CREATIVE EXPRESSION INTERVENTION WITH SYRIAN REFUGEE CHILDREN IN
ISTANBUL, TURKEY: AN ECOLOGICAL COMMUNITY PSYCHOLOGY PERSPECTIVE

by

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Abstract

War and migration continue to be one of the most disparaging forces in today's world. However, despite their relative influence, little is known about ecological interventions that are aimed at partially protecting refugee children against the detrimental bearings of resulting traumatic experiences while offering spaces and activities that are aimed at fostering their mental wellbeing and resilience. In light of this gap, objective of this ecological action research project, as far as the circumstances permitted, was two fold: (1) The intervention part of the project was conducted to offer creative expression activities such as drawing, storytelling and play, and non-formal education in a community setting for a group of Syrian refugee children living in an impoverished neighbourhood in Istanbul, Turkey. (2) The aims of the research part of the project was first to document and analyze the processes involved in the implementation of the intervention through Psychological First Aid principles (PFA) and second, qualitatively explore signs of trauma, resilience and solidarity in participating children's verbal and non-verbal expressions and behaviours. While evidence for creative expression activities as alternative means to increase children's mental wellbeing and resilience is more extensively reported in the last couple decades, the field is still at its early stages in identifying and understanding the processes involved in the implementation of such activities for refugee children in unstable settings. The following research dissertation sets forth the key procedures and individuals involved in the implementation of the current ecological community intervention, and examines some of the theoretical and pragmatic reciprocity among the principles proposed by the PFA Guideline and Ecological Community Psychology. More specifically, results support that art based approaches implemented in a safe and supportive environment may allow children to make sense of their chaotic circumstances, build bridges across different stages in their migratory experiences and foster resilience and self-agency. Furthermore, challenges due to the volatile and

unstable nature of the refugee situation highlights the importance of flexibility and adaptability of interventions to the specific needs and dynamics of the settings in which they ensue and illustrates the importance of ecological approach to refugee mental health interventions and research.

Résumé

La guerre et la migration sont deux enjeux du monde moderne qui affectent directement le bien-être des enfants. Toutefois, on connaît encore peu de choses à propos des interventions écologiques visant à protéger les enfants réfugiés contre les traumatismes en favorisant leur bien-être et leur résilience durant un conflit actif. L'objectif de ce projet de recherche écologique était double: le but principal de l'intervention était d'offrir des activités d'expression créatrice telles que le dessin, les récits et les pièces de théâtre ainsi que des activités d'éducation non formelle, dans un environnement communautaire sécuritaire, à un groupe d'enfants réfugiés syriens établis dans un quartier pauvre d'Istanbul, en Turquie. Le but du volet recherche du projet était d'évaluer ce projet. Les résultats sont présentés en deux chapitres. Tout d'abord, les processus liés à la mise en œuvre de l'intervention sont documentés et analysés en utilisant les principes développés dans le cadre des Premiers Secours Psychologiques. Par la suite, le contenu des productions verbales et non-verbales des enfants qui participaient au projet est analysé autour des thèmes du traumatisme, de la persévérance et de la solidarité. Les résultats confirment les constats actuels concernant le caractère prometteur de l'utilisation d'activités d'expression créatrice comme moyen d'accroître le bien-être et la résilience des enfants, même dans des milieux instables. Les résultats suggèrent aussi que les approches artistiques proposées peuvent permettre aux enfants de donner un sens à leur expérience, d'établir des liens significatifs et d'accroître leur résilience et leur autonomie. Les difficultés rencontrées dans la mise en œuvre de l'intervention, en raison de l'instabilité de la situation des réfugiés, soulignent l'importance d'adapter les interventions aux spécificités des milieux et illustrent l'importance d'une perspective écologique dans le développement d'interventions pour promouvoir la santé mentale des enfants réfugiés.

Table of contents

List of Figures

Acknowledgments

Contributions of Authors

Dr. Cécile Rousseau and Dr. Mónica Ruiz-Casares directed the review of the literature and edited the first version.

Introduction

"History is a bath of blood," wrote Williams James in his infamous antiwar essay in 1906. His words still ring true in our times. However, it is important to recognize that while war, mass conflict, and displacement are still very much parts of our lives, the nature of these atrocities had been evolving (Luster, Qin, Bates, Johnson, & Rana, 2008). Most of the political violence in the last decade has been taking place in low- and middle-income countries where major actors are insurgent groups leading intra-state uprisings (Themner & Wallensteen, 2011). Consequently, current political violence occurs in civilian inhabited regions where children and adolescents face increased risk of death, systematic human rights violations and destruction of community structures (Pedersen, 2002; Wexler, Branski, & Kerem, 2006).

The Syrian Civil War - the largest crisis of forcible displacement in the world today (UNHCR, 2014) - is the most recent example. Since its outset in 2011, millions of children have been exposed to traumatic experiences of war and forced migration (UNHRC, 2015). Loss of parents and family, poverty, sexual harassment, forced labour, arbitrary detention, sexual violence, limited access to schooling and unsanitary living conditions (Ross, 2014; Tookey, 2015; Letsch, 2014; Al-Shihab, 2015) are some of the most grave obstacles Syrian children are facing in Syria and in the neighbourhood countries where they fled.

The Republic of Turkey is one of the main countries that have opened its borders to the Syrian refugees. It is believed that there are one to three million Syrian refugee inhabitants as of early 2015 (UNHRC, 2014; AFAD, 2014; Amnesty International, 2014). Approximately half of these individuals are children under the age of 18 (UNHCR, 2015). Due to majority of them crossing the borders without proper documentation, they are not entitled to any social or economic rights and hence are left to live below the poverty line where they endure severe realities of destitution (Cetingulec, 2014). For instance, Syrian refugee children, who do not have

proper documentation, are unable to attend state schools in Turkey (Dorman, 2014). Thus, while some of them work illegally, some beg in the streets and wander around all day with their group of friends (Letzch, 2014; Kelze, 2014). Those who are fortunate attend one of the very few existing community-based informal education programs, which are compromised by "insufficient teaching materials being available, lack of certification, reduced instructional time due to the need to have multiple shifts, and a reliance on volunteer teachers" (UNHRC, 2013, p. 21). This is a rather alarming situation because as the literature illustrates, participating in learning activities conducted in safe and stable environments is crucial for healthy development: It exposes children to positive peer and adult role models, creates a sense of community with valuable support networks and enhances their sense of agency through allowing them to explore areas of interest and acquire skills and talents (Mahoney, Larson, & Eccles, 2005; Anderson, Hamilton, Moore, Loewen, & Frater-Mathieson, 2004; Hamilton & Moore, 2004).

According to the UNHRC's 2014 Regional Response Plan, the influx of Syrian refugees into Turkey has far surpassed initial projections and thus majority of them will not able to find shelter at the refugee camps. Therefore, assistance for those living outside of the camps is crucial for their physical and mental wellbeing. However, it is important to underline here that while a prominent part of literature on trauma and child mental health demonstrates a direct psychopathological link between traumatic events and refugee children (NCTSN, 2005; Pynoos, Kinzie, & Gordon, 2001), emerging studies present growing recognition that despite the distressing circumstances, a large portion of refugee population do not develop long-term mental health difficulties (Kostelny & Wesselss, 2013; Schweitzer, Greenslade, & Kagee, 2007; Steel, Silove, Phan, & Bauman, 2002). Individual characteristics, inter-relationships and available community resources have been shown to endorse and/or increase resilience which act as protective factors against the damaging circumstances faced in refugee setting (Masten & Powell,

2003; Boothby, Crawford, & Halperin, 2006; Kostelny, 2006; Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010; Shamai & Kimhi, 2007; Zahr, 1996; Dimitry, 2012). Accordingly, it is crucial for interventions to not only help Syrian refugee children resolve, or at least help manage effectively, their symptoms of trauma and traumatic loss – if present, but also, just as importantly, enhance their capacity to cope with the numerous displacement-related stressors that confront them on a daily basis and regain adaptive functioning (Miller & Rasco, 2004).

Creative expression interventions, which use activities such as drawing, collective story-telling, bodywork and play, are suitable for the above approach. As the past studies illustrate, creative expression activities may provide children alternative ways to express their thoughts and feelings, renew their playfulness and spontaneity and build solidarity with their peers (Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2004; Lykes & Farina, 1992; Rousseau & Heusch, 2000). Furthermore, these activities have been shown to support children to make sense of their feelings, thoughts, and circumstances, as well as promote problem-solving and conflict-resolution skills, which are crucial for their mental wellbeing and simultaneously, their resilience and self-empowerment (Cohen, Barnes, & Rankin, 1995; Raymer & McIntyre, 1987; Gantt & Tinnin, 2007).

In short, the adversity experienced by the Syrian refugee children in Syria and subsequently in Turkey present grave challenges for their mental health and wellbeing and thus calls out for interventions that may offer support both at individual and community levels. In response, the present thesis implemented a small ecological community intervention, which offered creative expression activities and informal education for a group of Syrian refugee children living in an impoverished neighbourhood in Istanbul, Turkey. Participatory action research, "a reflective approach which is directly linked to action and influenced by understanding of history, culture, and local context and embedded in social relationships"

(Baum, MacDougall, & Smith, 2006), was deemed to be the most appropriate approach to empower Syrian refugees through resilience and solidarity building activities, as necessary components of healing and positive growth, as well as, produce culture-sensitive knowledge that may be useful to construct future interventions and policies.

Objectives

The project's objectives fall into two parts:

1. Intervention objective: Offer a safe, stable and nurturing space in a community setting to buffer adversity and support wellbeing of the participating children through creative expression activities that encourage meaning-making, resilience, and solidarity.

2. Research objectives: a) document and analyze the processes and influences involved in implementing an ecological community based intervention in an unstable environment and b) explore the participating children's artistic expressions as reflected from drawing, story-telling and play and observe their individual and collective behaviours across the intervention period.

The above objectives are presented in two chapters:

The first chapter introduces the intervention and uses Psychological First Aid guidelines to discuss the role of various factors, including a) the key individuals in the intervention, b) the significance of the liaison between community members and the research team, c) the role of social support groups and activities for practical assistance and d) the influence of external events leading to instability in the environment, on implementing an ecological community based intervention in Istanbul. In the second chapter, the focus is placed upon the results from the creative expression activities: Children's verbal and non-verbal expressions are explored to reveal common themes and behaviours related to trauma, resilience and solidarity.

Rationale

Because of the ongoing violence and instability surrounding the Syrian refugee situation, it is important to design and implement interventions that may support refugee children against the damaging effects of war and forced migration and offer activities that may foster their mental wellbeing and resilience. Concurrently, evaluating the intervention may assist in identifying the significant processes involved in implementing an ecological community intervention in unstable conflict prone settings and accordingly, help guide future interventions and research.

Running head: ECOLOGICAL COMMUNITY INTERVENTION FOR REFUGEES

Ecological community based intervention for a group of Syrian refugee children living in an

impoverished neighbourhood in Istanbul, Turkey: Evaluation of the implementation processes by

Psychological First Aid Principles

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Abstract

Stressors of war and forced-migration, instigated by the Syrian Civil War, have resulted in need of interventions that may buffer the effects of adverse circumstances and support Syrian children's mental wellbeing. This paper presents a qualitative documentation of the processes involved in the implementation of a small-scale ecological community intervention for Syrian refugee children living in a deprived neighbourhood in Istanbul, Turkey. The main findings, reached by the assessment of the intervention through using Psychological First Aid principles, suggest that community leaders played a key role in reaching out to the families and establishing a sense of trust and collective planning and action on behalf of the community. Furthermore, practical assistance offered through creative expression activities including drawing, storytelling and play and informal education have led to some sense of normalcy and fostering of resilience and solidarity among the participating children. The intervention have also facilitated social support, both among children and across parents and increased feelings of belonging and solidarity. However, challenges in establishing safety and stability in the external environment have jeopardized the intervention, elucidating the necessity for interventions to take into account the specific cultural, social and political factors of the background and be flexible to readily adapt in the face of challenges related to violence, instability and lack of resources.

Keywords: ecological community interventions, mental health, Syrian, refugee, children, Psychological First Aid, creative expression

Introduction

Since the early days of March 2011, the Syrian Civil War has resulted in approximately 7.6 million refugees, as well as 12.2 million people in need of humanitarian aid to survive (OCHA Annual Report, 2014). Distressingly, children, particularly unaccompanied minors, constitute more than half of the affected population: According to UNICEF (2013), officially 4.29 million children within Syria are poor, displaced or caught in the line of fire. At the same time, 1.25 million Syrian children are living as refugees in neighbouring countries such as Turkey, Lebanon, Jordan, Iraq, and Egypt. Given that the literature consistently suggests that exposure to prolonged stressful events increases a child's risk of developing health and psychological problems (Middlebrooks & Audage, 2008; Jewett & Peterson, 2004) and the fact that Syrian refugees continuously experience a wide array of stressors such as violence, poverty, racism, and displacement (Kirisci, 2014), these numbers are quite alarming and raise a number of questions about the type of interventions that can be implemented to partially protect the refugee children against the detrimental bearings of the their circumstances.

The following paper documents the processes involved in implementing a small-scale ecological model based community intervention, which used creative expression activities including drawing, story-telling and play to help foster the mental wellbeing of a group of Syrian refugee children living in an impoverished neighbourhood in Istanbul, Turkey. It employs Psychological First Aid Guidelines to evaluate the various practices and challenges associated with running an intervention in an unstable setting. More specifically, it highlights the importance of community leaders in reaching out to the community and establishing trust between the community and the intervention team. Furthermore, it illustrates the instrumental role of listening to community members to gather their needs and concerns and accordingly, use this information to provide practical assistance that encourages agency and social support both across children and

their parents. Finally, it underlines the importance of safety and stability in the environment and documents the various external influences, which may stand as challenges in establishing such circumstances.

Background

Socio-political Context

Syrian Republic Civilian armed conflict and political violence that broke out in the Syrian Republic have contributed to great burden of disease and disability among its citizens (Berti, 2015). What started as nation-wide demonstrations as part of the Arab Spring protests, the violent reaction from President Bashar al-Assad's government led to an armed rebellion towards the end of 2011. Since then, various groups including Free Syrian Army, Islamic Front, Hezbollah and most recently, Islamic State of Iraq and Levant (ISIL) have actively contributed to increased violence across the country (Rodgers, Gritten, Offer, & Asare, 2015).

Described by the United Nations report as a conflict that is "overtly sectarian in nature", between mostly Alawite government forces and Shia groups fighting largely against Sunni-dominated rebel factions, the violence had led to severe human rights violations from all sides, with countless massacres occurring throughout the region (Nebehay, 2014). In these hostile circumstances, children often get exposed to violence, exploitation and abuse in their homes, schools and communities. Specifically, prevalence of child labour, recruitment into armed groups, early and forced marriage, birth registration and situation of unaccompanied and separated children, and disruption of schooling for hundreds of thousands of Syrian children present grave concerns (UNHRC, 2014).

Republic of Turkey Republic of Turkey is one of the main countries to open its borders to the Syrian refugees (Icduygu, 2015). According to the 2014 Mid-Year Regional Response Report from UNHCR, as of June 1st, there were officially 765,000 Syrian refugees in Turkey.

Approximately, 30 percent of them resided in 22 different camps that are mainly scattered across the border. However, in reality, the number of Syrian refugees is considerably larger than the official UNHRC figure of registered refugees: The majority of the Syrian refugees continue to cross the borders without documentation and choose not to register, for reasons that range from fearing being recognized as refugees in official records, to lacking either proper information or access to the registration points (Berti, 2015). Considering almost 80 percent of the population live outside of the refugee camps, it is estimated that there are between one to three million Syrian refugees in Turkey as of the end of 2014 (AFAD, 2013; Amnesty International, 2014).

