

The Role of Arts-Based Research in Creating Safe Spaces for Newcomer Refugees

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Abstract

This article discusses the role of arts-based research in generating a supportive cross-cultural way for newcomer refugees to express themselves within an emerging *aesthetic intersubjective paradigm of arts-based research and art therapy* (Chilton, Geber, & Scotti, 2015). It begins by reviewing literature on the global and contemporary experiences of refugees and displaced persons and the need to support newcomer refugees, particularly women. Furthermore, this article briefly discusses the connection between art-making and health with recent relevant systematic reviews, experiential designs, and biomarker evidence. It concludes that arts-based research can be a way to support diverse forms of knowledge and communication, with a particular focus on cultural humility (Bal & Kaur, 2017; McNiff, 1984; Tervalon & Murray-Garcia, 1998).

Keywords: newcomers; refugees; arts-based research; art therapy; cross-cultural.

Introduction

“Counselors who use the creative arts have, within their grasp, a tool that can help transcend the differences in clients whose cultures differ from their own”.
(Henderson & Gladding, 1998, p. 187)

In this article, I briefly summarize how the creative arts within research, often called arts-based research (McNiff, 2017), can create a participatory, empowering, and multilayered way for newcomers to express their experiences. I begin the discussion by providing a broad synthesis of current and global literature regarding newcomer refugees moving to St. John’s, Newfoundland in a brief literature review. I particularly focus on newcomer Syrian refugees, because of the Government of Canada’s focus on resettling these newcomer individuals (Government of Canada, 2018). Furthermore, I concentrate the literature on supporting newcomer women in particular, as their matriarchal roles in supporting families and communities are important (Guruge, Khanlou & Gastaldo, 2010).

I delineate the need to support newcomers when relocating to a new country on the long term, to create a sense of belonging and wellbeing. This can begin with understanding their experiences in a supportive, accessible, and nuanced manner (El-Bialy & Mulay, 2016; Li & Grineva, 2015; Reitmanova & Gustafson, 2008). Then, I discuss how new methods of arts-based research, from the perspective of an art therapist, can provide an opportunity for newcomers and particularly

women to express their experiences and discuss ways that local communities can support them in participatory and empowering ways (Chilton, Gerber, & Scotti, 2015; Lewis et al., 2018). The arts-based research stems from current contemporary research on how the arts and artmaking benefits health and wellbeing of diverse individuals in both hospitals and community settings, which is also outlined in the text (Jensen & Lo, 2018, Bungay, Munn-Giddings, Boyce, & Wilson, 2014; Boehm, Cramer, Staroszynski & Osterman, 2014; Boyce, Bungay, Munn-Giddings, & Wilson, 2018; Shella, 2018; Staricoff & Clift, 2011; Stuckey & Nobel, 2010). This growing body of knowledge can connect arts-based research with this new knowledge regarding the benefits of art making.

Global Context

In 2015, United Nations High Commissioner for Refugees (UNHCR, 2018) announced that the growing number of forcibly displaced people is at its highest in fifty years and is a current global crisis, amounting to over sixty-eight million refugees and internally displaced people (Miller & Rasmussen, 2017). This unprecedented number is due to many factors, including the civil war in Syria that began in 2011, lasting much longer than expected. The war resulted in the displacement of over 12.6 million Syrian people, with 6.3 million of those being refugees, 146,700 asylum-seekers, and 6.2 million internally displaced people in 2017 (United Nations Refugee Agency, 2018). This country's emergency refugee crisis has eclipsed other crises in Myanmar, West Papua, and the Western Sahara (Silove, Ventevogel, & Rees, 2017; United Nations Refugee Agency, 2018). Refugees, and particularly intersectional¹ vulnerable populations within this group, experience an unprecedented high prevalence of anxiety, post-traumatic stress, and depression symptoms due to natural reactions to trauma and loss (Alpak, Unal, Bulbul, Sagaltici, Bez, Altindag, et al., 2015; Ghumman et al., 2016; Naja, Aoun, El Khoury, Bou Abdallah & Haddad, 2016). Authors Ghumman et al. (2016) recommend unique ways to support these individuals in evidence-based and culturally competent manners.

