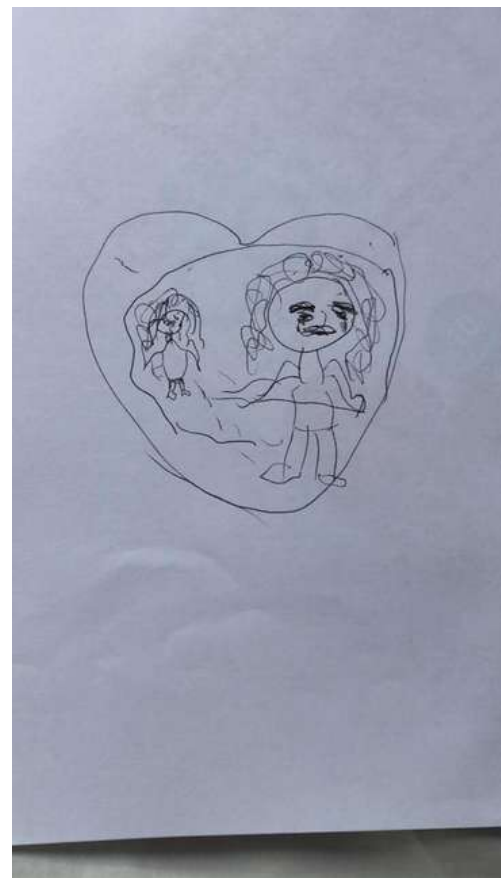
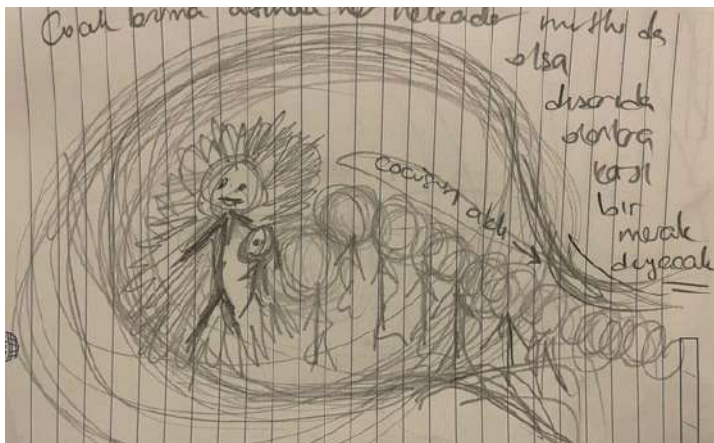
The fifth session was dedicated to strengthening the Healthy Adult Mode. Participants were encouraged to model nurturing behaviors and foster self-compassion. **We emphasised the importance of the Inner Child-Healthy Adult connection, as participants explored their inner parenting roles.**