The majority of the Syrian refugees in Turkey live in poverty (Hogg, 2014). Due to their undocumented status, they are not entitled to any social or economic rights. While some of them struggle to resume their lives in parks, side roads or other public spaces in homeless circumstances, those who find jobs work illegally for long hours at very low wages, thus resulting in lower chances of finding proper housing and basic food and medical assistance (Letsch, 2014). Children face tremendous hardship under these circumstances: Most of the Syrian refugee children join their parents in the workforce to earn a living (Stockmans, 2015). Those who have the prospect to enrol in schools face further barriers: Formal Turkish regulations require Syrian students to possess a foreigner ID, which can only be issued to registered refugees who enter Turkey through a formal border crossing with valid travel documents (UNHRC, 2014). Although this challenge is expected to be resolved with the new law on Foreigners and International Protection (2015), it nevertheless presents a major obstacle at the moment. Consequently, the Syrian refugee children are only able to attend informal educational programs delivered at community centers. Unfortunately, these centers are short in number and the quality of education provided is compromised by "insufficient teaching materials being available, lack of certification, reduced instructional time due to the need to have multiple shifts, and a reliance on volunteer

teachers" (UNHRC, 2014, p. 21). In short, with the ongoing crisis in Syria and the adverse living conditions in Turkey, Syrian refugee children are enduring cumulative stress without benefiting from the protection of schools, all of which may have significant long-term consequences.

Refugee Experience and Mental Health

   Trauma and Resilience Refugees face various forms of adversity ranging from pre-migratory events to post-migratory challenges (Oliff, 2008). Traumatizing incidents such as war, torture and displacement often characterize the pre-migratory and migratory stages. Poverty, culture shock, racism, sense of marginality and feelings of rootlessness and confusion are more frequently faced in the post-migratory settings (Miller & Rasmussen, 2010; Lustig, Kia-Keating, Knight, Geltman, Ellis, Kinzie, Keane, & Saxe, 2004; Sommers, 2012; Rothe, Eugenio, Lewis, Matos, Martinez, Busquets, & Martinez, 2002; Oliff, 2008; Coventry, Guerra, Mackenzie, & Pinkney, 2002; Yau, 1996). In these hostile circumstances, children often display higher vulnerability to post-traumatic stress disorder (PTSD), depression and anxiety and externalizing behaviours such as aggression and conduct difficulties (Betancourt, Newnham, McBain, & Brennan, 2013; Fazel, Reed, Brick, & Stein, 2012). In addition, symptoms of severe grief reactions, withdrawal, constricted affect, estrangement, diminished interests, hyper-arousal including startle responses, jumpiness, nervousness and sleep disturbances are frequently reported (Derluyn & Broekaert, 2007; Dyregrov, Gjestad, & Raundalen, 2002; Fazel, Reed, Brick, & Stein, 2012). However, despite the well-established relationship between adversity and deteriorated mental wellbeing, not all refugee children who experience traumatic experiences display disruptive development (Cicchetti, Rogosch, Lynch, & Holt, 1993). In fact, positive adaptive functioning through diverse types of resilience is commonly observed in refugee children (Cicchetti & Valentino, 2006; Haskett, Nears, Ward, & McPherson, 2006). Past studies point out that resilience is a dynamic developmental process that is influenced by various factors,

including the individual's biological and psychological organization, timing of adverse events and experiences, setting in which the individual makes active choices and contextual circumstances in which short- and long-term protective factors function (Cicchetti & Tucker, 1994; Masten & Tellegen, 2012; Rutter, 2012).

    Routes of Stress Identifying the routes by which adverse events of war and forced migration may exert their impact is crucial for designing and implementing interventions that aim to foster mental wellbeing and resilience. Despite its importance, identifying the specific routes of stress has been a controversial topic (Brent & Silverstein, 2013). While the earlier literature mainly highlighted the relationship between direct exposure to war and reduced psychological well being, recent research suggests that daily stressors, such as loss of social support, unemployment and lack of environmental mastery experienced away from the conflict appear to play a substantial role in refugee children's psychological impairment (Betancourt, Newnham, McBain, & Brennan, 2013; Fazel, Reed, Brick, & Stein, 2012). Miller and Rasmussen's (2009) model, which combines these two lines of thoughts into a single approach, proposes a more coherent picture by offering a multifaceted perspective on the process of forced migration and the risk factors it entails: It proposes that exposure to armed conflict can have a direct effect on the mental health of refugees, but this effect can also be partially mediated by the daily stressors associated to armed conflict. In addition, daily stressors unrelated to armed conflict can also have significant influence on mental health and wellbeing. The recognition of the complex nature of routes of trauma demonstrates that interventions should not only address the trauma-related stressors but also aim to reduce the impact of stressors related to every day life experiences. Through this approach, they may work to improve refugee's mental health *and* help foster resilience and solidarity by endorsing personal empowerment and social support (Miller & Rasmussen, 2009).

Creative Expression and Mental Well-Being

Interventions that use creative expression activities have slowly gained more reputation as valuable approaches for working with refugee children who have been affected by violence and repression (Howard, 1991; Danev, 1998). Programs such as The Art & Storytelling in Canada (Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2004), Técnicas Creativas in Argentina (Miller & Billings, 1994), and De niño a niño in Mexico (Rousseau & Heusch, 2000), have engaged creative expression techniques such as drawing, story-telling, drama and play to provide children a therapeutic space where they can safely construct meaning of their circumstances, establish continuity between different stages in their lives and build solidarity with their peers (Rousseau, Drapeau, Lacroix, Bagilishya & Heusch, 2004; Lykes & Farina, 1992; Rousseau & Heusch, 2000). In alignment with these projects, various studies have illustrated that creative expression may lead to enhanced self-esteem, expression of feelings, development of problem-solving and conflict-resolution skills, in addition to construction of meaning and identity (Cohen, Barnes, & Rankin, 1995; Raymer & Mcintyre, 1987; Gantt & Tinnin, 2007).

Specifically in the refugee context, drawing and story telling have been shown to be effective for offering children alternative mediums to make sense of their chaotic environments and to begin their recovery from trauma and loss (Rousseau, Drapeau, Lacroix, Bagilishya & Heusch, 2004; Miller & Billings, 1994). More specifically, artistic creativity may help in opening up transitional spaces where children can freely explore their past and present cultural worlds, express feelings of loss and share their coping strategies for a recovering future (Rousseau & Heusch, 2000; Winnicott, 1975). Furthermore, as Perrin, Smith and Yule (2000) point out, verbal recollection of trauma is often difficult or beyond a child's capacity. Metaphoric modalities such as drawing, storytelling, and play may therefore play an important role for children to convey their distressing experiences and consequently, help to find new strategies to deal with them.

Psychological First Aid

Psychological First Aid (PFA), an evidence-informed modular approach, is used in early response to the emotional needs of individuals affected by disaster and major traumatic events (Brymer, Layne, Jacobs, Pynoos, Ruzek, Steinberg, & Watson, 2006). While different sources have their own models of PFA (ranging from the World Health Organization to the Red Cross), the most accepted version in the field today is the *Psychological First Aid: Field Operations Guide 2nd edition*, developed in collaboration between the National Child Traumatic Stress Network and the U.S. National Center for Posttraumatic Stress Disorder (Brymer et al. 2006). The model is designed for delivery by mental health and other disaster response workers in diverse settings such as shelters, field hospitals, homes and community settings to meet four basic standards: a) consistent with research evidence on risk and resilience following trauma; b) applicable and practical in field settings; c) appropriate for developmental levels across the lifespan; and d) culturally informed and delivered in a flexible manner. In line with these standards, PFA's main objectives are to a) provide physical and emotional comfort through enhancing immediate and ongoing safety; b) provide stability by calming and orienting emotionally overwhelmed survivors; c) gather information about the specific needs of the affected population; d) offer pragmatic assistance to the identified issues; e) create a web of connection among social support networks, including family members, friends, neighbors, and community helping resources; and f) support adaptive coping and empower affected individuals to take an active role in their recovery (Brymer & et al., 2006).

<div align="center">Theoretical Framework: Ecological Community Psychology</div>

The ecological model of community psychology, with its roots in public health and its emphasis on community collaboration and empowerment, is the theoretical framework that was followed to design and implement the current intervention. Growing from the ecological systems

theory, which postulates that, in order to understand human development, the entire ecological system in which growth occurs needs to be taken into account (Bronfenbrenner, 1989), the paradigm adopts the principle that psychological problems are often caused by "a poor fit between the demands of the settings in which people live and work and the adaptive resources to which they have access" (Miller & Rasco, 2004, p. 35). The traumatic experiences and the resulting detrimental consequences surrounding the Syrian population both within Syria and Turkey are an appropriate example for this approach. In Syria, collapse of the government agencies' functionality and loss of essential service structures have led to increased poverty, damages to infrastructure, and loss of societal trusts; these, in turn, have resulted in damaging effects on child mental wellbeing and development (Nasser, Mechy, & Ismail, 2013). Outside of Syria, structural violence commonly confronted in the settlement countries further deteriorates refugees' mental health. For example, in Turkey, one of the main challenges of the Syrian refugees is their status quo. Most of the Syrian families have no social or political rights due to their undocumented status (Wells, 2013). Accordingly, they are not able to use health services, secure legal work or attend state schools. Loss of community structures and disempowerment further increase their emotional distress. A sense of stability, routine and support between community members are largely undermined, thus creating a general feeling of uncertainty and hopelessness (Sungur, 2013). Under such overwhelming economic and social circumstances, parents often do not get the opportunity to interact with their children to provide guidance and support. Consequently, most of the Syrian refugee children spend the majority of their time in the streets without adult supervision and protection (Khalel, 2014).

Objectives

In an ecological framework for addressing the mental health needs of refugee communities, the foremost goal is to change the adverse environment either by modifying the

problematic settings, creating alternative settings that are better suited to people's needs and

capacities and/or enhancing people's capacity to adapt effectively to existing settings (Miller &

Rasco, 2004). Therefore, many types of mental health distresses are understood as reflecting

problems in the relationship between the person and the setting rather than problems specifically

"fixed" inside the individual (Miller & Rasco, 2004). In line with this perspective, the present

intervention provided an alternative setting: a safe and stable community space where the

children engaged in various creative expression and informal educational activities, while

intermingling with their peers. The goal was to help foster mental wellbeing and to increase

resilience, self-empowerment and solidarity, which would in return postulated to support the

participating children's capacity to more effectively adapt to the precarious circumstances outside

of the intervention setting. Concurrent with these intervention goals, the following questions were

assessed for research purposes: What are the key processes involved in implementing an

ecological community intervention in an unstable refugee context, such as the situation of the

Syrian refugees living in Istanbul? More specifically, a) who are the main partners and what are

their roles in accomplishing the goals of the intervention? b) To what extent do the different

components of the intervention adhere to Psychological First Aid principles? And c) what are the

challenges in the implementation of each of these components?

Method

Participants and the Research Team

Eighteen Syrian refugee children (8 male and 10 female) between the ages of 5-11 years

were recruited. The intervention was offered to all of the Syrian refugee families in a specific

neighbourhood, chosen due to the high population of settled Syrian refugees, through the

following methods of recruitment: (1) recruitment within the Syrian community in the

neighbourhood via announcements during meetings and verbal adverts by the community leader,

and (2) snowball sampling by the recruited participants to reach other Syrian refugee families they knew who could benefit from the program. Results from only 12 children were used for analysis due to a bombing in the region, leading to 6 participating children withdrawing at midcourse.

The research team consisted of a male principal investigator, also the first author, of Kurdish ethnicity, a female Kurdish translator, who was fluent in Turkish and Kurdish and experienced in working with Syrian refugee children, and an undergraduate female research assistant of Turkish ethnicity. The principal investigator's main duties included organizing and directing the creative expression activities, collecting observational data and building relationships between the community members and the research team. The translator facilitated communication between the participants and the research team, narrated the stories and interpreted the collected verbal data. Finally, the research assistant completed duties of participant observation and note taking.

Setting

The intervention was held in a classroom at a Syrian Community Center located in one of the most impoverished areas in Istanbul. The classroom - a makeshift room separated by thin plywood - consisted of twenty-five desks that can sit two children at the same time, a whiteboard and a double window looking out into the street.

Guidelines for Child Friendly Spaces in Emergencies (CFS) (UNICEF, 2011) were followed to make sure the setting was highly inclusive, non-discriminatory and free of violence, abuse, exploitation and neglect. To achieve these goals, the intervention was open to all the children in the community - regardless of their gender, ethnicity and religion. All members of the intervention team read the CFS and acted to ban physical punishment, reduce violence among children, and prioritize protection and wellbeing of the participants.

Intervention

The intervention was implemented in eight sessions of three hours of duration each, over the course of a month and a half in the summer of 2014. Each session began with half an hour of the first author teaching topics ranging from Turkish and English languages and elementary knowledge on Mathematics. No academic pressure was exerted and the children who had obvious cognitive difficulties were given particular support. In the second part, children were asked to sit in a circle and listen to various stories from around the world. The content of the stories were chosen to relate to migratory experiences such as going away from one's homeland, facing challenges on the way and living in solidarity in the new settings. The three chosen myths— Odyssey, Alice's Adventure in Wonderland and the Myth of the Phoenix, were divided into parts based upon their content and voiced to the children. In order to increase children's participation, the storyteller was not allowed to read from books and encouraged children to use sounds and gestures to adapt the stories as they imagined. Thus, while the general contents of the stories were fixed, their structure evolved as they were voiced, opening spaces for children to actively create their own realities and increase their relatedness to the characters. In the third part, children were invited back to their desks to participate in a free drawing period of an hour and a half. They were provided with paper and crayons, and were given the freedom to either draw about the story they heard or any other themes/images they wanted to portray. Finally, in the final part of the session, children were given the opportunity to tell stories in front of their peers, which usually lasted about half an hour.

At times when children did not feel like participating either in drawing or story telling, play was introduced. As Sutton-Smith (1997) suggests, play not only helps in developing neurological foundations for problem solving, language and creativity but it also helps children relate to others, learn about their own bodies and think in abstract terms. Therefore, whenever

necessary or requested by the children, the team members organized and supervised games such as hide-and-seek and musical chairs.

Ethics

Ethical considerations were particularly delicate due to the political instability and the continuing violence surrounding Syrian refugees. Consent and assent forms were translated into Arabic and explained to the families by the community leader. Participating families were informed that participation and withdrawal form the study were voluntary and that no information would be shared with government agencies or any other related institutions that may put their political status at risk in Turkey or in Syria.

The anonymity of the participants and the community center was ensured through pseudonyms. The collected data was stored in a locked storage cabinet and/or in a password secured computer to which only the first author had access.

Special attention was given throughout the intervention to ensure that children were not subjected to any harm. If a child expressed discomfort for any reason, s/he was immediately reassured and comforted by the research team and continued with the activities only after s/he was feeling better and willing to continue. In addition, in order to decrease separation anxiety and increase feelings of support and safety, parent presence during the intervention was embraced.

Data Collection

Observational methods through detailed field notes were the chosen methodology for documenting the processes involved in the implementation of the intervention. As Green & Thorogood (2004) state, observational methods are often cited as the 'gold standard' of qualitative methods if the research is aiming to understand a phenomenon. In this approach, researchers immerse themselves in the field to observe the setting, the patterns of personal relationships and people's reactions to events to achieve a more complete and accurate picture

(Cozby & Bates, 2012). Furthermore, participant observation allows the researcher "to record the mundane and unremarkable (to participants) features of everyday life that participants might not feel were worth commenting on and the context within which they occur" (Green & Thorogood, 2004, p. 148).

Following the end of each session, two members of the intervention team, the first author and the research assistant, recorded extensive fields notes; empirical observation notes and interpretations, analytic comments and views were written down. Group discussion within the intervention team then took place to review the events of the session and identify reflections that might not have been noted down by the individual observer.

