

INTELLECTUAL OUTPUT 2

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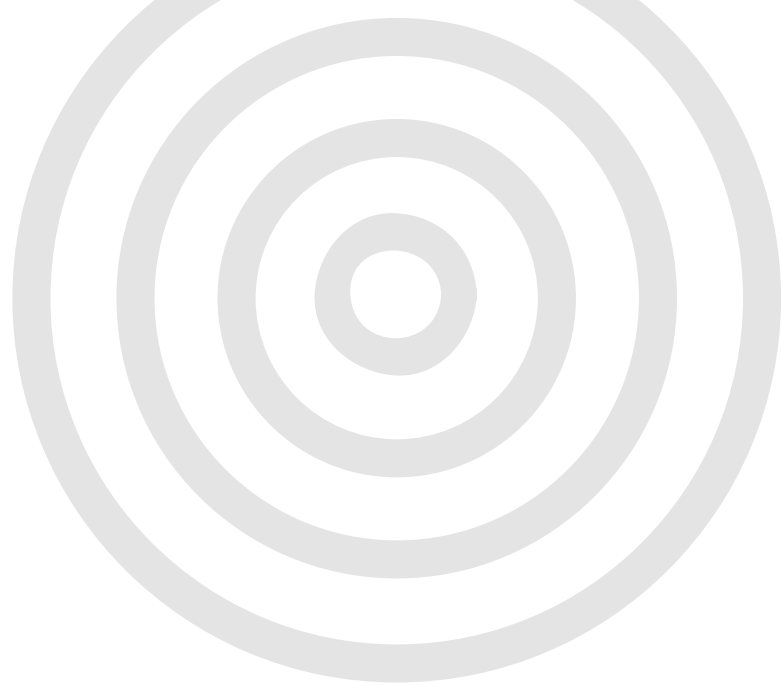
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GLOSSARY

Arousal: physiological activation.

Autonomic Nervous System: the ANS is responsible for the autonomic functioning of inner organs and muscle (breathing, digestions and heart rate). Its two branches, the Sympathetic System and the Parasympathetic System, regulate the arousal.

Cultural Stress: it can happen when someone does not have the strategies to cope or to find social support in order to deal with different cultural rules, a change in habits and uncertainty of the new lifestyle.

Hyper arousal: excessive activation/energy, excessive physiological response.

Hypo arousal: low energy, shutting down, exhaustion.

Homeostasis: physiological balance, calm arousal.

Narrative approach: transforming our relational, emotional and life's experiences into stories.

Non-verbal: body's movements, gazes and facial expressions give us a lot of information about the other's psychological condition.

Parasympathetic system: the body's "brake", responsible for hypo arousal responses.

Sympathetic System: the body's "accelerator", responsible for hyper arousal responses.

Trauma: a traumatic event is an incident that causes physical, emotional, spiritual, or psychological harm.

Window of tolerance: the term coined by Dr. Siegel is used to understand and describe our brain and body reactions.

INTRODUCTION

"IT IS VERY IMPORTANT TO OVERCOME THE SITUATION OF DISTRESS TO SUCCESSFULLY INTEGRATE WITH THE NEW COMMUNITY. TRAUMA IS HEAVY LUGGAGE..."



RATIONALE

SIMPLE partners in the first phase of the project carried out an in-depth research aimed at mapping methods, tools and approaches applied for facilitating the narration of past difficult events to restore women's psychological and emotional wellbeing in the new community they ended up[1] Thanks to this research, the SIMPLE consortium identified an alternative non-verbal model and tools, helpful to elaborate and express past distressing events and empower social inclusion.

The following document will describe the core and main pillars of the non-verbal narrative methodology developed by the Italian partner Antoniano Onlus in the collaboration with Approdi Association (Intellectual Output 2).

For the proper understanding of how the model works in the practise, the **Handbook for practitioners (Intellectual Output 3)** has been developed, containing materials and tools facilitating encounter and narration regardless of cultural and linguistic differences.

The SIMPLE partnership could practice the methodology and tools during a special staff training organised in May 2020. The training sessions helped each partner to identify tools and ways in which they can be implemented by each organisation.

[1] Comparative Research report and National Report are available here:
<https://www.simple-project.eu/research/>

RATIONALE

The Model will be piloted and evaluated by migrant women in 6 countries: Italy, Sweden, UK, Spain, the Netherlands, Germany.

The methodology was born from the need of alternative tools reported by professionals working with newcomers. The lack of intercultural skills, insufficient understanding of cultural diversity cultivates demand on “out of the box” approaches, which can be applicable by different professionals. Starting from the psychologist whose help can be crucial in the stabilisation phase of the newcomer to the language teacher or career advisor who can use the tool for the communication and creation of a relationship with the person. The SIMPLE partners strongly believe that non-verbal tools can improve the path of open-mindedness and acceptance toward a “newcomer” benefitting mutual understanding and facilitating social integration.

INSPIRATION FOR THE SIMPLE: PRESENTATION OF ANTONIANO APPRODI MODEL OF INTERVENTION

Antoniano is an NGO located in Bologna (IT), the city with a long history of social initiatives and an important reception system. In collaboration with the Approdi Association, Antoniano is piloting an innovative psycho-social-health care system for migrants.