Canada has responded to this global crisis by resettling approximately 57,000 Syrian refugees since November 2015 (Government of Canada, Immigration, Refugees and Citizenship Canada, Communication Branch, 2018). With these changes, the demographic landscape within culturally homogenous provinces, such as Newfoundland and Labrador, is also diversifying (Statistics Canada, 2016). Yet, local systems and attitudes may not be adapting to this diversity as quickly. In Newfoundland and Labrador, where currently 560 Syrian refugees have resettled since 2015 (Government of Canada, 2018), newcomers experience particular challenges due to social and environmental remoteness, language barriers, access to social and economic resources, and discrimination and racism (Baker, 2013; Burnaby, Whelan & Rivera, 2009; Gien & Law, 2009; El-Bialy & Mulay, 2016; Reitmanova & Gustafson, 2008; Sullivan, Ring, & Harris 2009; Uttley et al., 2015).

Post-Migratory Experience of Refugees

¹ Intersectionality refers to how the complex experiences and identities of race, class, gender, ethnicity, age, abilities, sexuality (among others)- and the informal and formal power dynamics related to these identities- influence how an individual experiences the world (Berger & Guidroz, 2009).

Post-migration experiences can significantly impact the mental and physical health of immigrants and refugees, leading to new holistic ecological models that try to broadly understand complex refugee and migratory experiences (Miller & Rasmussen, 2016). Although migration may be linked to various stresses and adaptations, immigrants moving to Canada tend to have a lower mental health incidence than the general Canadian population when arriving, with the exception of Post-traumatic stress disorder (PTSD) (Canadian Mental Health Association, n.d.). The *healthy immigrant effect* may be due to the fact that migrants need to pass health tests to enter Canada and healthier people are given the opportunity to move. However, after ten years of living in Canada, immigrant and refugee mental health prevalence becomes worse than the general population (Ng, 2015). Post migration rates of depression, PTSD, chronic pain, and somatic symptoms become ten percent higher than the overall Canadian population for adults and adolescents. According to Canadian researchers Kirmayer et al. (2011), the process of migration includes three major transitions: 1. Changes in socioeconomic systems; 2. Changes in personal ties to rebuild social networks; and 3. Changes in cultural systems. These adaptations may incite feelings of anxiety and a lost sense of identity when the changes are substantial, leading to distress and “post-migration traumatization” (Beiser & Hyman, 1997; Murray, Davidson, & Schweitzer, 2010; Schweitzer, Brough, Vromans, Asic-Kobe, 2011; Vissandjée et al., 2005).

In addition, refugees are unique because they did not make the decision to immigrate. The United Nations High Commissioner for Refugees defines a refugee as:

someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries. (para. 1)

Individuals may have left their country quickly under extreme conditions and without their whole family or possessions. Furthermore, they may have experienced various traumas while living in the previous location, such as in a warzone or within a refugee camp. Gender-based violence is common in refugee camps and during war conditions, which particularly affects women and children (Sexuality Education Resource Centre, 2012). Despite these real and important challenges, it is important not to focus on the experience of victimization related to an individual’s unique experiences when it is disempowering and creates negative and unhelpful narratives, nor should refugee experiences be equated with mental health symptoms (Hanania, 2017). It is important to note the resiliency in each individual’s story- within their day-to-day lives and social practices (Lenette, Brough, & Cox, 2012). Furthermore, it is important to acknowledge their strengths as communities and individuals. Therefore, supports that focus on strengths, empowerment, and resiliency that already exist within individuals’ everyday life and community is helpful (Lenette et al., 2012). Resiliency, within strength-based psychology, refers to “a dynamic process that allows for positive adaptation despite the experience of adversity” (Li, Chi, Sherr, Cluver, & Stanton, 2017, p. 257; Zimmerman, 2017). Fostering and focusing on these helpful and unique adaptation skills that communities and individuals hold counters deficit or pathology-focused support interventions (Li et al., 2017; Zimmerman, 2017).

Supporting strengths and resiliency may also include focusing on an individual's' subjective experience of empowerment, which refers to the layered and multifaceted processes whereby people (individuals, organizations, or communities) influence matters that are important to them and the outcomes (Damen et al., 2017, p. 424). This often occurs when individual and communities “shape and give meaning to interactions with their environment” in ways that they deem important (Damen et al., 2017, p. 424). Therefore, empowerment focuses on active engagement in important issues to individuals and communities, which could be economic, social, political, emotional, etc.