WEEK 6 - Reaching the Protective Parent



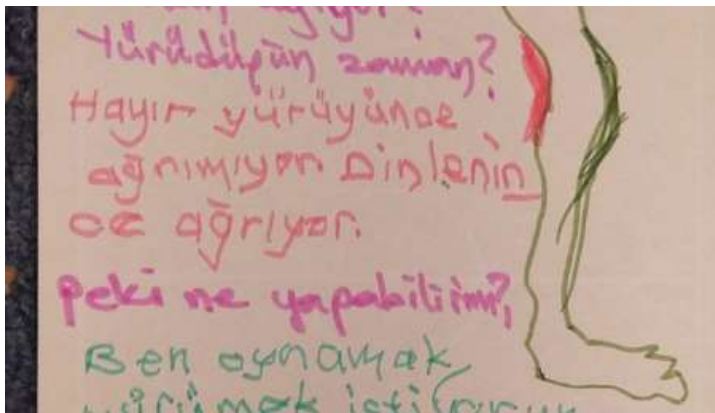
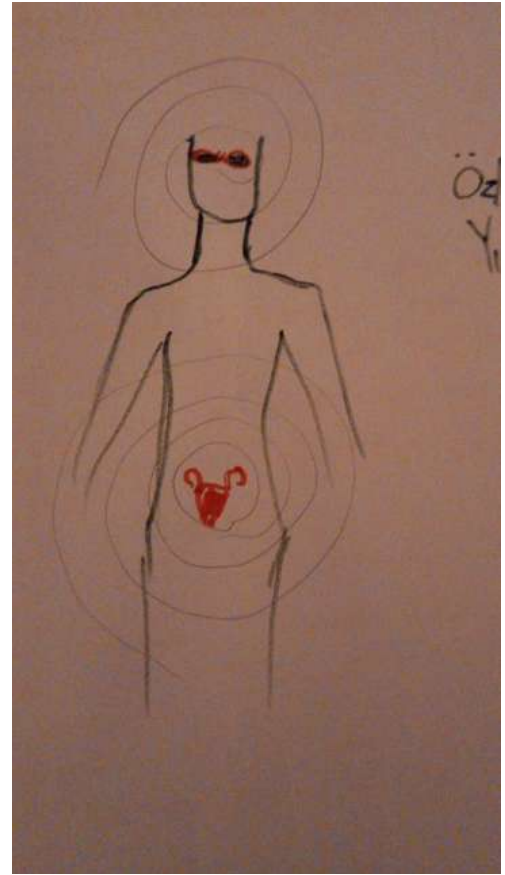
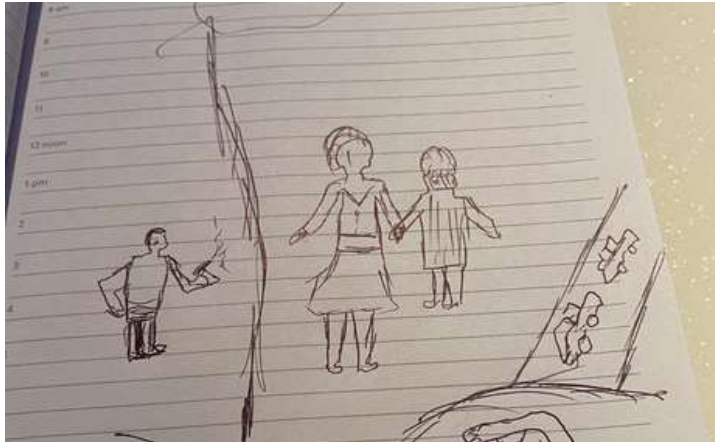
During this session, we discussed schemas related to **emotional detachment and avoidance**. Our objectives included understanding the Detached Protector Mode and its impact on attachment styles. We also delved into the challenges faced by **overprotective parents** in setting healthy boundaries for themselves and their children.



WEEK 7 - Confronting the Critical Parent



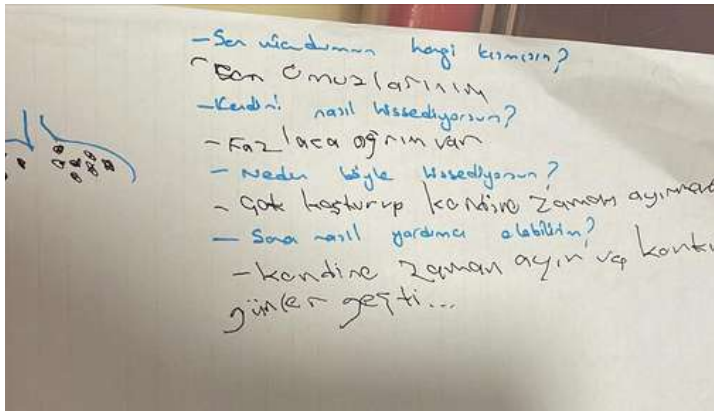
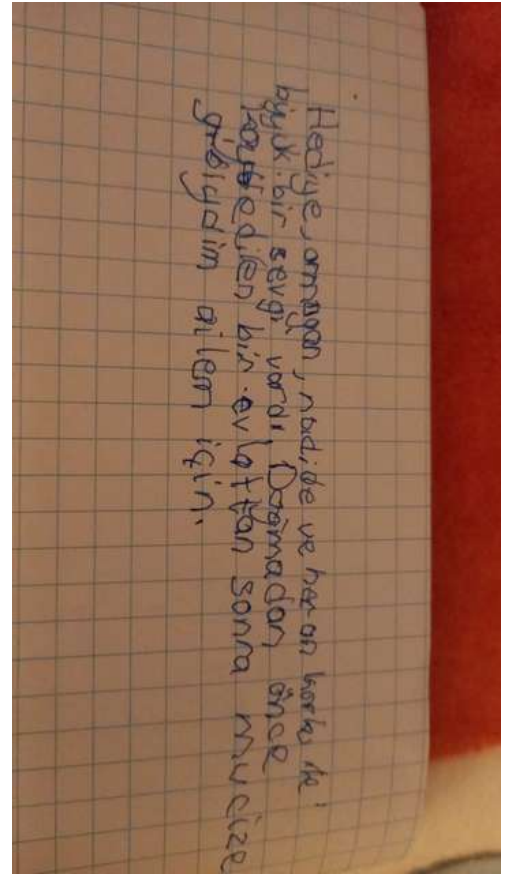
In session seven, we engaged with schemas tied to high standards and self-blame. Participants addressed schema modes related to **self-criticism, focusing on shifting from criticism to role modelling in their parenting and self-perception.**