Approdi's role is to provide psychological support with support of a highly specialised team, which consists of psychologists, anthropologists, doctors, cultural mediators, educators. Such a multidisciplinary team allows widening the perspectives on cultural subjectivities, different attribution of meaning and care system. Approdi evaluates the psychological health and defines the care programme suited for each assisted person. They define personalised pathways thanks to the collaboration with cooperatives that operate in the institutional reception system and with associations and volunteers on the Bolognese's territory. With this set of assistance, people can stabilize and enhance their psychological well-being.



TARGET GROUP

The methodology is mainly addressed to the newcomers: migrants, refugees and asylum seekers from Sub-Saharan countries, Afghanistan, Pakistan, Syria and Iran.

When people migrate, they abandon their own houses and start a process of redefinition of their own identity. Moreover, these people have suffered very difficult journeys: most of the time they have been witnesses or directly involved in situations of violence, tortures, death. These aspects lead to extreme stress or trauma.

The journey of migrants starts in their country of origins, generally because of a dramatic event: ecological catastrophe, war, epidemic, persecution and difficulties in getting food or medical assistance, with the objective to pursue better living conditions. Escaping from one's own living context can tear the existential condition: people abandon their houses, families, jobs, and social roles. Those losses will require time to be digested.

The journey itself is considered the moment with the most traumatic impact. Because of the difficult conditions, people generally feel they have lost control on the events, and they have to face violence and dangers.

From the moment of arrival in a country, migrants generally start to deal with the so-called cultural stress. This refers to the stress due to the adaptation to different cultural rules. On top of it, they also have to face the long and uncertain procedure to obtain new documents.



PICTURE: PEXELS-MENTATDGT

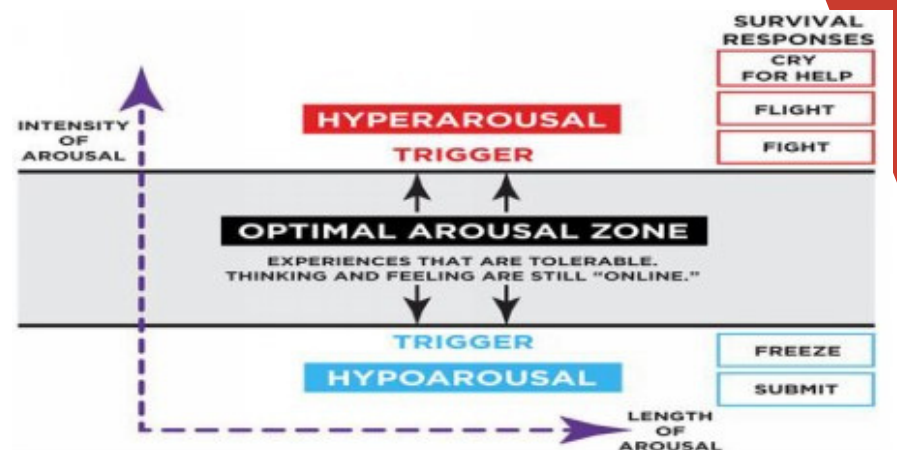
THE MEANING OF EXTREME STRESS OR TRAUMA

For the better and coherent understanding of trauma for SIMPLE project needs, we are going to use a very broad definition of trauma.

Trauma is a psychological and emotional response to an event or an experience that is deeply distressing or disturbing, such as being involved in an accident, having an illness or injury, losing a loved one, going through a divorce or moving to another country, far away from family and friends. However, it can also include experiences that are prolonged and severely damaging, such as rape or torture. In that case, it challenges deeply the trust within individuals.

As we subjectively look at the events, everyone processes traumatic events differently, because we all face them through the lens of previous experiences in our lives. A traumatic event is an incident that causes physical, emotional, spiritual, or psychological harm. The person experiencing the distressing event may feel threatened, anxious or frightened, as a result. Generally speaking, all the emotions are accompanied by changes into subjective body sensations and physiological activations, this last one defined also as arousal. For example, when we are angry we can feel an increase of skin temperature and an acceleration of breathing frequency.

PICTURE: **WINDOW OF TOLERANCE**
YOU WILL FIND A DETAILED
PRESENTATION OF
THE TOOL IN THE **HANDBOOK FOR
PRACTITIONERS "MATERIALS AND
TOOLS" (103)**



In order to survive, when a traumatic event occurs, it elicits primitive and automatic responses in the body and changes in our arousal. At a physiological level, normally the two branches of the Autonomic Nervous System, the sympathetic and parasympathetic systems, work together to maintain the balance of our physiological arousal, defined as homeostasis. When we perceive a danger, our body enters into the "alarm state" and arousal modifications can go into two opposite directions: hyperarousal and hypo arousal.

Hyperarousal prepares the body for the fight/flight response: entails muscles contraction, increases the heart rating and breathing. Hypoarousal, on the contrary, prepares the body for the shut-down response: it implies relaxing muscles, slowing heart rates and calming the breath frequency.