Analysis

The data was evaluated by methods of content analysis. Through an etic approach, common themes and patterns were identified in the field notes and systematically categorized. Descriptive analyses was then used to portray the ways in which different components of the intervention adhered to the recommendations of the PFA Guideline. In this process, factors such as the role of community leaders, trust between the different actors of the community and the research team and safety and stability in the intervention setting were explored in depth.

<div align="center">

Results

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Results will be presented in relationship to the principles proposed by the PFA Guideline. In this process, the specific contexts in which the various procedures and activities were embedded will be illustrated. The aim of this approach is to offer a contextual perspective of the collected results and consequently provide a multifaceted picture of the processes analyzed.

Contact and Engagement

The road to the Syrian community center, which is located in one of the most impoverished areas of Istanbul, leads through numerous economically stratified quarters. As the

minibus, the only transportation option since taxis do not offer their services for security reasons after certain hours, pass away from the glittering swimming pools of newly built residences secured by soldiers and barbed wires, the road gradually turns unpaved and gets crowded with make-shift houses that are predominantly inhabited by internally displaced Kurds. At that point, the feeling in the air changes—children on the street run around without shoes while screaming in diverse languages including Turkish, Kurdish and Arabic. In between groups of children, the minibus stops at random spots, picking up factory workers who will work late into the night. As the minibus driver yells "anyone for the Mosque?" you know that you arrived at the community center. From that point on, almost every building has open doors that lead to different industry workshops and dirty walls that read "No to Drugs! Bonzia means Death!"

I, from now on referring to the first author, arrived at the Syrian community center in the company of a friend, a PhD student who worked with some of the families in the community a year before as part of a longitudinal study. The center is located in the first floor of a factory building. It has large mirrors that are mostly covered with hand-written signs displaying gratitude to the Turkish government and the community for their generosity and kindly reminding them for further support. Inside the center, there are three separate sections. On the right side, there is a hospital stretcher with a green curtain in front of it: A Syrian doctor, who fled from Damascus a couple weeks before the hospital he worked in was bombed by the government forces, works tirelessly everyday for Syrians who cannot afford to go to hospitals. Beyond the stretcher, a large pile of old clothes and household items fill up the room. Receiving donations from around the city, the community center works as a warehouse, selling goods to the Syrian community at a much-reduced price to generate the sole income for the Center. In between the stack of goods, a small door leads into a makeshift classroom where 25 old desks are awkwardly arranged into three lanes to face a whiteboard. The room is used as a classroom for the Syrian children in the

community and whenever necessary, as a gathering place for community meetings.

The first contact with the community was with the center leader and his parents. My friend, who is a native Kurdish speaker, introduced herself by telling them that she is a member of an NGO that conducted research in the area before and thus she knows some of the families in the community. She then presented me and explained that even though I cannot speak Kurdish, I am of half Kurdish descent who is student at a Canadian university and I am here to kindly ask their approval to run an intervention with the Syrian refugee children from the community. Here, it is important to explain that the community has a mixture of people from various ethnic and religious backgrounds that are in conflict with each other, both in Syria and Turkey. Therefore, people are reasonably very cautious and strict on accepting outsiders into their centers. Once the introductions were over and a certain level of trust was established, steaming teas, which act as a traditional sign of companionship, were served and the conversation turned to the intentions of the intervention. As the first step of engagement, a pre-intervention meeting with the parents of the children was proposed to introduce the intervention and get their consent. However, this was explained to be non-feasible because; majority of the children's parents worked extended hours and they would not be able to take time off from work to attend such a meeting. Instead, the community leader took the responsibility to visit the families himself whenever he could find them, inform the families about the intervention and get their approval. In response to this change of plans, I explained the procedures of the intervention in detail and highlighted the ethical considerations. Once the community leader was fully informed about the project, he was given the Arabic version of the consent and assent forms and kindly asked to contact me if he had further questions or concerns regarding the intervention.

Safety and Comfort

Once the consent and assent forms were collected, CFS was used as a reference to establish safety and comfort in the intervention setting (UNICEF, 2011). In accordance with the CFS guidelines, activities were open to all the children in the community, regardless of their gender, ethnic and religious background and level of ability. Furthermore, all of the members of the intervention team read the CFS and made sure nobody used physical punishment, and worked to reduce violence among children, understanding that protection and well-being of the participants were the main priority. Moreover, physical space was cleared free of hazardous objects such as sharp items and broken desks. Lastly, in order to decrease separation anxiety and increase level of support and safety, children's parents were allowed to be present during the intervention sessions.

Against the backdrop of the above precautions, external events linked to the ongoing conflict outside of the intervention presented grave challenges. For example, on the day of the fifth session, there was a bombing close to the community center, due to a conflict between members of various armed groups in the area. Therefore, six children were not able to continue attending the intervention because their parents did not allow them to leave their houses.

Practical Assistance

Three activities, designed to foster mental wellbeing and increase resilience and solidarity, were offered in the intervention. Each session began with the first author providing informal education on English, Turkish and Math for about half an hour. This was organized to maintain a sense of routine and normalcy. In support of the age-appropriate value attached to being a student (Nicole & Triplehorn, 2003), the informal teaching revealed some encouraging influence on the children across the intervention. For example, by the fourth session, children felt more at ease speaking Turkish and were willing to perform simple mathematical processes such as addition and subtraction. Moreover, they were proud to participate in the small lessons, which

enlarged the range of their activities at the center and reminded them of more peaceful times.

The main activities - drawing and storytelling - comprised the core of each session. Children were provided with a safe environment where they could explore and make meaning of their experiences through alternative modes of expression, while actively interacting with their peers. In this reassuring environment, an increase in trust and solidarity among the participating children was observed. For instance, while children were hesitant to speak and play together at the beginning of the project, by the fourth session, a number of children volunteered to narrate stories in front of the entire classroom and were happy to sing and dance together. In another example, at the beginning of the intervention, children used to sit separately during lunchtime and chose not to interact with each other much. However, towards the middle of the project, everybody in the classroom sat together and shared food, making sure nobody was left hungry.

Playing games was another strategy that was used to bring fun and normalcy and to increase a sense of group unity as well as problem-solving skills. It was used as a spontaneous activity whenever children did not feel like participating in drawing or story telling.

Information Gathering: Current Needs and Concerns

Information gathering took place immediately after contact and continued throughout the intervention. The immediate needs of the children in the study were identified through collaboration with the community leader. Families and children expressed that notebooks, pens/pencils, rulers, erasers and other school supplies were the most pressing needs for children to continue their educational development and effectively participate in the intervention. In addition, an oral survey conducted among the children revealed that almost all of them lacked school bags, since they used plastic bags to carry their belongings. In response of this gathered information, children were provided with school supplies and bags.

Throughout the intervention, further needs were identified by observation. For example,

during the second session, it was observed that the majority of children either could not afford to bring lunch or eat inexpensive and unhealthy food products, such as potato chips and/or candy. Aware of the reciprocal link between nutrition and overall health and well being (Olson, 1999), the team decided to bring refreshments and pastries for all the children in the group. Consuming a nourishing diet not only helped the children to calm down and concentrate but it also provided a pleasant routine activity in a safe space where they could eat and intermingle.

Stabilization

Two levels of stabilization were offered during the project. At a broad level, the intervention offered a safe and stable space for establishment of routine and normalcy: the children were expected to be in class by 9:00 a.m. and follow a structured program of activities throughout the day. At a more specific level, special attention was given to the participants who showed some emotional fragility such as manifestation of high arousal and anxiety. For example, in order to soothe a seven-year-old female participant, who displayed high levels of separation anxiety and numbing at the beginning of the project, her mother was welcomed to be present in the classroom. By the third session, the child was gently and progressively introduced to the activities. With continuous encouragement and reassuring support, halfway through the project, the presence of the mother was not necessary anymore and the child was positively interacting with her peers and the intervention team.

Connection with Social Supports

Social support was very limited at the time of first contact with the community; parents were not able to spend time with their children due to extended hours of work, children were not able to attend state schools where they could interact with their peers nor support systems such as teachers, and there were not any relief workers to support the families against the adverse living standards. In the face of these circumstances, the intervention, although small in scale and with

limited resources, was greatly appreciated by the parents and the community at large. During the

activities, children were offered a listening ear, sympathy and acceptance. They were able to

interact with each other and build friendships and solidarity. This seemed to increase their

feelings of self-worth and of connectedness to others. In addition to establishing positive

relationships among the children, the intervention also worked as a medium for establishing

greater level of bonding between the parents and the community center. For instance, parents

(mostly mothers), who were sometimes able to attend the activities, were provided with the

opportunity to intermingle with each other and share their needs with the community center.

Through strengthening community ties, more information about available sources of social

support within the community was identified and shared.

Linkage with Collaborative Services

Due to the undocumented status of the participating families and thus their relative

invisibility, they did not have access to any type of mental health services, social assistance, child

welfare services nor drug and alcohol support groups. Because of this lack of alliance and the

relatively small range of the intervention, linkage with collaborative services external to the

community was ineffective.

<div align="center">**Discussion**</div>

Overall, the results illustrate that principles of PFA Guideline offered a general direction

for the processes involved in the implementation of the intervention. However, the numerous

obstacles encountered serve as a reminder that interventions conducted in unstable conflict areas

should be flexible and readily adaptable to the demands of the settings in which they are

implemented. Accordingly, PFA principles can be used as a broad guideline for the design of the

processes involved in the implementation of interventions, which must then be shaped according

to the cultural, social, political and economic circumstances of each setting, thus highlighting the

importance of adopting an ecological perspective.

More specifically, a couple of individuals played essential roles at various stages of the intervention. For instance, the process of developing relations of trust and thereby gaining access to the community is essential prior to conducting interventions and research with socially marginalized, politically oppressed communities (Miller, 2004; Dawes, Tredoux, & Feinstein, 1998). For the current project, my friend's previous experiences with some of the families in the neighbourhood and her active support for the intervention was crucial in establishing contact and trust with the community center. In this process, the approachable response by the community leader worked as a welcoming sign for the community and implied that the project was deemed to be safe and suitable. Furthermore, the community leader's efforts in contacting families before the launch of the intervention and also during information gathering was essential to introduce the intervention to the community and identify needs and concerns of the participating children and their families. The necessary role of the community leader, working as a bridge between the intervention team and the community, is in support of past research which indicates that "at the community level, traditional leaders, councils of elders, groups of influential women, and church leaders are among those who represent key leverage points for helping to stimulate collective planning and action on behalf of children" (Miller & Rasco, 2014, p.78).

The promising results that emerged from the educational and creative activities, both in regards to offering practical help to children and forming lines of social support across children and their families, runs in alignment with the principles PFA Guideline. It adds on to the past findings which propose that social support in the environment, characterized as positive engagement with others (Ozbay, Johnson, Dimoulas, Morgan, Charney, & Southwick, 2007), and access to activities that establish practical help, may greatly increase refugee children's self-efficacy, resilience and hope (Brymer, Steinberg, Sornborger, Layne, & Pynoos, 2008). This, in

return, may lead to faster recovery rate in the face of distressing circumstances (Daud, Klinteberg, & Rydelius, 2008). These findings imply that practical assistance and social support approaches are vastly interconnected and thus point to a need for activities that not only work at an individual level but also offer opportunities for the broader community to engage and strengthen social ties while forming new relations among others in the community.

Identifying the immediate needs and concerns of the participating population and adapting a pre-designed intervention to the specific necessities of a particular setting may play a crucial role for the effectiveness of interventions (Brymer, Steinberg, Sornborger, Layne, & Pynoos, 2008). For example, the concerns of the community in this study, mainly the need for school supplies and nutritious food for children, brought attention to economic issues as more salient at the time of the intervention. This is in support of Summerfield's (1999) claim that if asked, refugees will point to social and economic issues as more helpful to their situation rather than psychological support. Accordingly, interventions operating under a medicalised framework, which, in general, do not provide opportunities for refugees to articulate their own experiences and needs in their own terms, may lead to homogenizing of refugees into a single pathologised identity (Watters, 2011). Consequently, such approaches may lack the resources and skills to identify and offer support for the most pressing needs of refugees. By following PFA Guidelines that recommend children and their parents to voice their own needs and concerns, the intervention was more effective in identifying the most pressing and vital distresses faced by the community and therefore, it was more resourceful at alleviating present issues and needs, in its own limited way. Furthermore, instead of creating a false image of a group of traumatized children, the intervention worked together with the participants and helped them to voice their own ideas and needs in an egalitarian approach. This was in turn crucial in creating a greater level of trust and bonding among the participants and the research team.

Challenges

The various obstacles encountered in the field highlighted the difficulties of developing a state of the art intervention in the precarious context of Syrian refugees living in an impoverished neighbourhood in Istanbul. For example, while the PFA strongly recommend contact and engagement with the participating individuals and their families, it was simply not possible for the intervention team to reach all the parents of the children in a timely manner, due to their extended hours of work. Furthermore, regardless of high level of attention to safety, external events, such as a bombing nearby the community center, strongly deteriorated the factor of stability in the area and security of the families. Consequently, PFA recommendations for safety, comfort and stability, which are absolutely essential, could only be partially applied in the specific intervention setting, thus raising questions about the pertinence and limits of an intervention during an active conflict setting. Finally, PFA recommendations on linkage with collaborative services could not be implemented at all due to lack of any publicly accessible services for undocumented Syrian refugees living outside of refugee camps in Turkey.

Despite the above limitations and the small scale of the intervention, the relative attainment of the project observed by the small increase in children's mental wellbeing and resilience illustrates that for future interventions, PFA may offer a set of useful guidelines to develop and implement ecological community interventions that must then be shaped by the demands of the setting in which the interventions are conducted.

Conclusion

The intervention reported in this paper is a very small step to support a large group of children who are presently invisible and forgotten. It suggests that combining the Ecological Model of Community Psychology and PFA can be suitable to design small-scale interventions to improve the mental health of refugee children living in precarious environments. However, the

obstacles encountered emphasize that these types of interventions on their own are limited and cannot meet the wider array of refugee children needs. For example, lack of social and political rights, economical strains, and low living standards define some of the main and most pressing issues for Syrian refugees in Turkey today. It is therefore important that future interventions in refugee settings link with educational, vocational and industry partners (Betancourt, Newnham, Hann, McBain, Akinsulure-Smith, Weisz, Lilienthal, & Hansen, 2014). In this line of thought, as recommended by Wessells and Monteiro (2006), training people from different NGOs that provide economical assistance may be essential in enabling the integration of psychosocial and substantial support.

In short, beyond the small glimpse of happiness that the program brought to a handful of children, we hope that similar interventions may tell them that they are not forgotten and that in the outside world, some people will pay attention to their voices. Consequently, these voices, without the barrier of predefined contexts and gaze of therapists and institutions may provide more opportunities for refugees to identify at a broader level how they feel and what they desire from interventions that are designed and implemented to support them.

References

Afet ve Acil Durum Yonetimi Baskanligi (AFAD). (2013). *Disaster Report: Syria*. *Republic of Turkey Prime Ministry Disaster and Emergency Management Authority*. Retrieved from https://www.afad.gov.tr/EN/IcerikListele1.aspx?ID=16

Amnesty International. (2014). *Struggling to Survive: Refugees from Syria in Turkey*. Retrieved from https://www.amnesty.org/en/documents/eur44/017/2014/en/

Berti, B. (2015, February 5). Syrian refugees and regional security. *SADA*. Retrieved June 19 2015, from

http://carnegieendowment.org/sada/index.cfm?fa=show&article=58979&solr_hilite=

Betancourt, T. S., Newnham, E. A., Hann, K., McBain, R. K., Akinsulure-Smith, A. M., Weisz, J., Lilienthal, G., & Hansen, N. (2014). *Addressing the Consequences of Violence and Adversity*. In: Raynaud, J., Hodes, M., & Shur-Fen Gau, S. (Eds.). (2014). From Research to Practice in Child and Adolescent Mental Health. Lanham, Maryland: Rowmand & Littlefield.