WEEK 8 - Healing Childhood Wounds



Session eight was dedicated to symbolising the connection between the **Nurturing Parent** and the **Inner Child**. Our primary goal was to contribute to the healing process of all dysfunctional schemas.



WEEK 11 - Acknowledging the Spiritual Child



During session eleven, we explored the concept of the Spiritual Child and its role in our lives. Participants engaged in activities that encouraged them to connect with their inner spirituality and explore how it might influence their schemas and overall well-being. We also discussed dreams and their **attachment styles**.



Session 12 - Continuing the Journey



During the ninth session, our focus was on reducing impulsive/disruptive child modes and addressing issues of dependency and inadequacy. We aimed to create a space where participants could allow playfulness and spontaneity into their lives, working towards a balanced and healthier emotional state.



Additional Sessions

Session 13 - Focusing on Emotional Closeness

The first of the additional three weeks of sessions was dedicated to addressing emotional closeness and the impact of schemas on interpersonal relationships.

Session 14 - Family Dynamics

In the second additional session, participants delved into the complexities of family dynamics and their influence on schema development. We discussed the role of early experiences within the family unit and how these experiences shaped their schemas. This session targeted schemas such as abandonment, mistrust, and emotional deprivation.

Session 15 - Navigating Attachment Styles

The final additional session centred around attachment styles and their impact on adult relationships. Participants explored their attachment patterns and how these patterns manifested in their interactions with others. We utilised art therapy techniques to facilitate a deeper understanding of attachment-related schemas. The session aimed to empower participants with insights and tools to develop healthier attachment styles and build more fulfilling relationships.

These three additional weeks of sessions allowed participants to delve further into specific schema-related challenges and interpersonal issues. By addressing these areas, participants were better equipped to continue their healing journey with a more comprehensive understanding of themselves and their schemas.

Equipment and Resources Used



Art Supplies:

- Paper
- Markers
- Felt-tip Pens
- Pastels and Crayons
- Scissors
- Clay
- Plasticine

Stationery:

- Personal Calendars
- Glue
- Scotch Tape

Audio and Visual Aids:

Psychological Movies: Relevant psychological movies were screened to facilitate discussions and insights.

Storage and Organisational Tools:

- Folders: Used to store individual artwork and data.
- Matryoshka Dolls: Utilised in symbolic and therapeutic exercises.
- Candles: Used for relaxation and sensory-focused activities.



Data and Results



SCL-90

Psychological	Pre-Project	Post-Project
Somatisation	1.71	1.02
Obsessive-Comp	2.12	1.82
Depression	2.24	1.41
Anxiety	1.66	1.11
Hostility	1.84	1.52
Phobic Anxiety	1.25	1.08
Paranoid Ideat	1.84	1.58
Psychoticism	1.41	1.38
Additional Sca	1.8	1.4

Somatisation: The average score for somatisation decreased from **1.71** to **1.02** post-project. This reduction suggests that participants experienced fewer physical symptoms related to psychological distress. Art therapy and schema therapy likely contributed to participants' enhanced awareness and management of psychosomatic complaints.

Obsessive-Compulsive: Participants' scores for obsessive-compulsive tendencies declined from **2.12** to **1.82** post-project. This decrease signifies a reduction in repetitive and distressing thoughts and behaviours, reflecting improved mental health and coping strategies.

Depression: The average depression score decreased from **2.24** to **1.41** post-project, indicating a substantial alleviation of depressive symptoms. Participants may have gained emotional resilience and a more positive outlook through therapeutic interventions.