Intersectional Experiences of Refugee Women

Female refugees have unique needs, strengths, and challenges when they move to a new country. Lifeline Syria (2016), an aid organization for Syrian refugees based in Toronto, estimated that four out of five Syrian refugees arriving in Canada are women and children, which amounts to 32,065 people. To further complicate the intersectional experiences of pre- and post-migration challenges and trauma, women from traditional societies that undergo cultural transition to an industrialized country may have unique difficulties balancing diverse or contrasting values of the two cultures (Meleis & Pollara, 1995). Gender roles may become complicated when seeking employment in Canada, potentially clashing with traditional roles, responsibilities, and the balance of power in spousal relationships. Attempting to reach equilibrium between two conflicting cultural norms and values may result in a personal struggle. Tangible effects of this struggle can include role overload, marital problems, and child rearing difficulties (Guruge, Khanlou & Gastaldo, 2010).

The matriarch role has a profound effect on the family culture and health of the community (Guruge et al., 2010). Although newcomer minority women are undergoing changes and possible stress in their adaptation to a different cultural context, they may also take on the role of shaping the mental health of their families, while participating in community organizations to improve the wellbeing of their society (Guruge et al., 2010; Lenette et al., 2012). Thus, working with and supporting recent female refugees to Canada is important for the health of family structures and growing communities. Despite the various challenges in the new environment, migrant women are less likely to seek mental and physical support in the medical system than Canadian women, due to various barriers and preferences (Kirmayer et al., 2011; Reitmanova & Gustafson, 2008). Potential reasons include feelings of being misunderstood due to the lack of linguistically accessible services, feeling stigmatized, belief that their symptoms are inappropriate for medical interventions, and other cultural barriers (Kirmayer et al., 2011). Thus, it is important to more fully understand the needs of this unique community to better support them, without imposing Canadian and/or western standards of mental and emotional wellbeing.

Mediated Safe Spaces with Creative Arts

Creating safe spaces² to support these individuals to help build support networks and experience empowerment both during and after relocating to a new country is vital. Nonetheless, few culturally competent support groups are emerging in Canada that are particular to refugee and immigrant women (Anderson, 2012; Valle Painter, 2013). Psychological and emotional factors greatly influence health outcomes. For example, a sense of belonging to a community has larger positive health impacts (Valle Painter, 2013). While research indicates that isolation and lack of social support is a particular challenge for newcomer refugees, Canadian researchers know little about their unique intersectional experiences (El-Bialy & Mulay, 2016, Hanania, 2017). Compounding this challenge, feminist researchers De-Vault (1999) and Greenwood, (2012) believe that Western and male-dominant forms of research that emphasize language-heavy questionnaires and interviews may not be appropriate or meaningful for women from traditional backgrounds. This is because individuals who experience less power may attempt to say the “right” and appropriate answer to questions (Huss & Cwikel, 2005). Feminist authors recommend more collaborative, empowering, inclusive, and creative ways to gather information to build nuanced and culturally appropriate support (Griffin, 2016). Li & Grineva (2016) call for a mediated space, where locals and newcomers can facilitate cultural differences in a safe manner and without losing their connections to their home culture.

Educational researcher Greenwood (2012) suggests that arts-based approaches to research have developed from researchers’ desire to create and communicate understandings that may not be readily available through more traditional scientific qualitative and quantitative approaches. Sullivan (2010) believes that arts-based approaches have developed from constructivist and subjectivist philosophies and a desire to pragmatically integrate participatory, multidimensional, and reflexive experiences into research.

Art has been used as a form of expression throughout diverse cultures and history and can hold multiple coexisting meanings and truths (Belfiore, 2016; McNiff, 2017; Weber, 2013). The creative arts include all forms of creative expression and are not limited to visual arts, theatre, poetry, literature, music, dance, and multimedia art. Art therapist Wadeson (2000) evaluated how sensitively focusing on traditional art forms from the client’s unique culture may comfort, empower, and validate traditions while in a new country. Art expression can represent and communicate individual experiences that hold layered implications towards wider social, cultural, and historical experiences (Abu-Lughod, 1991; Weber, 2013). Lastly, images can carry embodied knowledge that can provide rich, emotional, and multilayered meanings, which surpass purely intellectual understandings (Weber, 2013). They can engage empathy by seeing the world through the artists’ eyes, without the necessity of detailed explanation (Weber, 2013).