Betancourt, T. S., Newnham, E. A., McBain, R., & Brennan, R. T. (2013). Post-traumatic stress symptoms among former child soldiers in Sierra Leone: follow-up study. *The British Journal of Psychiatry*, *203*(3), 196-202.

Brent, D. A., & Silverstein, M. (2013). Shedding light on the long shadow of childhood adversity. *JAMA*, *309*(17), 1777-1778.

Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development, 6*, 187-249.

Brymer, M., Layne, C., Jacobs, A., Pynoos, R., Ruzek, J., Steinberg, A., & Watson, P. (2006). Psychological First Aid -- Field Operations Guide. 2nd Edition. *National Child Traumatic Stress Network and National Centre for PTSD*. Los Angeles: CA.

Brymer, M. J., Steinberg, A. M., Sornborger, J., Layne, C. M., & Pynoos, R. S.

(2008). Acute interventions for refugee children and families. *Child and*

Adolescent Psychiatric Clinics of North America, *17*(3), 625-640.

Cicchetti, D., Rogosch, F. A., Lynch, M., & Holt, K. D. (1993). Resilience in maltreated

children: Processes leading to adaptive outcome. *Development and Psychopathology*,

5(04), 629-647.

Cicchetti, D., & Tucker, D. (1994). Development and self-regulatory structures of the

mind. *Development and Psychopathology*, *6*(04), 533-549.

Cicchetti, D., & Valentino, K. (2006). *An ecological transactional perspective*

on child maltreatment: Failure of the average expectable environment

and its influence upon child development. In: Cicchetti D, Cohen D,

editors. Developmental Psychopathology (2nd ed.): Risk Disorder, and

Adaptation. Vol. 3. Wiley; New York: 2006. p. 129–201.

Cohen, B., Barnes, M., & Rankin, A. (1995). *Managing traumatic stress*

through art: Drawing from the center. Lutherville, MD: Sidran Press.

Coventry, L., Guerra, C., Mackenzie, D., & Pinkney, S. (2002). *Wealth of*

all nations: Identification of strategies to assist refugee young people in

transition to independence, Hobart, , Australia: National Youth Affairs

Research Scheme.

Cozby, P. C., & Bates, S. C. (2012). *Methods in behavioral research*. New York:

McGraw-Hill.

Daud, A., af Klinteberg, B., & Rydelius, P. A. (2008). Resilience and vulnerability

among refugee children of traumatized and non-traumatized parents. *Child*

and Adolescent Psychiatry and Mental Health, *2*(1), 7.

Danev, M. (1998). *Library project 'Step by step to recovery'*. In D. Dokter (Ed.), Art

   therapists, refugees and migrants: Reaching across borders. London: Jessica

   Kingsley.

Dawes, A., Tredoux, C., & Feinstein, A. (1989). Political violence in South Africa: Some effects

   on children of the violent destruction of their community. *International Journal of Mental*

   Health, 16-43.

Derluyn, I., & Broekaert, E. (2008). Unaccompanied refugee children and

   adolescents: The glaring contrast between a legal and a psychological

   perspective. *International Journal of Law and Psychiatry*, *31*(4), 319-330.

Dyregrov, A., Gjestad, R., & Raundalen, M. (2002). Children exposed to warfare:

   A longitudinal study. *Journal of Traumatic stress*, *15*(1), 59-68.

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of

   displaced and refugee children resettled in high-income countries: risk and

   protective factors. *The Lancet*, *379*(9812), 266-282.

Gantt, L., & Tinnin, L. W. (2007). Intensive trauma therapy of PTSD and

   dissociation: An outcome study. *The Arts in Psychotherapy*, *34*(1), 69-80.

Green, J., & Thorogood, N. (2013). *Qualitative methods for health research*. London: Sage.

Haskett, M. E., Nears, K., Ward, C. S., & McPherson, A. V. (2006). Diversity in

   adjustment of maltreated children: Factors associated with resilient functioning.

   Clinical Psychology Review, *26*(6), 796-812.

Hogg, J. (2014, December 3). Poverty fuels tensions as Syrian refugees brace for another

   winter. *Reuters*. Retrieved June 07, 2015 from

http://www.reuters.com/article/2014/12/03/us-mideast-crisis-refugees-idUSKCN0JH0X820141203

Howard, G.S. (1991). A narrative approach to thinking, cross-cultural psychology and psychotherapy. *American Psychologist*, *46*, 187–197.

Jewett, J., & Peterson, K. (2004). Stress and young children. *Developmental Psychology*, *38*(2), 267-278.

Icduygu, A. (2006). A panorama of the international migration regime in Turkey. *Revue européenne des migrations internationales*, *22*(3), 11-21.

Khalel, S. (2014, October 1). Syrian refugees find homes on the street corners of Istanbul. *Middle East Eye*. Retrieved June 01, 2015 from http://www.middleeasteye.net/in-depth/features/syrian-refugees-find-homes-street corners%20istanbul-2085856546

Kirişci, K. (2014). *Syrian Refugees and Turkey's Challenges: Going Beyond Hospitality*. Washington, DC: Brookings Institution.

Letsch, C. (2014, September 8). Syria's refugees: Fears of abuse grow as Turkish men snap up wives. *The Guardian*. Retrieved June 01, 2015 from http://www.theguardian.com/world/2014/sep/08/syrian-refugee-brides-turkish-husbands-marriage

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., & Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(1), 24-36.

Lykes, M.B.*, &* Farina, J.J. (*1*992)*.* Niños y violencia política. Dossiers bibliograficos en salud mental y derechos humanos*. Buenos Aires: Editado por Centró de Documentación.*

Masten, A. S., & Tellegen, A. (2012). Resilience in developmental psychopathology: Contributions of the project competence longitudinal study. *Development and Psychopathology*, *24*(02), 345-361.

Middlebrooks, J. S., & Audage, N. C. (2008). The effects of childhood stress on health across the lifespan. Atlanta (GA): Centers for Disease Control and Prevention. *National Center for Injury Prevention and Control.*

Miller, K. E. (2004). Beyond the frontstage: Trust, access, and the relational context in research with refugee communities. *American Journal of Community Psychology*, *33*(3-4), 217-227.

Miller, K. E., & Billings, D. L. (1994). Playing to grow: A primary mental health intervention with Guatemalan refugee children. *American Journal of Orthopsychiatry*, *64*(3), 346-356.

Miller, K. E., & Rasco, L. M. (Eds.). (2004). *The mental health of refugees: Ecological approaches to healing and adaptation*. New Jersey: Taylor & Francis.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, *70*(1), 7-16.

Nasser, R., Mehchy, Z., & Abu Ismail, K. (2013). Socioeconomic roots and impacts of the Syrian crisis. *Syrian Centre for Policy Research. Damascus: Syrian Centre for Policy Research*.

Nebehay, S. (2014, September 16). Syrian, Iraqi and other asylum seekers on rise in West: UNHRC. *Reuters*. Retrieved June 19, 2015 from http://news.yahoo.com/syrian-iraqi-other-asylum-seekers-rise-west-unhcr-

051003728.html

Nicolai, S., & Triplehorn, C. (2003). The role of education in protecting

children in conflict. *Network Paper: Humanitarian Practice Network*

(HPN), *42*, 1-36.

Perrin, S., Smith, P., & Yule, W. (2000). Practitioner review: the assessment and

treatment of post-traumatic stress disorder in children and adolescents. *Journal*

of Child Psychology and Psychiatry, *41*(3), 277-289.

Raymer, M., & McIntyre, B. B. (1987). An art support group for bereaved children

and adolescents. *Art Therapy*, *4*(1), 27-35.

Rodgers, L., Gritten, D., Offer, J. & Asare, P. (2015, March 12). Syria, The story of

the conflict. *BBC News*. Retrieved June 15, 2015 from

http://www.bbc.com/news/world-middle-east-26116868

Rothe, E. M., Lewis, J., Castillo-Matos, H., Martinez, O., Busquets, R., & Martinez, I. (2002).

Posttraumatic stress disorder among Cuban children and adolescents after release from a

refugee camp. *Psychiatric Services*, *53*(8), 970-976.

Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005). Evaluation of a

classroom program of creative expression workshops for refugee and immigrant children.

Journal of Child Psychology and Psychiatry, *46*(2), 180-185.

Rousseau, C., & Heusch, N. (2000). The trip: A creative expression project for refugee and

immigrant children. *Art Therapy*, *17*(1), 31-40.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*,

24(02), 335-344.

Office for the Coordination of Human Affairs (OCHA). (2014). Humanitarian Bulletin Syria.

United Nations Office for the Coordination of Humanitarian Affairs, 2014. Retrieved

from

http://reliefweb.int/sites/reliefweb.int/files/resources/Syria%20Humanitarian%20Bulletin

_Issue%2051.pdf

Office of the United Nations High Commissioner for Refugees (UNHCR). (2014). *2014*

Syria Regional Response Plan Turkey: Mid-Year update. United

Nations High Commissioner for Refugees, 2014. Retrieved from

http://www.unhcr.org/syriarrp6/midyear/docs/syria-rrp6-myu-turkey.pdf

Olliff, L. (2008). Playing for the future: the role of sport and recreation in supporting

refugee young people to 'settle well' in Australia. *Youth Studies Australia*, *27*(1), 52.

Olson, C. M. (1999). Nutrition and health outcomes associated with food insecurity and

hunger. *The Journal of Nutrition*, *129*(2), 521S-524S.

Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan III, C. A., Charney, D., & Southwick, S.

(2007). Social support and resilience to stress: from neurobiology to clinical practice.

Psychiatry (Edgmont), *4*(5), 35.

Schaefer, C. (1993). *The therapeutic powers of play*. Northvale, NJ: Aronson.

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the

Sudan: a narrative account. *Australian and New Zealand Journal of Psychiatry*, *41*(3),

282-288.

Somers, L., Yoon, C. L., & Chiodo, L. (2012). The effects of trauma types, cumulative trauma,

and PTSD on IQ in two highly traumatized adolescent groups. *Psychological Trauma:*

Theory, Research, Practice, and Policy, 14, 128–139.

Steel, Z., Silove, D., Phan, T., & Bauman, A. (2002). Long-term effect of psychological trauma

on the mental health of Vietnamese refugees resettled in Australia: a population-based

study. *The Lancet, 360*(9339), 1056-1062.

Stockmans, P. (2015, February 26). Syrian child labour, a ticket to Europe. *Middle East*

Eye. Retrieved June 18, 2015 from

http://www.middleeasteye.net/in-depth/features/syrian-child-labour-ticket-europe

316420410

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma

programmes in war-affected areas. *Social Science & Medicine, 48*(10), 1449-1462.

Sungur, N. (2013, June 08). Escape to uncertainty. *National Geographic*. Retrieved May 05,

2015 from

http://news.nationalgeographic.com/news/2013/06/130607-refugee-crisis-war-migration-

turkey syria-afghanistan-iran-chechnya-gay/

Sutton-Smith, B. (2009). *The ambiguity of play*. Harvard University Press.

Torbert, M. (1990). *Follow me: A handbook of movement activities for children.* Englewood

Cliffs, NJ: Prentice-Hall.

United Nations Children's Fund (UNICEF). (2011). Guidelines for child friendly spaces in

emergencies. *UNICEF, New York.* Retrieved from

http://www. unicef. org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.

pdf.

United Nations Children's Fund UNICEF. (2013). Syria's Children: A lost generation? - Crisis

report March 2011-March 2013. Retrieved from

http://www.unicef.org/emergencies/syria/70207_67574.html

Watters, C. (2001). Emerging paradigms in the mental health care of refugees. *Social Science &*

Medicine, 52, 1709-1718.

Wells, P. (2013, March 22). Undocumented Syria refugees suffer deprivation. *Voice of America.* Retrieved May 19, 2015 from

   http://www.voanews.com/content/syria-refugees-turkey/1626816.html

Wessells, M., & Monteiro, C. (2006). Psychosocial assistance for youth: Toward reconstruction for peace in Angola. *Journal of Social Issues*, *62*(1), 121-139.

Winnicott, D. W. (1975). *Jeu et réalité; l'espace potentiel [Game and reality, potential space]*. Paris: Gallimard.

Veenema, T. G., & Schroeder-Bruce, K. (2002). The aftermath of violence: Children, disaster, and posttraumatic stress disorder. *Journal of Pediatric Health Care*, *16*(5), 235-244.

Yau, M. (1996). Refugee students in Toronto schools. *Refuge, 15*(5), 9–16.

Bridge

Globally, the present thesis focuses on the relationship between creative expression activities, under the framework of ecological community psychology, and the psychological wellbeing of the Syrian refugee children living outside of refugee camps in Istanbul. The first paper described the implementation of the intervention and documented the role of various factors that shaped and directed the processes involved in creating a safe and stable environment where children can participate in creative expression activities. More specifically, the paper offered an evaluation of the intervention by using principles of Psychological First Aid Guideline. In course, factors such as culturally sensitive contact and engagement with the community through the community leader, information gathering and establishment of practical assistance and social support for participating children, in addition to difficulties in providing a safe and stable environment, have been identified as key features of the intervention.

The second part of the thesis will document the impact of the intervention by exploring the main themes and symbols present in the children's artistic works and their behaviours as individuals and as a group during the activities. A qualitative assessment of the data will be used to explore signs of trauma, resilience and solidarity. Within this framework, a greater need for a holistic approach to trauma and refugee mental health will be discussed.

Running head: CREATIVE EXPRESSION AND REFUGEE CHILDREN MENTAL HEALTH

Improving the wellbeing of Syrian refugee children through creative expression activities:

Trauma, resilience and solidarity in Syrian refugee children's artistic expressions.

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Abstract

The following paper presents the results from a creative expression intervention conducted with a group of eighteen Syrian refugee children in Istanbul, Turkey. It discusses the impact of drawing, story-telling, play and non-formal education on trauma and resilience in refugee children living in unstable settings. Overall, qualitative descriptive analysis of children's artistic expressions and behaviours revealed themes of trauma, resiliency and solidarity. More specifically, thematic content analysis of four case studies showed that while participating children expressed some signs of trauma related to war and forced migration, they also illustrated resilience and positive growth. Recurrent portrayal of flags, houses and hearts, identified through transversal content analysis of all the children's paintings, demonstrated children's needs and hopes respectively for collective belonging, family and stability, and emotional wellbeing. Furthermore, content analysis of the participant observation data revealed emergence of group solidarity build through various routes of peer relations. All of these results suggest that creative expression activities may help children to make sense of their chaotic experiences and adverse circumstances and find ways to adjust and grow in spite of the precarity of their surroundings. While circumstantial and methodological challenges do not allow generalization of the results, the paper proposes that creative expression activities may be helpful to foster refugee children's resilience and sense of agency, as necessary components of mental wellbeing.

Keywords: Creative expression, resilience, trauma, solidarity, agency, refugee, children, mental health, mental wellbeing

Introduction

The Syrian Civil War constitutes a grave challenge for Syrian children's health and wellbeing since its outset in 2011 (UNHRC, 2014). An estimated two million children have been forced to flee Syria into neighbouring countries where they often get exposed to systematic human rights violations, including exposure to remnants of war, sexual harassment, forced labour and arbitrary detention (UNICEF, 2015). Poverty, violence, limited access to schooling and unsanitary settings further deteriorate their living conditions (Ross, 2014; Tookey, 2015; Letsch, 2014; Al-Shihab, 2015). In these adverse circumstances, Syrian refugee children often display persistent symptoms of fear, anger, hopelessness, lack of interest in activities and problems with basic functioning (James, Sovcik, Garoff, & Abbasi, 2014). Furthermore, feelings of loss and longing for home, perceptions of being discriminated against by the host population, nightmares, constant worry and nervousness are also reported (UNICEF, 2015; Leigh, 2014). However, these detrimental conditions only portray a part of the picture. Resilience, described as "the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability or development" (Masten, 2011, p. 494) is also generally observed in Syrian refugee population. For example, a recent UNICEF (2015) report showed that despite of the adversity Syrian refugee children face, they have continued to depict hope in their stories. Personal accounts of children living in different refugee camps have persistently recounted dreams of going to school, helping Syria rebuild, and bringing peace to the rest of the world (Jensen, 2013). Moreover, an art exhibit in the Zaatari Refugee Camp in Jordan, which displayed Syrian refugee children's paintings ranging from grinning SpongeBob Squarepants to the harsh realities of UN refugee tents, have demonstrated both the entanglement of loss and resiliency related processes (Madeira, 2014).