Anxiety: Participants' scores for anxiety decreased from **1.66** to **1.11** post-project. This reduction signifies a notable decrease in overall anxiety levels. Art therapy's emphasis on self-expression and schema therapy's focus on emotional regulation likely contributed to this improvement.

Additional Scales: Scores on the additional scales also exhibited noteworthy reductions. These decreases suggest that participants experienced enhanced psychological well-being, as evidenced by improvements in interpersonal sensitivity, hostility, phobic anxiety, and other dimensions.

Interpretation

The significant improvements in SCL-90 scores post-project are encouraging and suggest that the "Healing Through Art" program had a positive impact on participants' psychological well-being. The art therapy and schema therapy techniques employed throughout the project appeared to be effective in addressing and alleviating psychological stress and maladaptive coping mechanisms among participants.

The reduction in somatisation scores indicates that **participants experienced fewer physical symptoms resulting from psychological distress**. This suggests that they gained better control over psychosomatic complaints through the therapeutic process.

The decrease in obsessive-compulsive scores implies that participants **achieved relief from intrusive and distressing thoughts and behaviors**. The project likely contributed to their improved capacity to manage obsessive-compulsive tendencies.

The substantial reduction in depression scores reflects a noteworthy alleviation of depressive symptoms among participants. This **attributed to the development of emotional resilience and more adaptive coping strategies** during the project.

The decrease in anxiety scores signifies **a notable reduction in overall anxiety levels**, which is indicative of improved emotional regulation and a reduced impact of anxiety-related symptoms on participants' lives.

The improvements in SCL-90 scores demonstrate the positive impact of the "Healing Through Art" program on participants' psychological well-being. The combination of art therapy and schema therapy techniques played a pivotal role in addressing psychological distress and promoting emotional healing among the participants.

Schema Test Scores (Pre-Project)



The Schema Test was employed to determine participants' specific early maladaptive schemas. The pre-project results highlighted the prevalence of the following schemas among the participants:

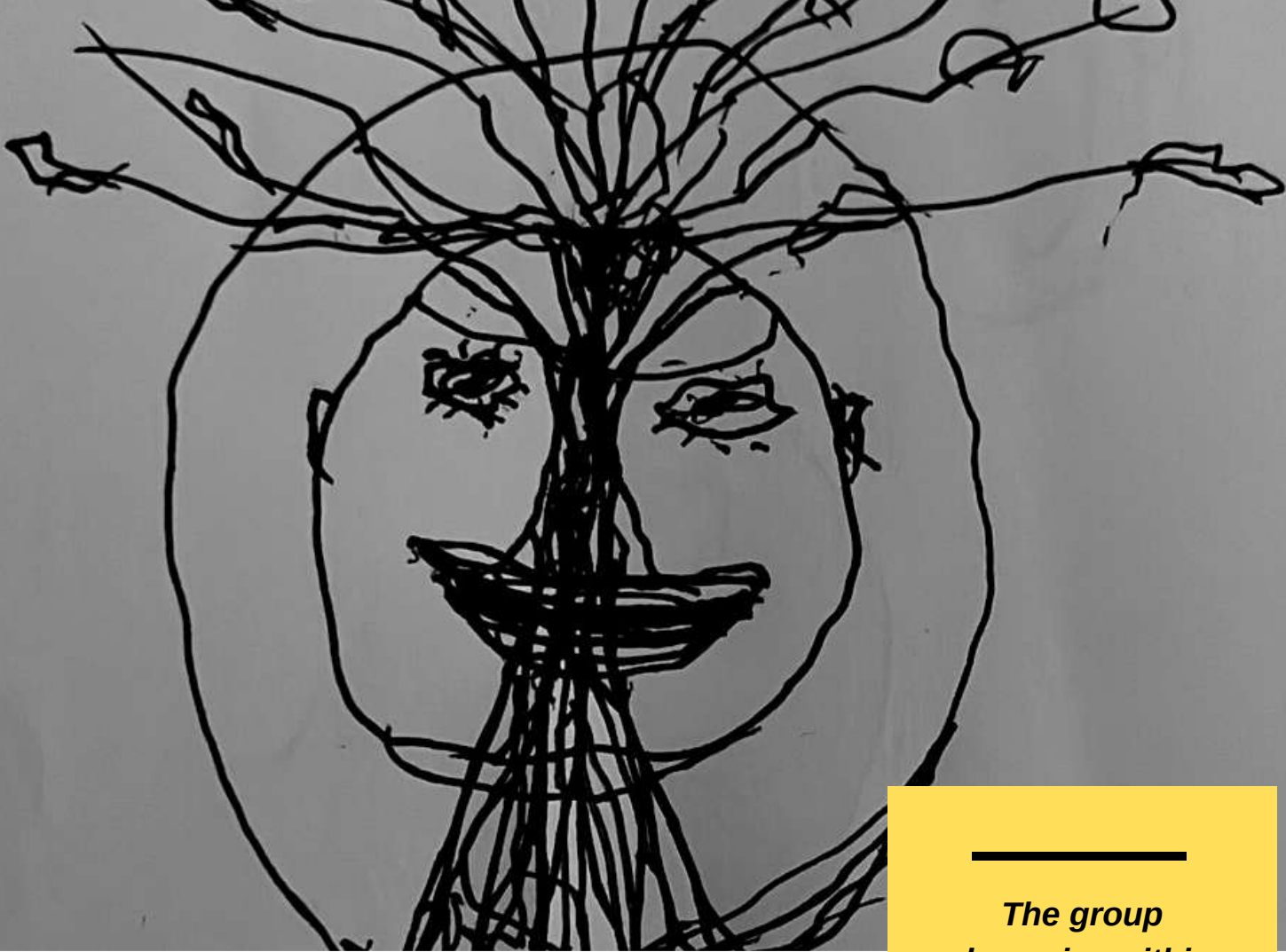
- Emotional Deprivation: 32.1
- Defectiveness/Shame: 24.3
- Emotional Inhibition: 27.2
- Social Isolation/Alienation: **38.5**
- Failure to Achieve: 32.0
- Dependence/Incompetence: 21.6
- Enmeshment/Undeveloped Self: 23.4
- Subjugation: 31.9
- Abandonment/Instability: 29.7
- Mistrust/Abuse: **34.6**
- Vulnerability to Harm or Illness: **40.6**
- Negativity/Pessimism: **41.2**
- Self-Sacrifice: 50.6
- Punitiveness: 34.1
- Unrelenting Standards/Hyper criticalness: **48.4**
- Entitlement/Grandiosity: **44.5**
- Insufficient Self-Control/Self-Discipline: **43.1**
- Status-Seeking: **46.1**

Impact on Schemas

Throughout the project, we observed positive changes in participants' early maladaptive schemas. By actively engaging with schema-focused sessions and employing art therapy methods, **participants reported increased self-awareness and improved schema coping mechanisms**. The post-project evaluations highlighted the effectiveness of the therapeutic approach in addressing psychological stress and maladaptive schemas among the participants.

These results reinforce the potential of art therapy and schema therapy techniques in facilitating emotional healing and enhancing psychological well-being among marginalised communities facing integration challenges.

The pre-project SCL-90 scores revealed a range of psychological distress indicators among the 65 participants. Notably, participants exhibited average scores in various dimensions of psychological distress, including depression, anxiety, obsessive-compulsive behaviors, and more. These scores underscored the presence of psychological stress and maladaptive coping strategies.



Observations

Throughout the course of the project, various observations were made during the therapy sessions. These observations included a noticeable increase in participants' comfort and engagement over time. Initially, participants may have hesitated to express themselves through art, but as the sessions progressed, **they became more open and expressive**. One significant observation was the reduction in emotional distress, particularly in anxiety and depression symptoms. Participants also exhibited enhanced self-awareness, recognising emotional triggers and patterns related to early maladaptive schemas that contributed to their distress. Art therapy played a crucial role in empowering participants to confront past traumas and gain control over their emotions and narratives.

The group dynamics within the sessions were observed to be highly supportive, fostering a sense of belonging and validation among participants.

Future Goals and Project Continuation ●●●●

Our commitment to improving immigrant and refugee mental health is unwavering. To reach even more individuals, we plan to expand the Healing Through Art program. By increasing session frequency, opening satellite locations in immigrant communities, and forming partnerships with local organisations, we can offer vital support to a wider audience.