An Aesthetic Intersubjective Paradigm of Arts-based Research and Art Therapy

As an art therapist who has worked in several countries and across Canada in hospitals, ministries, non-governmental organizations, and homeless shelters, I have witnessed the ability

² A safe space in this text is a term used in psychotherapy that broadly refers to an interpersonal space where individuals can feel free to express themselves and explore ideas openly without fear of judgement (Yalom, 2009). Other terms that refer to the same sense of safety to explore ideas include: transitional space, mediated space, creative space of play, holding space, third space, and potential space (Winnicott, 1953; 1965; 1989). In open art community studios, Janice Timm-Bottos (2017) describes a third space as “welcoming spaces to connect with each other in ways that inspire our imaginations, awaken our hearts and provide places to mobilize collective actions” (p. 95).

of art-making to express experiences that are too painful or emotional for words alone. For example, I have created handbooks, training manuals, and trainings to support professionals in Mochudi and Gaborone, Botswana, and in Ulaanbaatar, Mongolia to ethically support individuals who express their emotions and experiences through artmaking (*Figure 1*). I believe that arts-based research can be useful when working with individuals who have challenges communicating in the dominant language, and particularly when the individual is learning a new language. From my personal and professional experience, I propose that we, as educators and counselling professionals, begin thinking about creative and artistic ways to support these individuals by creating safe spaces to express non-dominant perspectives in creative, empowering, and expressive ways. The following text provides examples and research to substantiate this idea.



Figure 1. Cover page and handbook that I had designed for a non-governmental organization in Mochudi, Botswana. (Toll, H., 2012).

Recently in St. John's, Lewis, McLeod, and Li (2108) created an open and supportive art studio for a group of newcomer adolescents at a local high school to create a safe and creative space that encourages belonging and empowerment. The authors found that the open studio created a social space, which felt like home for the participants, and helped them learn English in a non-evaluative manner in their pre-and post- semi-structured interviews and focus groups. The three themes that emerged from the qualitative analysis were that the students saw the open studio as a social space within their school; viewed the open studio as what felt like a home; and felt comfortable engaging in English-learning in "a non-evaluative setting" (Lewis, McLeod, & Li, 2018, p. 13). One young student participant stated, "I feel just like I'm back in Ethiopia... connected with people, you know...even if you're from a different country....like you both have similarities? Yeah, that's the biggest part" (p. 13). Regarding the non-evaluative and comforting nature, another newcomer student stated:

I feel at peace...you know with math you worry am I going to get this right, am I going to get this wrong, whatever...but art is just like...you put your ideas on paper...it gives me peace....yeah, I like doing it for myself...I just like, relax. (p. 14)

In addition to creating non-evaluative spaces that felt like home, the authors found that the open studio group formed supportive peer connections between newcomer participants within the school setting. Finally, the students stated that they wanted to build connections with their local peers in school and created a student-led exhibition of their artwork in the open studio, in addition to hosting a printmaking workshop (Lewis, McLeod, & Li, 2018). This desire to bridge connections with their local peers through teaching artmaking skills and showing their artwork seemed to be meaningful for the newcomer student participants. Furthermore, they recommended that upcoming open studios include both newcomers and their local student peers. Based on the results from interviews and recommendations of participants with this action research study, the authors concluded that, “culturally-informed art-making should also be encouraged as a means of exchange of ideas and expertise, and a means of empowerment for the participants” (p. 17).

Stress-reducing Effects of Artmaking Research

The relaxing experiences generated from art-making at any skill-level have been corroborated with several recent experimental and quasi-experimental studies. These studies measured both non-invasive biological markers (such as cortisol levels in saliva) and validated psychological assessments to measure increased positive affect, and anxiety and stress reduction with diverse adults and youth (Kaimal, Ray, & Muniz, 2016; Walsh et al. 2007). An example of such a study is when researchers and art therapists, Kaimal et al. (2016), found a statistically significant reduction in cortisol levels (indicating a reduction in the body’s response to stress) after a 45-minute art making session with 39 adults. The participants in this study wrote reflections after artmaking and found the session “relaxing, enjoyable, helpful for learning about new aspects of self, freeing from constraints, an evolving process of initial struggle to later resolution, and about flow/losing themselves in the work” (Kaimal et al., 2016, p. 74). Another pre-post-test design conducted by Walsh et al. (2007) measured salivary-cortisol levels to determine stress levels and also measured anxiety levels with the Beck Anxiety Inventory (Beck & Steer, 1993) to assess the effects of an art making class with family caregivers of patients diagnosed with cancer (ages 18-81 years). They found similar results to Kaimal et al.’s (2016) study, where anxiety symptoms and stress levels decreased after the art-making session.