Creative expression activities, such as drawing, story telling and play, have been identified as practical approaches for children's health and wellbeing in traumatic contexts (Malchiodi, 2013).

More specifically, these approaches may help nurture self-empowerment and encourage adaptive

coping skills (Steele & Kuban, 2013) by naturally introducing activities that allow children to

distance themselves from the effects of trauma (Loumeau-May, Seibe-Nicol, Hamilton, &

Malchiodi, 2014), encourage them to develop narratives and meaningful reframing of experiences

(Turner & Cox, 2004; Tedeschi, Park, & Calhoun, 1998), and offer opportunities to actively

participate on a sensory level (Malchiodi, 2013). In order to further understand this relationship,

the current paper documents the impact of a creative expression intervention on Syrian refugee

children at a Syrian Community center in Istanbul, Turkey. Within a qualitative research

framework, this pilot study aims to explore the influence of activities such as drawing, story

telling and play on the mental wellbeing of the participating refugee children. More specifically,

it studies the common themes in participating children's artwork to discover the extent to which

they reflect resilience and/or loss and trauma. The study also documents the influence of

collective activities on peer relationships; in particular, it illustrates the transformation of the

level of solidarity and friendship observed among the participating refugee children across the

intervention period.

Background

Resilience and Protective Factors

The signs of resilience among Syrian refugee children observed across various studies in

diverse settings align with the general literature on trauma and refugee children's mental health.

While substantial research revealed that traumatic events may increase the likelihood of

maladaptation across multiple domains of neurobiological, socio-emotional, and cognitive

development (Cicchetti & Toth, 1995; Cichetti & Tucker, 1994; DeBellis, 2001; Masten &

Cicchetti, 2010; McCrory, De Brito, & Viding, 2010), numerous studies identified that refugee

children may exhibit various levels of resilience when faced with adversity (Cicchetti &

Valentino, 2006; Haskett, Nears, Ward, & McPherson, 2006; Kostelny & Wessells, 2004; Luthar, 2003; Betancourt & Khan, 2008; Boothby, 2008). Protective factors, such as individual characteristics, relationships and community resources have been shown to help refugee children overcome adversity by interrupting the trajectory from risk to pathology (Masten & Powel, 2003; Boothby, Crawford, & Halprin, 2006; Kostelny, 2006; Betancourt, Brennan, Rubin-Smith, Fitzmaurice & Gilma, 2010; Shamai & Kimhi, 2007; Zahr, 1996; Dimitry, 2012; Zimmerman, Stoddard, Eisman, Caldwell, Aiyer, & Miller, 2013). Therefore, as Steele and Kuban (2013) recommend, providing traumatized children with a safe and nurturing environment may allow them to make sense of their traumatic experiences, and develop a resiliency-focused approach to self and life, thus leading to greater likelihood of positive growth.

Creative Expression to Promote Resilience and Wellbeing

Culturally appropriate creative expression interventions that support children's recovery from trauma and loss have gained greater prominence in the last decades (Miller & Billings, 1994; Rousseau & Heusch, 2000). Innovative approaches such as art therapy (Ornstein, 2006; Zelizer, 2003; Blotner, 2004; Baráth, 2003; Jolley & Vulic-Prtoric, 2001; Kalmanowitz & Lloyd 1999) music therapy (Moreno, 1999; Robertson, 2010; Softic, 2011; Kockenderfer, 2006; Bingley, 2011; Fouche & Torrance, 2011), dance/movement therapy (Harris, 2009; Koch & Recke, 2009), and drama (Kirby & Shu, 2010) have been used by various studies in conflict zones with traumatized populations; proven to be particularly valuable for children who, in most cases, do not have the cognitive ability to verbally express themselves (Perrin, Smith, & Yule, 2000). Past studies have documented that creative expression activities allow children to have time to reflect and gain control over their own ideas as a means of constructing meaning and identity (Howard, 1991). These activities have also been associated with creating alternative spaces/realities where children can freely convey their emotions and thoughts related to their

traumatic experiences (Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2003), thus, proving as useful approaches to separate the problem from themselves (Spiegel, Malchiodi, Backos, & Collie, 2006). Finally, creative expression activities that encourage cooperation and active participation have been shown to be valuable in learning new ways of problem solving that promote resilience (Loughry, Ager, Flouri, Khamis, Afana, & Qouta, 2006), self-esteem and a sense of competence (Miller & Billings, 1994).

Method

A qualitative research design was chosen because, first, there are a limited number of studies on the role of creative expression programs designed to foster resilience for children in unstable low- and middle-income countries (Ungar, 2008). Therefore, we strived to explore and identify culturally sensitive social understanding, as opposed to imposing a presupposed framework in which results are expected to correspond to defined areas of knowledge (Green & Thorogood, 2013). Second, qualitative measures were used to provide in depth descriptions of how children experienced the intervention and related to it. Due to the complex nature of field interventions in precarious environments, we aimed to identify intangible factors—such as collective and intimate representations, family and group dynamics, different levels of relations among the various actors in the community - which may not be entirely identified by quantitative approaches (Mack, Woodsong, MacQueen, Guest, & Namey, 2005).

Sample

The research group consisted of eighteen Syrian refugee children between the ages of 5-11 years old (8 male and 10 female). The participants were recruited from the Syrian community living in the neighbourhood via announcements and verbal adverts through the community center. In addition, snowball sampling by the recruited participants were used to reach other Syrian refugees who could benefit from the intervention.

Due to a bombing in the region and its result of high levels of aggression, 6 children withdrew at midcourse; thus, only the remaining 12 children's results were analyzed.

Setting

A makeshift classroom at the Syrian Community Center, which is located in an impoverished region in Istanbul, was used for the activities. Guidelines for Child Friendly Spaces in Emergencies (CFS) were followed to make sure the setting was highly inclusive, non-discriminatory and free of violence, abuse, exploitation and neglect. The activities were open to all the children in the Syrian community – regardless of their gender, ethnicity and religion. Every team member was required to read the CFS and ensured to ban physical punishment, reduce violence, and prioritize protection and wellbeing of the participating children.

Ethics

Consent and assent forms of Arabic versions were explained by the community leader and collected from the families who agreed to participate in the intervention. Children and their families were informed that their participation was voluntary and that they may withdraw at any time during the intervention. Furthermore, families were clearly reminded that no information would be shared with any government agencies or any other related institutions and therefore the study did not put their or their families political status at risk in Turkey or in Syria.

Pseudonyms were used to ensure all the participants and their families were anonymous. In addition, all the collected paintings and consent/assent forms were stored in a locked storage cabinet and their digital versions in a password secured computer, to which only the first author had access.

A high level of attention, by all the members of the research team, was applied throughout the intervention period to make sure that none of the participating children were subjected to any harm in the intervention setting. To reach this goal, if a child expressed discomfort for any

reasons, s/he was immediately reassured and comforted by the research team and continued with the activities only after s/he was feeling better and willing to continue. Furthermore, parents were welcomed to be present during the interventions, for the aim of decreasing separation anxiety and increasing feeling of support and safety for the children.

Data Collection

Three methods of data collection were used: First, children's drawings were collected and systematically catalogued at the end of each intervention session (total of 12 complete sets of drawings). Second, stories told by the children were tape-recorded and saved on a computer for content analysis. Third, participant observation was used to record children's interactions among themselves and with the research team across the intervention period. In-depth field notes were taken throughout the research. Right after the end of each intervention session, empirical observation notes and interpretations and analytic comments were written down separately. Group discussion among the team members then took place to review and reflect on the activities of the day.

Data Analysis

Data analysis was conducted in three stages:

In the first stage, thematic content analysis was used to review four case studies, which drawings and stories represented contrasting themes of trauma and resilience. A case study methodology was chosen because, as Yin (2003) suggests, case studies seem to be the most suitable strategy when the investigator is asking "how" or "why" questions and when the research is aiming to preserve the complex and meaningful characteristics of real life events. Non-verbal data from drawings were analyzed through use of line, colour and images. For the verbal data, children's stories were deconstructed to examine the content of the stories, the choice of heroes and the identity features.

Transversal content analysis was applied in order to identify common themes and symbolic images across all the children's paintings, in the second stage of analysis. As Green and Thorogood (2004) explain, content analysis is a useful approach for "answering questions about the salient issues for particular groups of respondents or identifying typical responses" (p. 199). In this process, a coding scheme was developed to identify recurrent images in the paintings, and through using cut and paste techniques, the images were compared and contrasted to build categories of themes and symbols.

Finally, participant observation data, for all the participating children in the group, was analyzed using content analysis. Observations collected by the team were written down and categorized based upon the key words in each observation. The clustered categories were then analyzed for themes of trauma, resilience and solidarity.

Results

The case studies will be presented first; in this section, children will be introduced and their drawings will be described. Next, a transversal analysis of recurrent themes and symbols in all the children's paintings will be presented. In the final section, participant observation data on peer relations will be shared.

Case Studies

Ayşe Ayşe was a six-year-old girl from Damascus, Syria. She came to the first intervention with her mother, showing high levels of separation anxiety. Even though she was fluent both in Kurdish and Arabic, she displayed symptoms of anxiety and was selectively mute, choosing not to speak to anyone when her mother was not present. In order to comfort her and to create an alliance between Ayşe and the research team, her mother was allowed to be present until the child felt safe enough to stay with the group without her mother's presence.

In Figure 1., Ayşe draws a transparent house; the female figure shows features of astonishment and fear while a television set rests right at the center of the house. Outside the house, there is a second female figure floating in the air with similar displayed facial features. Ayşe did not offer an explanation of the drawing at the time of painting it; however, as the intervention progressed, she mentioned that this was her house back "home" and she missed her television the most.

Figure 1. Ayşe's first painting: First session.

Ayşe's characters are now in the open air, looking down to an image resembling a ship with a flag (Figure 2). While the two left figures display sad facial emotions, the third female figure on the right is missing her mouth, conceivably symbolizing Ayse herself. Furthermore, the figure on the far left is missing his/her limbs. Presumably, the painting represents Ayse's life in Turkey; the missing body parts portray herself and her family as vulnerable beings that have no control over their surrounding. They are at a distance, watching down helplessly.

Figure 2. Ayşe's second painting: Last session.

Compared to her early anxiety-driven behaviour, Ayşe showed positive progress as the intervention advanced. For instance, by the end of the third intervention session, her mother's presence was not necessary anymore. She started to make friends with her peers and became involved in the classroom activities. On the fourth intervention, in front of her peers, she narrated the story of the "Little Red Riding Hood", a short story where the main female character confronts various challenges in her search for her grandmother. Therefore, in addition to moving away from her selective muteness and separation anxiety, she also displayed the ability to relate and narrate a story involving adversity and resilience.

Leyla Eleven-year-old Leyla was a sister of twin brothers, who also participated in the intervention. She was the oldest child of a family who came to Turkey at the earlier stages of the Syrian Civil War. From the first day of the intervention, Leyla presented herself as an intelligent and responsible child. For instance, she carried her younger brothers' lunches, took responsibility when they misbehaved and actively participated in all the classroom activities. In all these behaviours, she showed high levels of parentification, often defined as "a type of role reversal, boundary distortion, and inverted hierarchy between parents and other family members in

which children or adolescents assume developmentally inappropriate levels of responsibility in the family of origin that go unrecognized, unsupported, and unrewarded" (Hooper, 2014).

However, despite Leyla's constructive appearance, her paintings and stories illustrated a different account. Here, she portrayed inside a house where a female and a male figure are presumably arguing while a cat is standing beside a bucket resembling object (Figure 3). Her explanation for the drawing was conveyed in one of her short stories: "once upon a time, there was a girl who was stabbed by her mother because the cat spilled the milk". Both the painting and the story line reveal concealed anxiety, as well as, possible family ambivalence and turmoil. Through these different modes of expression, Leyla was able to use the intervention as a safe space to express some of the adversity and ambivalence in her surroundings and escape for a moment from her parentified role.

Figure 3. Leyla's first painting: First session.

Here, we are looking at the last painting Leyla drew in the intervention (Figure 4). We see a female doctor and a young girl. Leyla told the class that she wants to be a doctor who can help

all the children in the world. However, while she looks positively into the future, a small cat is lurking behind her, imaginably portraying the struggle within.

In Leyla's case, metaphoric modalities may have supported the expression of hidden anxiety. Across her paintings and stories, she was able to share some of the burden that could be associated with her caregiving role and family dynamics. Furthermore, through these alternative routes of narration, she was able to make the bridge between the present and the future. For example, her ability to extend positively into the future, shown through her desire to help children around the world who go through same adversity as she does, illustrates that she may exhibit resilience and positive development in concurrence with trauma related symptoms.

Figure 4. Leyla's second painting: Last session.

Ahmet Ahmet was a nine-year-old boy whose family fled from Aleppo, Syria, where some of the most violent events took place. He was a quiet boy who showed good mastery of drawing skills for his age. Unfortunately, he could only participate in the first four interventions due to a bombing in the neighbourhood, which led to his parents disallowing him to come to the community center. However, despite the short time period, Ahmet showed a promising level of shift from an avoidant position to a disclosing one.

His first drawing for the intervention depicted a peaceful setting: Here, Ahmet drew a house surrounded by colourful nature. The river beside the house reflects back the images, creating a symmetrical perspective (Figure 5). However, despite the richness of his non-verbal expression, at the beginning of the intervention, Ahmet chose not to talk most of the time and simply told the research team that he did not remember anything from his past.

Figure 5. Ahmet's first painting: First session.

In Ahmet's last drawing for the intervention, we see a similar setting with one major difference (Figure 6). Compared to the previous painting, where the house stands alone in nature without human inhabitants, in this painting, there are two figures, almost like a mother and a child, looking outside the window in a sunny day, imaginably portraying the peaceful days of the past. This change in content is crucial for Ahmet. In his last intervention sessions, Ahmet quietly and spontaneously revealed, without prompt, that contrary to what he had said in the first session, he in fact remembered his past: He remembered that his house was demolished and that they had to flee their city and walk many days to get to the Turkish border. This verbal disclosure of trauma illustrated that in spite of Ahmet's short participation, creative expression activities

conducted in a safe and encouraging environment may have supported his capacity to voice a trauma narrative. Furthermore, similar to Ayşe, Ahmet's development illustrated that he has some level of resilience that may support him for a positive growth.

Figure 6. Ahmet's second painting: Fourth session.

Ali Ali was a seven-year-old boy who participated in the intervention with his older sister. He was the nephew of the community leader and therefore spent the majority of his time at the community center helping with daily chores. While Ali displayed healthy social relationships with his family and peers and was liked by all, he showed significant learning and cognitive difficulties during the intervention. For example, he was unable to write down certain numbers, neither in Cardinal or Arabic versions; he could not keep a straight line when writing down sentences neither in English or Arabic alphabet and generally avoided interacting with the research team.

Ali's drawings displayed features of avoidance as well. All of his paintings look similar with some minor differences. Here, we see two suns and a sea (Figure 7). Despite the drawing's limited content, it resembles the setting for the story of the Iliad - the first voiced story in the intervention. When asked if he would like to paint more, Ali simply refused.

Figure 7. Ali's first painting: First session.

His second painting presented here is from the end of the intervention (Figure 8). It is very similar to the previous painting. However, this time, in addition to two suns and a sea, there are three figures, much resembling a mother, a father and a child and two rectangles similar to a house, floating in the air. Although this is a small change in content, it nevertheless illustrates a positive attempt towards a richer understanding of circumstances and growth in the ability to narrate.