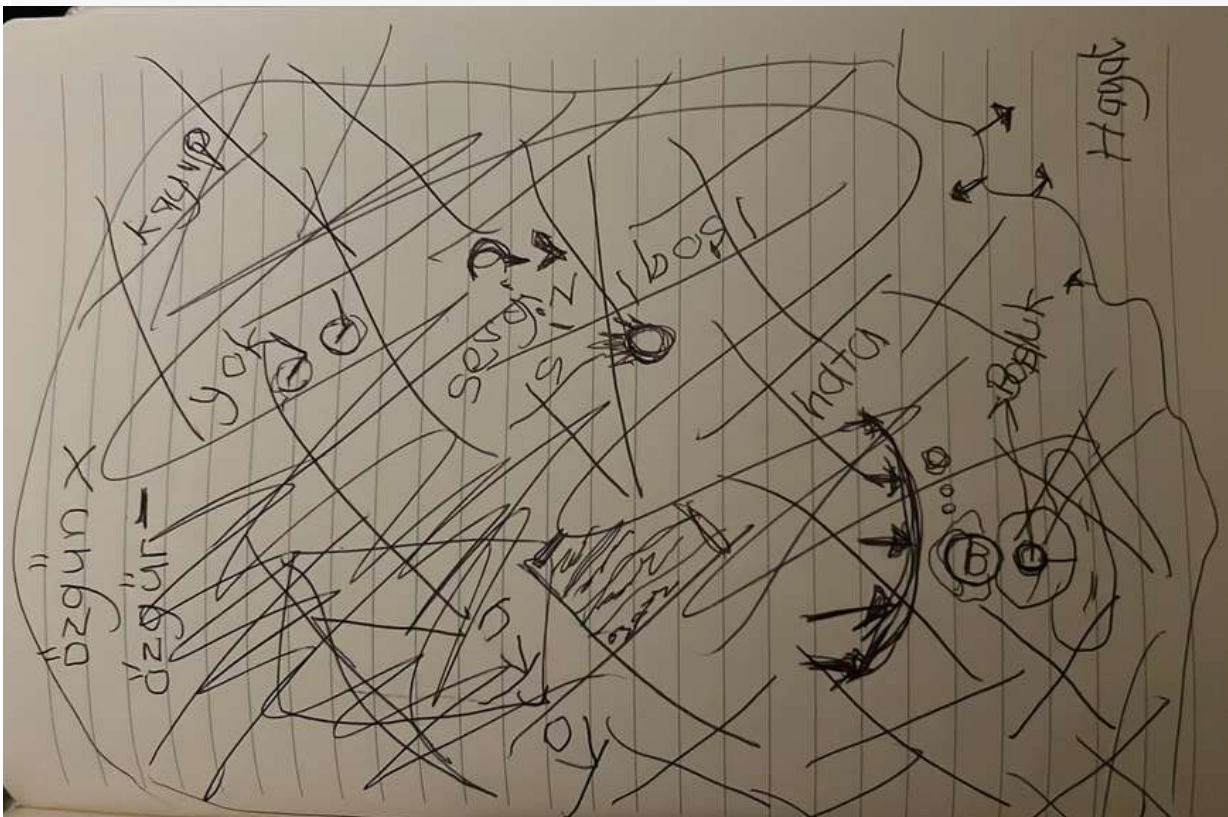
In our pursuit of excellence, we aim to continually improve our therapeutic techniques. This includes integrating advanced art and schema therapy methods, providing specialised trauma-informed care, and collaborating with experts to ensure our participants receive the best care possible.

Our project extends beyond therapy rooms. We're dedicated to advocating for immigrant and refugee mental health rights. This involves pushing for supportive mental health policies, launching awareness campaigns to combat stigma, and partnering with educational institutions to promote cultural sensitivity training.



To ensure that our impact is sustained over time, we are taking steps to secure long-term support. This involves diversifying our funding sources, implementing robust evaluation and monitoring processes, and building a dedicated volunteer network. Sustainability is key to our continued success.

The Healing Through Art project has shown us the transformative power of therapy, support, and community. By expanding access, enhancing therapeutic techniques, advocating for mental health, and ensuring sustainability, we aim to create a brighter future for immigrants and refugees in need. Your ongoing support is crucial as we work toward these goals.





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