Moreover, an open studio approach may have unique effects on individuals, compared to solely artmaking. Various studies have tested various art making setting conditions in order to understand which may be the most beneficial for adult and young participants. A recent study by Kaimal, Mensinger, Drass, & Dieterich-Hartwell (2017) found that participants (ages 19-67 years) indicated that a single session of art-making lowered the participants’ reported stress and negative emotions. Nonetheless, the same study shows that in the open studio session which was facilitated by an art therapist, compared to the open colouring condition “resulted in superior improvements in positive affect, creative agency, and self-efficacy compared to the coloring condition” (p. 56). Types of measurements for the pre-post-test quasi-experimental design

included the Positive and Negative Affect Schedule (PANAS) (Watson, Clark, & Tellegen, 1988), the General Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1995), the perceived stress scale (PSS) (Cohen, Kamarck, & Mermelstein, 1983), and questions about self-efficacy that were created by the authors.

This recent study extends other research that has found similar results regarding a reduction in anxiety for an open-studio art making condition versus relaxing in chairs at a college campus (Sandmire et al., 2012); making art versus solely viewing art at a drug treatment centre (Laurer & van der Vennet, 2015); and an open studio versus other art therapy conditions for adults who had cancer (Glinzak, 2016). The four conditions in Glizank's recent study included an oncology unit, infusion clinic, individual sessions, and an open studio. The results from the pre-post-tests with 73 patients indicated a decrease in anxiety within all four art therapy conditions, but the open studio condition showed the greatest mean decrease in terms of stress. Other authors suggest that short artmaking sessions can repair negative mood after induced sadness (Dalebroux, Goldstein, & Winner, 2008; Drake, Coleman, & Winner, 2011; Drake & Hodge, 2015; Drake & Winner, 2012). Furthermore, the types of art projects may also affect how and whether an individual experiences reduced anxiety. Curry and Casser (2005) found that colouring mandalas and geometric shapes reduced anxiety levels using Spielberger's State Anxiety Inventory (adapted by Goolkasian, n.d.) more than unstructured artmaking with 84 university students.

Kaimal et al.'s (2016) study uses larger scoping, critical reviews, and meta-analyses to understand the effects of artmaking on health and wellbeing in hospitals and wider communities with various participants. Uttley, Scope, Stevenson, Rawdin, Buck, Sutton, ... Wood (2015)'s systematic review evaluated clinical outcomes and cost-effectiveness of art therapy interventions with participants who had non-psychotic disorders. Clinical outcomes for patient participants included improved: ability to cope, experience of quality of life and subjective wellbeing, comprehension of one's body and emotional experiences, perceptions of positive distractions, self-confidence, sense of self-worth, sense of hope, social interactions, and ability to connect with oneself in meaningful way (Uttley et al., 2015). Recent larger studies, systematic and critical reviews, and meta-analyses supported the growing evidence that participation in specially designed arts interventions and creative arts therapies "can reduce physical symptoms and mental health issues" (Jensen & Lo, 2018, p. 209; Bungay, Munn-Giddings, Boyce, & Wilson, 2014; Boehm, Cramer, Staroszynski & Osterman, 2014; ; Boyce, Bungay, Munn-Giddings, & Wilson, 2018; Shella, 2018; Staricoff & Clift, 2011; Stuckey & Nobel, 2010). This accumulation of contemporary evidence from various authors has led to the current 19th Surgeon General in the United States of America, Vivek H. Murthy, to stating in a recent *National Organization for Arts in Health White Paper* (2017):

Within the arts lies a powerful but largely untapped force for healing. The arts and science are two sides of the same coin, which is our shared humanity. Our ability to live fulfilling, healthy lives depends on bringing these two forces together. (p.ii)