Figure 8. Ali's second painting: Last session.

Ali's poor academic skills and hindered gross motor skills could stem from constitutional difficulties and/or be consequences of experienced trauma. However, the contextual change in his expressive abilities illustrated that similar to his peers, he can meaningfully progress, in spite of his challenges, when he is in a safe and nurturing environment.

Transversal Themes and Symbols

Transversal analysis of the paintings revealed three frequent groups of symbols in children's paintings: the need to express and affirm an ethnic and national identity (image of flags) (Figures 9 & 10), the longing for safety (image of houses) (Figure 11) and the desire for affection (image of hearts) (Figure 12).

The symbolic value of a flag is powerful for Syrian refugee children in Turkey; regardless of whether they drew them in response to the stories they heard or used them as a symbol to help bolster their fragile identity (Rousseau & Heusch, 2000). All of the children in the intervention were from a Kurdish ethnic background that had spent the majority of their lives in Syria, and then forced to flee to Turkey. In their early stage of life, these children continuously confronted different social and political realities and in order to fit in; they are expected to readily understand and adapt to their current circumstances. In alignment with this search in their shifting social/political contexts, children drew flags of Syria, Turkey and Kurdistan in the same paintings (Figure 9). Even further, some of them integrated the colours of these three flags into a single flag, embodying symbols of mixed nationality (Figure 10). The expression of different national and ethnic symbols may portray the children's desire to belong and be accepted in multiple spaces. Furthermore, it may express their hope for solidarity across these different settings, where they yearn to heal and grow.

Figure 9. Three flags side by side.

Figure 10. A unified flag.

Safety was one of the most concerning issues for the participating children. The children and their families continuously faced discrimination and adversity in Turkey. The majority of them lived in makeshift shelters with other families, where access to clean water and sanitation was highly inadequate. In such circumstances, repeated portrayal of houses in the paintings may have signified the children's nostalgia for their past before the war in Syria. Moreover, these

portrayals may have also represented the hope of a safe space in the future, where they can once again live in peace with their families and friends.

Figure 11. Home: Times of peace and hope

Finally, almost every child drew various sizes and colours of hearts, where in most cases, it did not relate to the general content of their paintings. Regardless, their need for affection and love, whether from their parents or peers, was repeatedly portrayed in all their paintings and their stories.

Figure 12. Love

In short, illustration of flags, houses and hearts may symbolize children's hope for belonging to multiple spaces, their need of safety and stability in their environment and their longing for affection.

Participant Observation: Solidarity and Friendship

Analysis of participant observation data revealed patterns of solidarity and friendship-related behaviours in participating children across the intervention time frame. For example, while the first two sessions of story telling were solely voiced by the interpreter, from the third intervention onward, children actively listened and helped re-shape the story line by working together to find ways for the protagonists of the stories to resolve the challenges s/he faced. In the drawing sessions, older children became more attentive of their younger peers and offered more help with drawing and painting. During lunchtime, higher levels of friendly behaviour were observed among the children; instead of sitting in separate groups, by the third session, everybody ate together inclusively. Finally, on the third and fifth sessions, children collectively sang folkloric songs from Syria and Kurdistan, showing increased levels of group unity.

In short, increased levels of solidarity and sense of belonging were observed as the intervention progressed, indicating a promising affirmative influence of participating in creative activities that introduce children to group work and imagination.

Discussion

The results of this pilot study suggest that creative expression activities conducted in a safe and stable environment may help children express their thoughts and feelings and develop resilience and solidarity in the face of adversity and trauma. Furthermore, our findings suggest that the need to belong, be protected and loved, as expressed in their artworks, may play a crucial role for the children in times of conflict.

During the intervention, children used different expression routes to share fragments of their traumatic experiences and resilient responses. In this process, overall, they portrayed signs of collective, family oriented and intimate elements. More specifically, recurrent uses of multiple flags suggest that, in order to navigate changes associated with forced migration, it may be important for the children to identify with the ethnic and national symbols of the different environments to which they feel they could belong. These symbols may also be a way to wish for peace, and to express the desire for acceptance as Syrians and Kurds in Turkey. Family-oriented expressions such as images of houses, parents and friends support Dimitry's (2012) findings, which proposed that in the Middle East, family and community play a central role in people's lives: Through sharing experiences among groups of people, a sense of kinship is established. In turn, these relations help individuals give meaning to their traumatic experiences and establish solidarity with each other (Parks & Weiss, 1983). Finally, the repeated expressions of various versions of heart images could be seen as a way to highlight the importance of love and affection in children's intimate worlds. As the literature illustrates, parent-family connectedness and support help compensate for exposure to risk across a range of negative outcomes associated with trauma and loss (Zimmerman et al., 2013).

Signs of resilience and solidarity observed during the creative activities support the role of art in strengthening relationships. Participating in extracurricular activities that are staged in safe and structured environments may promote healthy development because they a) expose children to positive peer and adult role models, b) create a sense of community with valuable support networks and c) enhance their sense of agency through allowing them to explore areas of interest and acquire skills and talents (Mahoney, Larson, & Eccles, 2005). Furthermore, the increased sense of agency and group unity observed among children, conceivably in relation to the non-formal education sections of the intervention, confirms that being a student is an age-appropriate

role that gives children a sense of empowerment, meaning and hope, as integral part of their healthy development (Nicolai & Triplehorn, 2003; Martone, 2007).

Limitations and Future Implications

This pilot research has several limitations that are linked to the small-scale nature of the intervention and to the unstable external setting in which it took place. First, certain adverse events in the region, including a bombing close to the community center, reduced children's participation and created a sense of fear and despair in the community. While these events cannot be controlled, it is advisable that future interventions in conflict areas are designed in flexible and readily adjustable ways to address the likelihood of adverse events. For this, strong ties and open communication between the community leaders, parents, children and the research team are crucial. Second, at the methodological level, the relatively small size of the overall sample and the lack of control group do not allow us to generalize results. Furthermore, challenges faced by past research in conflict zones such as accessing "undocumented" refugee populations (Crisp, 1999), lack of safe and stable settings (Pacione, Measham, & Rousseau, 2013) and ethical concerns regarding control groups in precarious refugee context (Jacobsen & Landau, 2003) also presented significant barriers for the present study.

Despite these limitations, the pilot study reported here is, to our knowledge, one of the very few qualitative assessments of the effect of creative expression interventions on the mental health of refugee children in unstable settings. The importance of resilience and solidarity among children points to a need for greater holistic understandings of trauma and mental health in refugee children. Although exposed to considerable adversity and trauma, these children should not be considered solely as vulnerable individuals in need of medical support (Veronese, Castiglioni, Tombolani, & Said, 2012). Instead, they should be viewed as socially active and situated actors who have the capacity to attribute sense to their experiences and develop agency

and resilience in the face of trauma and adversity. Therefore, identifying the ways in which

children can gain some mastery over their lives in conflict zones is crucial and merits more

attention from future studies.

References

al-Shihab, M. (2015). Syrian refugees forced to share housing in Turkey.

IWPR. Retrieved June 01, 2015 from

http://reliefweb.int/report/turkey/syrian-refugees-forced-share-housing-turkey

Baráth, Á. (2003). Cultural art therapy in the treatment of war trauma in children and youth:

Projects in the former Yugoslavia. In: S. Krippner, T. M. McIntyre, S. Krippner, & T. M.

McIntyre (Eds.), *The psychological impact of war trauma on civilians: An international*

perspective (p. 155-170). Westport, CT: Praeger Publishers.

Betancourt, T. S., Brennan, R. T., Rubin-Smith, J., Fitzmaurice, G. M., & Gilman, S. E. (2010).

Sierra Leone's former child soldiers: a longitudinal study of risk, protective factors, and

mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *49*(6),

606-615.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed

conflict: protective processes and pathways to resilience. *International Review of*

Psychiatry, *20*(3), 317-328.

Blotner, P. (2004). Art out of the rubble. In E. Stover, H. M. Weinstein, E. Stover & H. M.

Weinstein (Eds.), *My neighbor, my enemy: Justice and community in the aftermath of*

mass atrocity (pp. 269-286). New York, NY: Cambridge University Press.

Bingley, K. (2011). Bambeh's song: Music, women and health in a rural community in post-

conflict Sierra Leone. *Music and Arts in Action, 3*(2), 59.

Boothby, N. (2008). Political violence and development: an ecologic approach to children in war

zones. *Child and Adolescent Psychiatric Clinics of North America*, *17*(3), 497-514.

Boothby, N., Crawford, J., & Halperin, J. (2006). Mozambique child soldier life outcome study:

Lessons learned in rehabilitation and reintegration efforts. *Global Public Health*, *1*(1), 87-

107.

Cicchetti, D., & Toth, S. L. (1995). A developmental psychopathology perspective on child abuse
and neglect. *Journal of the American Academy of Child & Adolescent Psychiatry*, *34*(5),
541-565.

Cicchetti, D., & Tucker, D. (1994). Development and self-regulatory structures of the mind.
Development and Psychopathology, *6*(04), 533-549.

Cicchetti, D., & Valentino, K. (2006). *An ecological transactional perspective on child
maltreatment: Failure of the average expectable environment and its influence upon child
development.* In: Cicchetti D, Cohen D, editors. Developmental Psychopathology (2nd
ed.): Risk Disorder, and Adaptation. Vol. 3. Wiley; New York: 2006. pp. 129–201.

Crisp, J. (1999). *Who has counted the refugees? : UNHCR and the politics of numbers*. Centre
for Documentation and Research, United Nations High Commissioner for Refugees.

De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of
maltreated children and its implications for research, treatment, and policy. *Development
and Psychopathology*, *13*(03), 539-564.

Dimitry, L. (2012). A systematic review on the mental health of children and adolescents in areas
of armed conflict in the Middle East. *Childcare, Health and Development*, *38*(2), 153-
161.

Fouche, S., & Torrance, K. (2011). Crossing the divide: Exploring identities within communities
fragmented by gang violence. In: A. Meadows (Ed.), *Developments in music therapy
practice: Case study perspectives* (pp. 215-229). Gilsum, NH: Barcelona Publishers.

Green, J., & Thorogood, N. (2004). *Qualitative Methods in Health Research*. London: Sage.

Harris, D. A. (2009). The paradox of expressing speechless terror: Ritual liminality in the CAT's

treatment of posttraumatic distress. *The Arts in Psychotherapy, 36*, 94-104.

Haskett, M. E., Nears, K., Ward, C. S., & McPherson, A. V. (2006). Diversity in adjustment of maltreated children: Factors associated with resilient functioning. *Clinical Psychology Review*, *26*(6), 796-812.

Hooper, L. M. (2014). Assessing parentification in South American college students: A factor analytic study of a Spanish version of the Parentification Inventory. *Journal of Multicultural Counselling and Human Development, 42*, 93-106.

Howard, G. S. (1991). A narrative approach to thinking, cross-cultural psychology and psychotherapy. *American Psychologist, 46*, 187-197.

Jacobsen, K., & Landau, L. B. (2003). The dual imperative in refugee research: some methodological and ethical considerations in social science research on forced migration. *Disasters*, *27*(3), 185-206.

James, L., Sovcik, A., Garoff, F., & Abbasi, R. (2014). The mental health of Syrian refugee children and adolescents. *Forced Migration Review*, (47), 42.

Jensen, M. (2013, May 29). Syrian children with disabilities struggle with life in a refugee camp. *Unicef*. Retrieved June 06, 2015 from http://www.unicef.org/disabilities/jordan_69380.html

Jolley, R. P., & Vulic-Prtoric, A. (2001). Croatian children's experience of war is not reflected in the size and placement of emotive topics in their drawings. *British Journal of Clinical Psychology, 40*(1), 107-110.

Kalmanowitz, D., & Lloyd, B. (1999). Fragments of art work: Art therapy in the former Yugoslavia. *The Arts in Psychotherapy, 26*(1), 15-25.

Kirby, J. P., & Shu, G. (2010). Re-reconciling culture-based conflicts with 'culture-drama'. In E.

Leveton, & E. Leveton (Eds.), *Healing collective trauma using sociodrama and drama therapy* (pp. 207-233), New York, NY: Springer Publishing Co.

Koch, S. C., & Weidinger-von d. Recke, B. (2009). Traumatized refugees: An integrated dance and verbal therapy approach. The *Arts in Psychotherapy, 36*(5), 289-296.

Kockenderfer, M. (2006). *Music after the war: Therapeutic music programs in Bosnia and Herzegovina* (Unpublished doctoral dissertation). College of Medicine and Veterinary Medicine, University of Edinburgh.

Kostelny, K. (2006). *A culture-based, integrative approach*. In: Boothby, N. (2006). A world turned upside down: Social ecological approaches to children in war zones (p. 19-38). Bloomfield, CT: Kumarian Press.

Kostelny, K., & Wessells, M. (2004). Internally displaced East Timorese: challenges and lessons of large-scale emergency assistance. In: K. E. Miller, & L. M. Rasco (Eds.). The mental health of refugees: Ecological approaches to healing and Adaptation (p. 187–225). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Leigh, K. (2014, August 1). Syria's mental health crisis. *The New York Times.* Retrieved April 29, 2015 from

http://kristof.blogs.nytimes.com/2014/08/01/syrias-mental-health-crisis/?_r=0

Letsch, C. (2014, November 20). Amnesty report reveals desperate plight of Syrian refugees in Turkey. *The Guardian*. Retrieved June 14, 2015 from

http://www.theguardian.com/world/2014/nov/20/amnesty-report-desperate-plight-syrian-refugees-turkey

Loughry, M., Ager, A., Flouri, E., Khamis, V., Afana, A. H., & Qouta, S. (2006). The impact of structured activities among Palestinian children in a time of conflict. *Journal of Child Psychology and Psychiatry*, *47*(12), 1211-1218.

Loumeau-May, L. V., Siebel-Nicol, E., Pellicci Hamilton, M., & Maclhiodi, C. A. (2014). Art

    therapy as an intervention for mass terrorism and violence. In: C. A. Malchiodi (Ed.),

    Creative interventions with traumatized children (2nd ed., p. 94-125). New York:

    Guilford Press.

Luthar, S. S. (Ed.). (2003). *Resilience and vulnerability: Adaptation in the context of childhood*

    adversities. Cambridge University Press.

Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namey, E. (2005). *Qualitative*

    research methods: a data collectors field guide. In: Mahoney, J. L., Larson, R. W., &

    Eccles, J. S. (Eds.). (2005). Organized activities as contexts of development:

    Extracurricular activities, after school and community programs. Mahwah, N.J.:

    Lawrence Erlbaum Associates.

Mahoney, J. L., Larson, R. W., & Eccles, J. S. (Eds.). (2005). *Organized activities as*

    contexts of development: Extracurricular activities, after school and community

    programs. Mahwah, N.J.: Lawrence Erlbaum Associates

Malchiodi, C. A. (Ed.). (2013). *Expressive therapies*. New York: Guilford Press.

Martone, G. (2007). Educating children in emergency settings: An unexpected lifeline.

    New York: International Rescue Committee.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for

    research, practice, and translational synergy. *Development and Psychopathology*, *23*(2),

    493.

Masten, A. S., & Cicchetti, D. (2010). Developmental cascades. *Development and*

    Psychopathology, *22*(03), 491-495.

Masten, A. S., & Powell, J. L. (2003). *A resilience framework for research, policy, and practice*.

In: Luthar, S. (2003). Resilience and vulnerability adaptation in the context of

childhood adversities (p. 1-25). Cambridge, U.K.: Cambridge University Press.

McCrory, E., De Brito, S. A., & Viding, E. (2010). Research review: the neurobiology and

genetics of maltreatment and adversity. *Journal of Child Psychology and Psychiatry*,

51(10), 1079-1095.

