The Benefits of Art Therapy in the Immigration Field

This report is about Eva Marxen's experience in the Center SAPPIR.
From La inmigracion, nuevos vecinos, nuevas oportunidades

This article presents excerpts from papers about Eva Marxen's observations in applying art therapy in the SAPPIR Center in Barcelona, and the advantages of this discipline in the immigration field.

The full paper on which this presentation is based reports the author's observations from her work as an art therapist in the SAPPIR Center. This Center provides free mental health service for immigrants and refugees in Barcelona, Spain.

SAPPIR = Servicio de Atencion Psicosocial y Psicopatologica a Inmigrantes y Refgiados

...some patients were able to show significant progress with art therapy, mainly in socialization, managing the multiple losses involved in immigration and adapting better to their (very often) difficult actual situation...

In summary:

- Art therapy reduces the importance of verbalization, so that the patient does not have to know the therapist's or the host country's language well.
- The patient can use his/her symbolization and choose his/her thythm without having to adapt it

to the therapist's or the host country's culture.

- The artistic creation provides a safe focus to explore the positive and negative aspects of one's own or the host country's culture.
- Those patients who are from diffeent cultures and not familiar with psychological treatment, may find art therapy easier and less frightening than conventional treatments.

The following are excerpts from Marxen's presentation:

In the SAPPIR Center the therapists have observed that some patients were able to show significant progress with art therapy, mainly in socialization, managing the multiple losses involved in immigration and adapting better to their (very often) difficult actual situation, which means confronting and taking the initiative to change, at least a little, their work and living conditions.

My patients are mainly children and women from Morocco, Latin America and Pakistan. I meet with these patients once a week, usually for 45 minutes. Treatment can last from three months to two years and is very often determined by the social, labor or legal situation of the immigrant.

The therapeutic holding is very important in the immigration field (independent from the therapeutic technique), especially when the immigrant has gone through a lot of rejection in the host country. I begin treatment by explaining the art materials to each patient. Here it is important to consider that some of my patients have never had any contact with art and art materials, in Western terms, before.

In these cases it is important not to introduce all the materials at once because that could lead to over-stimulation. I usually start with wax crayons, pens and pencils, then continue in further sessions with chalk and later with ink, water color and finally recycled materials for collage...I usually do not give them any subjects (drawing directives). The non-directive way of working in art therapy corresponds to the free association of verbal therapy. However, in cases of severe pathologies or when the anxiety is unbearable for the patient, it is necessary to choose special subjects, at least during the first sessions.

The task of the therapist consists mainly in creating a safe setting and an empathic relationship so that the patient can feel safe enough in order to be able to begin a creative process. I want to stress the regressive character of art therapy, which facilitates the expression of memories of the original country, culture, language, etc. Furthermore, art therapy has the advantage that people can experience these memories, if they want, in a nonverbal way, which can lead to more security. This can be connected to Klein's observations that the symbolic representation causes less anxiety.

The art making can help to integrate bicultural elements of those who have been staying in the host country for some and/or of those who live in mixed families and/or those who experience a very big cultural difference between their family life, where the values of the original culture may dominate, and their life in different social settings like at school, work etc.

In our Center we have observed that patients have been able to progress a lot with art therapy, especially those who could not benefit from verbal therapy. They have progressed mainly in socialization, managing the multiple loss of immigration and adapting better to their difficult actual situation, which means confronting and taking the initiative to change their labor, work and living conditions.

Marxen has published several papers about her work with immigrants, including:

Marxen, E. (2005). Case Study: Improvement through Art Therapy. In Kossolapow, Scoble, Waller (eds.) European Arts Therapy. Different Approaches to a Unique Discipline. Opening Regional Portals. Münster: LIT.

Note: At the European Consortium of Arts Therapies Educators, art therapists from Austria, Czech Republic, and Spain reported that they each are involved in arts therapies interventions for immigrants that has been funded by the European Union. The above report is about observations from one of these arts therapies projects.

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