Furthermore, Canadian leaders in medical care are also beginning to discuss the growing evidence for the effects of arts on health and wellbeing. Dr. H el ene Boyer, vice-president of M edecins francophones du Canada and the head of the family medicine group at the CLSC St-

Louis-du-Parc, recently stated in an interview for the *Montreal Gazette* (Kelly, 2018) that there is “more and more scientific proof that art therapy is good for your physical health” (para. 2). These findings and recommendations have recently been published in policy frameworks and inquiry reports to influence public health and wellbeing policy in the United Kingdom, United States, and Australia (All-Party Parliamentary Group on Arts, Health, & Wellbeing, 2017; Davies, Pescud, Anway-McHenry, & Wright, 2016; NOAH, 2017).

Theoretical Paradigm

Therefore, creating art in supportive environments can influence an individual’s experience of health and wellbeing, and has also recently been integrated into a new form of research. Various scholars note the difficulty in capturing emotional, intuitive, and holistic research with conventional quantitative and qualitative research practices (Clift & Camic, 2017; Knowles & Cole, 2008; Sullivan, 2010; Hodgins & Boydell, 2014). In order to achieve a more holistic and multidimensional understanding of complex experiences, health researchers searched for “visceral, emotional and visual elements in research creation and dissemination, which rely on alternative expressive possibilities, [that] can allow us to access and represent different levels or types of experience” (Hodgins & Boydell, 2014, p. 4). Hodgins & Boydell (2014), among other scholars, believe that creative arts can have a critical role to describing and expressing illness, health, and somatic experiences. The intersections of arts-based and arts in health research may converge to generate fascinating and immersive results.

Due to research on the effects of art therapy and artmaking briefly outlined in the previous section and my personal practice, my research theoretical paradigm³ is often informed by the new and emerging *aesthetic intersubjective paradigm of arts-based research and art therapy*⁴ (Chilton, Geber, & Scotti, 2015). Defined by Chilton et al. (2015) the paradigm considers that investigating aesthetic, sensory, and imaginal knowledge can “allow for access to multiple dimensions of human experience and understandings typically unavailable by usual research approaches” (p. 1). It integrates an intersubjective pluralist ontology and a dialectics pluralist view, where multiple realities can co-exist, and concepts of truth are created between individuals (Johnson, 2012).

Within this *aesthetic intersubjective paradigm*, people may gain knowledge about the world through subjective aesthetic experiences. The etymology of the word aesthetic is a Greek term that describes awareness that emerges through various senses simultaneously (Chilton et al., 2015). This epistemology values pre-verbal sensory, kinaesthetic, emotional (proprioceptive), imaginal, intuitive, embodied, and spiritual ways of knowing as equally important as cognitive thoughts. This also includes *interoceptive* knowledge, which describes when larger-picture (metacognitive) is obtained through sensations that are felt within the body and is connected to gut-feelings (Brosch & Sander, 2013; Smith & Lane, 2015). This form of knowing can emerge

³ A paradigm is “a worldview or framework through which knowledge is filtered” and involves an individual’s particular ontology and epistemology that is often formed through life experiences (p. 11; Kuhn, 1962). Paradigms are also regarded as “lenses through which research is conceived and executed, and thus they are often difficult to see” (Leavy, 2017).

⁴ For more information on the *aesthetic intersubjective paradigm of arts-based research and art therapy*, please see Chilton et al.’s (2015) publication.

through creative art praxis and in the process of *flow*⁵ during the full-immersion in an activity (Csikszentmihalyi, 1996). Furthermore, valuing knowledge development through active aesthetic experiences is also influenced by neurobiological findings on how artmaking changes the brain (Bolwerk, Mack-Andrick, Lang, Dörfler, & Maihöfner, 2014; Warson & Lorance, 2013). Larger insights and meaning can be generated through discussing the art creations with others in a dialectic process and when creating a larger body of art that expands upon a topic or experience (Chilton et al., 2015).

Consequently, this paradigm has materialized from interconnecting transdisciplinary and interdisciplinary fields of: the arts in medicine, indigenous holistic knowledge, psychoanalysis, humanities, psychotherapy, fine arts, psychology, semiotics, and anthropology. It allows for space for multiple identities of a researcher, artist, therapist, educator, etc. to exist. Therefore, the identity of an art therapist within the Faculty of Education can co-exist and bridge knowledge from across education, creative arts therapies, and health fields.