Miller, K. E., & Billings, D. L. (1994). Playing to grow: A primary mental health intervention

with Guatemalan refugee children. *American Journal of Orthopsychiatry, 64*(3), 346-356.

Moreno, J. (1999). Orpheus in hell: Music and therapy in the holocaust. *The Arts in

Psychotherapy, 26*(1), 3-14.

Nicolai, S., & Triplehorn, C. (2003). The role of education in protecting children in conflict.

Network Paper: Humanitarian Practice Network (HPN), *42*, 1-36.

Pacione, L., Measham, T., & Rousseau, C. (2013). Refugee children: Mental health and effective

interventions. *Current Psychiatry Reports*, *15*(2), 1-9.

Parks, C. M., & Weiss, R. S. (1983). Recovery from bereavement. New York: Basic Books.

Perrin, S., Smith, P., & Yule, W. (2000). Practitioner review: the assessment and treatment of

post-traumatic stress disorder in children and adolescents. *Journal of Child Psychology

and Psychiatry*, *41*(3), 277-289.

Robertson, C. (2010). Music and conflict transformation in Bosnia: Constructing and

reconstructing the normal. *Music & Arts in Action, 2*(2), 38-55.

Ross, T. (2014, June 12). Syrian refugee children in Lebanon forced to seek work- in pictures.

The Guardian. Retrieved April 14, 2015 from

http://www.theguardian.com/global-development/2014/jun/12/-sp-syrian-refugee-

children-in-lebanon-forced-to-seek-work-in-pictures

Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005). Evaluation of a

    classroom program of creative expression workshops for refugee and immigrant children.

    Journal of Child Psychology and Psychiatry, *46*(2), 180-185.

Rousseau, C., & Heusch, N. (2000). The trip: A creative expression project for refugee and

    immigrant children. *Art Therapy*, *17*(1), 31-40.

Office of the United Nations High Commissioner for Refugees (UNHCR). (2014). *2014 Syria

    Regional Response Plan Turkey: Mid-Year update*. United Nations High Commissioner

    for Refugees, 2014. Available at:

    http://www.unhcr.org/syriarrp6/midyear/docs/syria-rrp6-myu-turkey.pdf

Ornstein, A. (2010). The missing tombstone: Reflections on mourning and creativity. *Journal of

    the American Psychoanalytic Association*, *58*(4), 631-648.

Shamai, M., & Kimhi, S. (2007). Teenagers response to threat of war and terror: Gender and the

    role of social systems. *Community Mental Health Journal*, *43*(4), 359-374.

Spiegel, D., Malchiodi, C., Backos, A., & Collie, K. (2006). Art therapy for combat-related

    PTSD: Recommendations for research and practice. *Art Therapy*, *23*(4), 157-164.

Steele, W., & Kuban, C. (2013). *Working with grieving and traumatized children and

    adolescents: Discovering what matters most through evidence-based, sensory

    interventions*. New Jersey: John Wiley & Sons.

Softic, B. (2011). The music of Srebrenica after the war: Attitudes and practice among surviving

    Bosniacs, music therapy, and music works in the name of Srebrenica. *Narodna

    Umjetnost: Hrvatski Casopis Za Etnologiju i Folkloristiku, 48*(1), 161-181.

Tedeschi, R. G., Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic

    growth: Positive changes in the aftermath of crisis*. New Jersey: Routledge.

Tookey, M. (2015, April 14). Inside a Syrian refugee camp: 'Education is the only hope for

children'. *The Guardian.* Retrieved May 29, 2015 from

http://www.theguardian.com/teacher-network/2015/apr/14/inside-a-syrian-refugee-camp-education-is-the-only-hope-for-children

Turner, D., & Cox, H. (2004). Facilitating post traumatic growth. *Health and Quality of Life Outcomes, 2* (34), 1-9.

Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., & Van Ommeren, M. (2011). Mental health and psychosocial support in humanitarian settings: linking practice and research. *The Lancet*, *378*(9802), 1581-1591.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, *38*(2), 218-235.

United Nations Children's Fund (UNICEF). (2011). Guidelines for child friendly spaces in emergencies. *UNICEF, New York.* Available at:

http://www. unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing. pdf.

United Nations Children's Fund (UNICEF). (2013). *Children with disabilities among Syria's most vulnerable*. Jordan: Malene Kamp Jensen.

United Nations Children's Fund (UNICEF). (2015). *Humanitarian Action for Children: Overview*. Retrieved from

http://www.unicef.org/appeals/files/HAC_Overview_2015_WEB_27_01_15.pdf

United to End Genocide. (2014). #RestoreHappy Syrian children's art exhibit seeks to restore humanity. Zaatari: Megan Madeira.

Veronese, G., Castiglioni, M., Tombolani, M., & Said, M. (2012). 'My happiness is the refugee camp, my future Palestine': optimism, life satisfaction and perceived happiness in a group

of Palestinian children. *Scandinavian Journal of Caring Sciences*, *26*(3), 467-473.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA:

Sage.

Zahr, L. K. (1996). Effects of war on the behavior of Lebanese preschool children: Influence of

home environment and family functioning. *American Journal of Orthopsychiatry*, *66*(3),

401-408.

Zelizer, C. (2003). The role of artistic processes in peacebuilding in Bosnia-Herzegovina. *Peace*

and Conflict Studies, *10*(2), 62-75.

Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A.

(2013). Adolescent resilience: Promotive factors that inform prevention. *Child*

Development Perspectives, *7*(4), 215-220.

Conclusion

The thesis has presented the results from a small ecological model based creative expression intervention for a group of Syrian refugee children living in an impoverished neighbourhood in Istanbul.

The assessment of the processes involved in the implementation of the intervention indicates promising results in regards to adhering to the principles of Psychological First Aid Guideline. Factors such as (1) culturally appropriate contact and engagement with community leaders and individuals, (2) identification of needs and concerns through listening to the community and (3) offering practical assistance building activities, which in turn lead to higher bonds of social support, indicates that ecological interventions may be suitable to be used in line with Psychological First Aid principles. However, because of the unstable and violent nature of the refugee context, there is a need for collaboration among social and political actors, such as educational, vocational and industry partners, to make sure the need for safety, stability and comfort of the refugee children is met. This, in turn, calls for further research on the dynamics of such interrelationship among different actors and organizations.

The qualitative analysis of the children's artistic work and behaviours revealed that despite the traumatic experiences they might have been through in their homelands and continue to face in Turkey, they can nevertheless show promising levels of resilience and positive growth. These results may imply that instead of categorizing every refugee child as a traumatized individual in need of medical help, interventions may be more effective to introduce activities to support their self-ability and solidarity with others around them. In this way, interventions may act as a safe space for children to make sense of their circumstances, learn and/or build skills and form constructive relationships with their peers. Consequently, such interventions may foster mental wellbeing while supporting the community at large.

To wrap up, in present times where war and conflict is the central part of countless individuals' lives, understanding how interventions may help refugees regain their mental wellbeing and confront their struggles is essential. While this thesis presented a small intervention with several limitations, the results nevertheless support that in a safe and an encouraging environment, refugee children may show promising signs of resilience and solidarity. However, it is important recognize that, as much as the psychiatry field tends to stick trauma and its related processes into absolute categories, the consequences of violence and distress are complex and are influenced by various interrelating personal and social dynamics. Consequently, interventions that aim to support the mental wellbeing of refugees may benefit from a multi-disciplinary approach with an ecological perspective, taking into account the context-person relationship while supporting processes that foster resilience, solidarity and sense of agency.

References

al-Shihab, M. (2015). Syrian refugees forced to share housing in Turkey.

IWPR. Retrieved from June 01, 2015

http://reliefweb.int/report/turkey/syrian-refugees-forced-share-housing-turkey

Anderson, A., Hamilton, R., Moore, D., Loewen, S., & Frater-Mathieson, K. (2004). *Education*

of refugee children. Theoretical perspectives and best practice. NewYork, NY:

RoutledgeFalmer.

Baráth, Á. (2003). *Cultural art therapy in the treatment of war trauma in children and youth:*

Projects in the former Yugoslavia. In: S. Krippner, T. M. McIntyre, S. Krippner, & T. M.

McIntyre (Eds.), The psychological impact of war trauma on civilians: An international

perspective (p. 155-170). Westport, CT: Praeger Publishers.

Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of*

Epidemiology and Community Health, *60*(10), 854.

Berti, B. (2015, February 5). Syrian refugees and regional security. *SADA*. Retrieved June 19

2015, from

http://carnegieendowment.org/sada/index.cfm?fa=show&article=58979&solr_hilite=

Betancourt, T. S., Brennan, R. T., Rubin-Smith, J., Fitzmaurice, G. M., & Gilman, S. E. (2010).

Sierra Leone's former child soldiers: a longitudinal study of risk, protective factors, and

mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *49*(6),

606-615.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed

conflict: protective processes and pathways to resilience. *International Review of*

Psychiatry, *20*(3), 317-328.

Betancourt, T. S., Newnham, E. A., McBain, R., & Brennan, R. T. (2013). Post-traumatic

stress symptoms among former child soldiers in Sierra Leone: follow-up study. *The British Journal of Psychiatry, 203*(3), 196-202.

Bingley, K. (2011). Bambeh's song: Music, women and health in a rural community in post-conflict Sierra Leone. *Music and Arts in Action, 3*(2), 59.

Blotner, P. (2004). Art out of the rubble. In E. Stover, H. M. Weinstein, E. Stover & H. M. Weinstein (Eds.), *My neighbor, my enemy: Justice and community in the aftermath of mass atrocity* (pp. 269-286). New York, NY: Cambridge University Press.

Boothby, N. (2008). Political violence and development: an ecologic approach to children in war zones. *Child and Adolescent Psychiatric Clinics of North America, 17*(3), 497-514.

Boothby, N., Crawford, J., & Halperin, J. (2006). Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts. *Global Public Health, 1*(1), 87-107.

Brent, D. A., & Silverstein, M. (2013). Shedding light on the long shadow of childhood adversity. *JAMA, 309*(17), 1777-1778.

Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development, 6*, 187-249.

Brymer, M., Layne, C., Jacobs, A., Pynoos, R., Ruzek, J., Steinberg, A., & Watson, P. (2006). Psychological First Aid -- Field Operations Guide. 2nd Edition. *National Child Traumatic Stress Network and National Centre for PTSD*. Los Angeles: CA.

Brymer, M. J., Steinberg, A. M., Sornborger, J., Layne, C. M., & Pynoos, R. S. (2008). Acute interventions for refugee children and families. *Child and Adolescent Psychiatric Clinics of North America, 17*(3), 625-640.

Cetingulec, T. (2014, December 19). Turkey registers Syrian refugees. *Almonitor*.

Retrieved June 8, 2015 from

http://www.al-monitor.com/pulse/originals/2014/12/turkey-syria-refugees-profiled.html#

Cicchetti, D., Rogosch, F. A., Lynch, M., & Holt, K. D. (1993). Resilience in maltreated

children: Processes leading to adaptive outcome. *Development and Psychopathology*,

5(04), 629-647.

Cicchetti, D., & Toth, S. L. (1995). A developmental psychopathology perspective on child abuse

and neglect. *Journal of the American Academy of Child & Adolescent Psychiatry*, *34*(5),

541-565.

Cicchetti, D., & Tucker, D. (1994). Development and self-regulatory

structures of the mind. *Development and Psychopathology*, *6*(04), 533-

549.

Cicchetti, D., & Valentino, K. (2006). *An ecological transactional perspective on child*

maltreatment: Failure of the average expectable environment and its influence upon child

development. In: Cicchetti D, Cohen D, (eds). Developmental Psychopathology (2nd

ed.): Risk Disorder, and Adaptation. Vol. 3. Wiley; New York: 2006. p. 129–201.

Crisp, J. (1999). *Who has counted the Refugees? : UNHCR and the politics of numbers*. Centre

for Documentation and Research, United Nations High Commissioner for Refugees.

Cohen, B., Barnes, M., & Rankin, A. (1995). *Managing traumatic stress*

through art: Drawing from the center. Lutherville, MD: Sidran Press.

Coventry, L., Guerra, C., Mackenzie, D., & Pinkney, S. (2002). *Wealth of*

all nations: Identification of strategies to assist refugee young people in

transition to independence, Hobart, , Australia: National Youth Affairs

Research Scheme.

Cozby, P. C., & Bates, S. C. (2012). *Methods in behavioral research*. New York:

McGraw-Hill.

Daud, A., af Klinteberg, B., & Rydelius, P. A. (2008). Resilience and vulnerability

among refugee children of traumatized and non-traumatized parents. *Child

and Adolescent Psychiatry and Mental Health*, *2*(1), 7.

Dawes, A., Tredoux, C., & Feinstein, A. (1989). Political violence in South Africa: Some effects

on children of the violent destruction of their community. *International Journal of Mental

Health*, 16-43.

De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of

maltreated children and its implications for research, treatment, and policy. *Development

and Psychopathology*, *13*(03), 539-564.

Derluyn, I., & Broekaert, E. (2008). Unaccompanied refugee children and

adolescents: The glaring contrast between a legal and a psychological

perspective. *International Journal of Law and Psychiatry*, *31*(4), 319-330.

Dimitry, L. (2012). A systematic review on the mental health of children and adolescents in areas

of armed conflict in the Middle East. *Childcare, Health and Development*, *38*(2), 153-

161.

Dyregrov, A., Gjestad, R., & Raundalen, M. (2002). Children exposed to warfare:

A longitudinal study. *Journal of Traumatic stress*, *15*(1), 59-68.

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of

displaced and refugee children resettled in high-income countries: risk and

protective factors. *The Lancet*, *379*(9812), 266-282.

Fouche, S., & Torrance, K. (2011). Crossing the divide: Exploring identities within communities

fragmented by gang violence. In A. Meadows (Ed.), *Developments in music therapy*

practice: Case study perspectives (pp. 215-229). Gilsum, NH: Barcelona Publishers.

Gantt, L., & Tinnin, L. W. (2007). Intensive trauma therapy of PTSD and

dissociation: An outcome study. *The Arts in Psychotherapy*, *34*(1), 69-80.

Green, J. & Thorogood, N. (2004). *Qualitative Methods in Health Research*. London: Sage.

Hamilton, R. J., & Moore, D. (2004). *Educational interventions for refugee children: Theoretical perspectives and implementing best practice*. New York: Psychology Press.

Harris, D. A. (2009). The paradox of expressing speechless terror: Ritual liminality in the CAT's treatment of posttraumatic distress. *The Arts in Psychotherapy, 36*, 94-104.

Haskett, M. E., Nears, K., Ward, C. S., & McPherson, A. V. (2006). Diversity in adjustment of maltreated children: Factors associated with resilient functioning. *Clinical Psychology Review*, *26*(6), 796-812.

Hogg, J. (2014, December 3). Poverty fuels tensions as Syrian refugees brace for another winter. *Reuters*. Retrieved June 07, 2015 from http://www.reuters.com/article/2014/12/03/us-mideast-crisis-refugees-idUSKCN0JH0X820141203

Hooper, L. M. (2014). Assessing parentification in South American college students: A factor analytic study of a Spanish version of the Parentification Inventory. *Journal of Multicultural Counselling and Human Development, 42*, 93-106.

Howard, G. S. (1991). A narrative approach to thinking, cross-cultural psychology and psychotherapy. *American Psychologist, 46*, 187-197.

Icduygu, A. (2006). A panorama of the international migration regime in Turkey. *Revue Européenne des Migrations Internationales*, *22*(3), 11-21.

Jacobsen, K., & Landau, L. B. (2003). The dual imperative in refugee research: some

methodological and ethical considerations in social science research on forced migration. *Disasters*, *27*(3), 185-206.

James, L., Sovcik, A., Garoff, F., & Abbasi, R. (2014). The mental health of Syrian refugee children and adolescents. *Forced Migration Review*, (47), 42.

James, W. (1971). The Moral Equivalent of War, and Other Essays.