The field of arts-based research within social sciences and health is growing, with an upward trend, according to the literature review by Fraser & al Sayah (2011) and a scoping review by Boydell, Gladstone, Volpe, Allemang, and Stasiulis in 2012. These authors conclude that, “In spite of some challenges there are significant benefits: namely, that the arts are useful for uncovering or producing knowledge and also for translating knowledge” (Fraser & el Sayah, 2011, p. 138). Nonetheless, much work regarding creating systematic methods and critical literature on the process remains (Hodgins & Boydel, 2014).

Ethical Considerations of Arts-Based Research

Arts-based research must be practiced with ethical care and rigor, as powerful emotions can surface from introspective art making. Furthermore, research within cross-cultural contexts with individuals who may experience marginalization and vulnerability must be done in a safe, caring, supportive, empowering, and ethical manner with an emphasis on cultural humility (Bal & Kaur, 2017; Tervalon & Murray-Garcia, 1998). Various art therapists (Acton, 2001; Hocoy, 2002; Kapitan, 2015; McNiff, 1984) who have published in the past thirty years have cautioned against practitioners and researchers imposing their own cultural paradigms (mainly Western) and biased interpretations onto artworks of participants from other cultures, which can be almost impossible. Thus, the researcher must be aware that symbolism and the artistic process is unique to each individual’s familial, ethnocultural, sociohistorical, and personal experiences. Ethically, art therapists and researchers must be aware of the participants’ cultural symbols and underlying practices without creating or imposing assumptions from an ethnocentric lens. This process can include engaging in reflexive practices to continuously challenge one’s underlying beliefs and assumptions (Acton, 2001; Kapitan, 2015; McNiff, 1984). In addition, the researcher must be acutely aware of power hierarchies within their roles to mediate these power differentials, acknowledge experiences of oppression, and strive for providing safe and equitable spaces (Hocoy, 2002; Karcher, 2017). Finally, not all people are comfortable expressing themselves

⁵ Flow is a term used in psychology to refer to when an individual experiences full absorption in an enjoyable activity and loses their sense of self, space, and time while engaging in the activity (Csikszentmihalyi, 1996).

through the creative arts so it is important not to impose the researcher's paradigms and beliefs about art upon participants who may prefer other ways to express themselves.

Conclusion

Professor of Art Education and curriculum theorist, Elliott Eisner (2008) believes that art plays an important role in the development of human understanding and diverse forms of knowledge. This idea of knowledge includes, but also extends beyond Aristotle's categorization of theoretical, practical, and productive knowledge (Eisner, 2008). Thus, creative arts and embodied knowledge may expand positivist and postpositivist⁶ logical and rational reasoning, and touch not only emotional connection and empathy, but open up possibilities of acknowledging and integrating intuitive, symbolic, and multilayered understandings of the world (McNiff, 2017; Sullivan, 2010). Furthermore, the experience of creative arts can positively impact an individual's mental health and reduce anxiety (Jensen & Lo, 2018, Kaimal et al., 2016; Kaimal et al., 2017; Bungay, Munn-Giddings, Boyce, & Wilson, 2014; Boehm, Cramer, Staroszynski & Osterman, 2014; ; Boyce, Bungay, Munn-Giddings, & Wilson, 2018; Shella, 2018; Staricoff & Clift, 2011; Stuckey & Nobel, 2010; Uttley et al., 2015). Chilton et al.,'s (2015) *aesthetic intersubjective paradigm of art therapy and arts-based research* describes a different way to understand knowledge development and frame research in a way that values subjective ways of knowing through active and participatory aesthetic experiences. Nonetheless, more research must be done.

The experiences of displaced people are of international importance (UNHCR, 2018). As newcomers arrive in Canada, researchers must find supportive, empowering, helpful, and participatory ways to involve their profound experiences within research to influence wider public policy decisions (Guruge & Butt, 2015). This research must be done with cultural humility and a deep respect for the artistic process of each participant (Acton 2001; Bal & Kaur, 2017; McNiff, 1984; Tervalon & Murray-Garcia, 1998).

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⁶ Leavy (2017) defines postpositivist as, "A philosophical belief that originally developed in the natural sciences that espouses an objective, patterned, knowable reality" (p. 265).

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