Jewett, J., & Peterson, K. (2004). Stress and young children. *Developmental Psychology*, *38*(2), 267-278.

Jolley, R. P., & Vulic-Prtoric, A. (2001). Croatian children's experience of war is not reflected in the size and placement of emotive topics in their drawings. *British Journal of Clinical Psychology, 40*(1), 107-110.

Kalmanowitz, D., & Lloyd, B. (1999). Fragments of art work: Art therapy in the former Yugoslavia. *The Arts in Psychotherapy, 26*(1), 15-25.

Kelze, N. (2014, July 21). Turkey hatching plan to clear Syrian beggars off Istanbul streets. *Reuters*. Retrieved April 15, 2015 from http://www.reuters.com/article/2014/07/21/us-syria-crisis-turkey-refugees-idUSKBN0FQ15Q20140721

Khalel, S. (2014, October 1). Syrian refugees find homes on the street corners of Istanbul. *Middle East Eye*. Retrieved June 01, 2015 from http://www.middleeasteye.net/in-depth/features/syrian-refugees-find-homes-street corners%20istanbul-2085856546

Kirby, J. P., & Shu, G. (2010). *Re-reconciling culture-based conflicts with 'culture-drama'*. In: E. Leveton, & E. Leveton (Eds.), Healing collective trauma using sociodrama and drama

therapy (p. 207-233), New York, NY: Springer Publishing Co.

Kirişci, K. (2014). *Syrian refugees and Turkey's challenges: Going beyond hospitality*.

Washington, DC: Brookings Institution.

Koch, S. C., & Weidinger-von d. Recke, B. (2009). Traumatized refugees: An integrated dance

and verbal therapy approach. The *Arts in Psychotherapy, 36*(5), 289-296.

Kockenderfer, M. (2006). *Music after the war: Therapeutic music programs in Bosnia and*

Herzegovina (Unpublished doctoral dissertation). College of Medicine and Veterinary

Medicine, University of Edinburgh.

Kostelny, K. (2006). *A culture-based, integrative approach*. In: Boothby, N. (2006). A world

turned upside down: Social ecological approaches to children in war zones (p. 19-38).

Bloomfield, CT: Kumarian Press.

Kostelny, K., & Wessells, M. (2004). *Internally displaced East Timorese: challenges and lessons*

of large-scale emergency assistance. In: K. E. Miller, & L. M. Rasco (Eds.), The mental

health of refugees: Ecological approaches to healing and adaptation (p. 187–225).

Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Leigh, K. (2014, August 1). Syria's mental health crisis. *The New York Times.* Retrieved April

29, 2015 from

http://kristof.blogs.nytimes.com/2014/08/01/syrias-mental-health-crisis/?_r=0

Letsch, C. (2014, September 8). Syria's refugees: Fears of abuse grow as Turkish

men snap up wives. *The Guardian*. Retrieved June 01, 2015 from

http://www.theguardian.com/world/2014/sep/08/syrian-refugee-brides-

turkish-husbands-marriage

Loughry, M., Ager, A., Flouri, E., Khamis, V., Afana, A. H., & Qouta, S. (2006). The impact of

structured activities among Palestinian children in a time of conflict. *Journal of Child*

Psychology and Psychiatry, 47(12), 1211-1218.

Loumeau-May, L. V., Siebel-Nicol, E., Pellicci Hamilton, M., & Maclhiodi, C. A. (2014). *Art therapy as an intervention for mass terrorism and violence*. In: C. A. Malchiodi (Ed.), Creative interventions with traumatized children (2nd ed., p. 94-125). New York: Guilford Press.

Luster, T., Qin, D. B., Bates, L., Johnson, D. J., & Rana, M. (2008). The lost boys of Sudan: Ambiguous loss, search for family, and re-establishing relationships with family members. *Family Relations*, *57*(4), 444-456.

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., & Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(1), 24-36.

Luthar, S. S. (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities*. Cambridge: Cambridge University Press.

Lykes, M.B.*, & Farina, J.J. (*1992*)*. Niños y violencia política. Dossiers bibliograficos en salud mental y derechos humanos*. Buenos Aires: Editado por Centró de Documentación.*

Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namey, E. (2005). *Qualitative research methods: a data collectors field guide*. In: Mahoney, J. L., Larson, R. W., & Eccles, J. S. (Eds.). (2005). Organized activities as contexts of development: Extracurricular activities, after school and community programs. Mahwah, N.J.: Lawrence Erlbaum Associates.

Mahoney, J. L., Larson, R. W., & Eccles, J. S. (Eds.). (2005). Organized activities as contexts of development: Extracurricular activities, after school and community programs. Mahwah,

N.J.: Lawrence Erlbaum Associates.

Malchiodi, C. A. (Ed.). (2013). *Expressive therapies*. New York: Guilford Publications.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, *23*(2), 493.

Masten, A. S., & Cicchetti, D. (2010). Developmental cascades. *Development and psychopathology*, *22*(03), 491-495.

Masten, A. S., & Powell, J. L. (2003). *A resilience framework for research, policy, and practice*. In: Luthar, S. (2003). Resilience and vulnerability adaptation in the context of childhood adversities (p. 1-25). Cambridge, U.K.: Cambridge University Press.

Masten, A. S., & Tellegen, A. (2012). Resilience in developmental psychopathology: Contributions of the project competence longitudinal study. *Development and psychopathology*, *24*(02), 345-361.

McCrory, E., De Brito, S. A., & Viding, E. (2010). Research review: the neurobiology and genetics of maltreatment and adversity. *Journal of Child Psychology and Psychiatry*, *51*(10), 1079-1095.

Middlebrooks, J. S., & Audage, N. C. (2008). The effects of childhood stress on health across the lifespan. Atlanta (GA): Centers for Disease Control and Prevention. *Natural Center for Injury Prevention and Control*.

Miller, K. E. (2004). Beyond the frontstage: Trust, access, and the relational context in research with refugee communities. *American Journal of Community Psychology*, *33*(3-4), 217-227.

Miller, K. E., & Billings, D. L. (1994). Playing to grow: A primary mental health intervention with Guatemalan refugee children. *American Journal of*

Orthopsychiatry, 64(3), 346-356.

Miller, K. E., & Rasco, L. M. (2004). *The mental health of refugees: Ecological approaches to healing and adaptation*. New Jersey: Taylor & Francis.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*(1), 7-16.

Moreno, J. (1999). Orpheus in hell: Music and therapy in the holocaust. *The Arts in Psychotherapy, 26*(1), 3-14.

Nasser, R., Mehchy, Z., & Abu Ismail, K. (2013). Socioeconomic roots and impacts of the Syrian crisis. *Syrian Centre for Policy Research. Damascus: Syrian Centre for Policy Research*.

Nebehay, S. (2014, September 16). Syrian, Iraqi and other asylum seekers on rise in West: UNHRC. *Reuters*. Retrieved June 19, 2015 from http://news.yahoo.com/syrian-iraqi-other-asylum-seekers-rise-west-unhcr-051003728.html

Nicolai, S., & Triplehorn, C. (2003). The role of education in protecting children in conflict. *Network Paper: Humanitarian Practice Network (HPN), 42*, 1-36.

Pacione, L., Measham, T., & Rousseau, C. (2013). Refugee children: Mental health and effective interventions. *Current Psychiatry Reports, 15*(2), 1-9.

Parks, C. M., & Weiss, R. S. (1983). Recovery from bereavement. New York: Basic Books.

Perrin, S., Smith, P., & Yule, W. (2000). Practitioner review: the assessment and treatment of post-traumatic stress disorder in children and adolescents. *Journal*

of Child Psychology and Psychiatry, *41*(3), 277-289.

Pynoos, R. S., Kinzie, J. D., & Gordon, M. (2001). *Children, adolescents, and families*

exposed to torture and related trauma. In: Gerrit, E., Keane, T. M., & Tuma, F. (2001). T

The mental health consequences of torture. New York: Springer Science & Business
Media.

Raymer, M., & McIntyre, B. B. (1987). An art support group for bereaved children

and adolescents. *Art Therapy*, *4*(1), 27-35.

Robertson, C. (2010). Music and conflict transformation in Bosnia: Constructing and

reconstructing the normal. *Music & Arts in Action, 2*(2), 38-55.

Rodgers, L., Gritten, D., Offer, J. & Asare, P. (2015, March 12). Syria, The story of

the conflict. *BBC News*. Retrieved from

http://www.bbc.com/news/world-middle-east-26116868

Ross, T. (2014, June 12). Syrian refugee children in Lebanon forced to seek work- in pictures.

The Guardian. Retrieved April 14, 2015 from

http://www.theguardian.com/global-development/2014/jun/12/-sp-syrian-refugee-

children-in-lebanon-forced-to-seek-work-in-pictures

Rothe, E. M., Lewis, J., Castillo-Matos, H., Martinez, O., Busquets, R., & Martinez, I. (2002).

Posttraumatic stress disorder among Cuban children and adolescents after release from a

refugee camp. *Psychiatric Services*, *53*(8), 970-976.

Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005). Evaluation of a

classroom program of creative expression workshops for refugee and immigrant children.

Journal of Child Psychology and Psychiatry, *46*(2), 180-185.

Rousseau, C., & Heusch, N. (2000). The trip: A creative expression project for refugee and

immigrant children. *Art Therapy*, *17*(1), 31-40.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, *24*(02), 335-344.

Office for the Coordination of Humanitarian Affairs (OCHA). (2014). *Humanitarian Bulletin Syria*. United Nations Office for the Coordination of Humanitarian Affairs, 2014. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/Syria%20Humanitarian%20Bulletin_Issue%2051.pdf

Office of the United Nations High Commissioner for Refugees (UNHCR). (2014). *2014 Syria Regional Response Plan Turkey: Mid-Year update*. United Nations High Commissioner for Refugees, 2014. Retrieved from http://www.unhcr.org/syriarrp6/midyear/docs/syria-rrp6-myu-turkey.pdf

Olliff, L. (2008). Playing for the future: the role of sport and recreation in supporting refugee young people to 'settle well' in Australia. *Youth Studies Australia*, *27*(1), 52.

Olson, C. M. (1999). Nutrition and health outcomes associated with food insecurity and hunger. *The Journal of Nutrition*, *129*(2), 521S-524S.

Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan III, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont)*, *4*(5), 35.

Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: broad implications for health and social well-being. *Social Science & Medicine*, *55*(2), 175-190.

Schaefer, C. (1993). *The therapeutic powers of play*. Northvale, NJ: Aronson.

Shamai, M., & Kimhi, S. (2007). Teenagers response to threat of war and terror: Gender and the role of social systems. *Community Mental Health Journal*, *43*(4), 359-374.

Somers, L., Yoon, C. L., *& Chiodo, L. (2012). The effects of trauma types, cumulative trauma,

and PTSD on IQ in two highly traumatized adolescent groups. *Psychological Trauma:*

Theory, Research, Practice, and Policy, *14,* 128–139.

Spiegel, D., Malchiodi, C., Backos, A., & Collie, K. (2006). Art therapy for combat-related

PTSD: Recommendations for research and practice. *Art Therapy*, *23*(4), 157-164.

Softic, B. (2011). The music of Srebrenica after the war: Attitudes and practice among surviving

Bosniacs, music therapy, and music works in the name of Srebrenica. *Narodna*

Umjetnost: Hrvatski Casopis Za Etnologiju i Folkloristiku, 48(1), 161-181.

Steele, W., & Kuban, C. (2013). *Working with grieving and traumatized children and*

adolescents: Discovering what matters most through evidence-based, sensory

interventions. New Jersey: John Wiley & Sons.

Stockmans, P. (2015, February 26). Syrian child labour, a ticket to Europe. *Middle East*

Eye. Retrieved June 18, 2015 from

http://www.middleeasteye.net/in-depth/features/syrian-child-labour-ticket-europe

316420410

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma

programmes in war-affected areas. *Social Science & Medicine*, *48*(10), 1449-1462.

Sungur, N. (2013, June 08). Escape to uncertainty. *National Geographic*. Retrieved May 05,

2015 from

http://news.nationalgeographic.com/news/2013/06/130607-refugee-crisis-war-migration-

turkey syria-afghanistan-iran-chechnya-gay/

Tedeschi, R. G., Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic*

growth: Positive changes in the aftermath of crisis. New Jersey: Routledge.

Themnér, L., & Wallensteen, P. (2011). Armed conflict, 1946–2010. *Journal of Peace Research*, *48*(4), 525-536.

Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., & Van Ommeren, M. (2011). Mental health and psychosocial support in humanitarian settings: linking practice and research. *The Lancet*, *378*(9802), 1581-1591.

Tookey, M. (2015, April 14). Inside a Syrian refugee camp: 'Education is the only hope for children'. *The Guardian.* Retrieved May 29, 2015 from http://www.theguardian.com/teacher-network/2015/apr/14/inside-a-syrian-refugee-camp-education-is-the-only-hope-for-children

Torbert, M. (1990). *Follow me: A handbook of movement activities for children.* Englewood Cliffs, New Jersey: Prentice-Hall.

Turner, D., & Cox, H. (2004). Facilitating post traumatic growth. *Health and Quality of Life Outcomes, 2*(34), 1-9.

United Nations Children's Fund (UNICEF). (2011). Guidelines for child friendly spaces in emergencies. *UNICEF, New York.* Retrieved from http://www. unicef. org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing. pdf.

United Nations Children's Fund (UNICEF). (2013). *Children with disabilities among Syria's most vulnerable*. Jordan: Malene Kamp Jensen.

United Nations Children's Fund (UNICEF). (2013). *Syria's Children: A lost generation? - Crisis report March 2011-March 2013*. Retrieved from http://www.unicef.org/emergencies/syria/70207_67574.html

United Nations Children's Fund (UNICEF). (2015). *Humanitarian Action for Children: Overview*. Retrieved from

http://www.unicef.org/appeals/files/HAC_Overview_2015_WEB_27_01_15.pdf

United to End Genocide. (2014). #RestoreHappy Syrian children's art exhibit seeks to restore
humanity. Zaatari: Megan Madeira.

Watters, C. (2001). Emerging paradigms in the mental health care of refugees. *Social Science & Medicine, 52*, 1709-1718.

Wells, P. (2013, March 22). Undocumented Syria refugees suffer deprivation. *Voice of America.* Retrieved May 19, 2015 from
http://www.voanews.com/content/syria-refugees-turkey/1626816.html

Wessells, M., & Monteiro, C. (2006). Psychosocial assistance for youth: Toward
reconstruction for peace in Angola. *Journal of Social Issues*, *62*(1), 121-139.

Wexler, I. D., Branski, D., & Kerem, E. (2006). War and children. *JAMA*, *296*(5), 579-581.

Winnicott, D. W. (1975). *Jeu et réalité; l'espace potentiel [Game and reality, potential space]*. Paris: Gallimard.

Veenema, T. G., & Schroeder-Bruce, K. (2002). The aftermath of violence:
children, disaster, and posttraumatic stress disorder. *Journal of Pediatric Health Care*, *16*(5), 235-244.

Veronese, G., Castiglioni, M., Tombolani, M., & Said, M. (2012). 'My happiness is the refugee camp, my future Palestine': optimism, life satisfaction and perceived happiness in a group of Palestinian children. *Scandinavian Journal of Caring Sciences*, *26*(3), 467-473.

Yau, M. (1996). Refugee students in Toronto schools. *Refuge*, 15(5): 9–16.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Zahr, L. K. (1996). Effects of war on the behavior of Lebanese preschool children: Influence of home environment and family functioning. *American Journal of Orthopsychiatry*, *66*(3), 401-408.

Zelizer, C. (2003). The role of artistic processes in peacebuilding in Bosnia-Herzegovina. *Peace and Conflict Studies*, *10*(2), 62-75.

Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A. (2013). Adolescent resilience: Promotive factors that inform prevention. *Child Development Perspectives*, *7*(4), 215-220.