Even if the traumatic event happened since long, people who suffered from a general traumatic condition can be stuck into "the alarm state" without necessarily remembering the episode and without being aware of it. For instance, if I hear a car horn and then the car hits me while I am riding my bike, afterwards, whenever I hear a car horn, I can feel in my body and mind the same feelings I felt during the crash.

HOW TO APPROACH TRAUMA: THE PHASE THERAPY

The Three Phase Therapy is a therapeutic model used to deal with outcomes of extreme stress or trauma. This model should only be applied by psychologists or psychiatrists.

Even though it's application is strictly reserved to few specific professions, this model is very useful in order to understand the functioning of a person who has undergone extreme stress or traumatic experiences. This knowledge can help to better understand and evaluate the other person during the help relationship.



"I am safe"

Stabilization



"I am here"

Narration



"I am building
my future"

Integration



PILLARS OF THE MODEL

"I am safe"

Phase 1. Reduction of symptoms and stabilization

The main objective of this phase is to restore a proper feeling of safety that allows the person to not feel in constant danger. Generally, a person who has undergone extreme stress or trauma experiences what we call disturbing symptoms, like nightmares, intrusive memories, and impulsive crises. In order to deal with those symptoms, it's necessary to work on both the internal and the external worlds.

In the **internal world**, there may be threatening thoughts, emotions, sensations and somatic disease. It is important to work on raising awareness on all these elements and developing the ability to regulate emotions. The ability to recognize and control our emotions is at the core of the stabilization process.

In the **external world**, there is the need to face reality. It is essential to address the needs of people to have certain living conditions in order to feel safe, such as a proper accommodation, access to medical care and food.

Furthermore it is essential to work with associations and volunteers to create social networks, to engage people in activities that can be empowering, to let them experience new relationships, to feel there are safe places in town.

Remark: The stabilisation is a crucial part of the healing process, and also a very delicate one. It should be addressed by psychologists or psychiatrists. Also it is an essential condition to have a good level of stabilization present or achieved before applying any of the tools presented in IO3.



PILLARS OF THE MODEL

“I am here”

Phase 2. Narrative

The individual needs to be in a condition of optimal stabilization before starting to approach the traumatic memories. **We can work with the narrative when the women has what is called an expanded window of tolerance:** the awareness and ability to regulate one's feelings and actions. On the contrary, if the window of tolerance is narrow, approaching the traumatic memories can cause a re-exposition to trauma. Moreover, when we start the dialogue about distressing events, it is important to be in a significant and trusting relationship with the person, to support the unveiling of this intimate part.

We have to consider that a person who has undergone extreme stress or trauma can be subject to significant alteration of autobiography memory, perception of self and the ability to relate with people. This can lead to an interruption in the continuity of the experience, to a fragmented experience and to an alteration of the sense of identity.

While the traumatic event is happening, the brain and body responses can be very strong (shut down - fight or flight) and the recording of memory is altered. Therefore, the memory of the traumatic experience can be pale, unclear and very hard to recall. For this reason, it is difficult to put the traumatic events into words, and until the person is stable, we shouldn't ask them to narrate any traumatic experience..

The possibility to talk about the traumatic experience can help in processing of the emotional experience, letting people find a personal meaning to their stories and put a physical and psychological distance between the past of trauma events and the present. Talking about traumas can create a narrative structure thanks to which the traumatic events can find a place into one's life story. This allows people to link memory with emotions. As doctor Van der Kolk states, “Our sense of self depends on being able to organize our memories into a coherent whole”.

The process of dealing with traumatic events can lead to overcoming fears, significant symptoms reduction, better emotional regulation, improving interpersonal skills, restoring trust in relationships, as well as being able to participate in work and other activities.

“OUR SENSE OF “SELF”
DEPENDS ON
BEING ABLE TO
ORGANIZE OUR
MEMORIES INTO A
COHERENT WHOLE” -
VAN DER KOLK



PILLARS OF THE MODEL

“I am building my future”

Phase 3. Integration

The final objective of the process is the integration of the different parts of the self and the integration with the society.

Actually, this ongoing process lasts all along the three phases.

The different pieces that compose one's life story can be integrated in the autobiographical narrative process. Being able to reflect on the past and the present, to connect the different events in life, allows to actively build a project for the future life.

People can restore a continuity with their life story, they can set and achieve goals, create significant relationships, and allow themselves to recognize, feel and stimulate positive emotion.



WHICH ARE THE EXPECTED OUTCOMES

"The general aim is to help women feeling better with themselves and others: to enhance their autonomy and independence in everyday life, being able to recognize their own personal resources, encouraging them in finding joy, trust and confidence in relationships, and finally helping them to re-establish self-esteem, emotional regulation and a sense of feeling safe in the present moment."

The intervention facilitates emotional regulation, by offering strategies and techniques to observe what happens into the body first, and to then understand the underlying emotion. Reorganizing the chronological events helps people to gain a "sense of safety in the present moment", putting a distance between the "here and now" and what happened in the past. Therefore, it helps reduce the arousal alarm state and the sense of fear.

First step in the healing process is to get in touch and be in control of emotions, being able to name feelings. Therefore, people can feel control of themselves and feel powerful in daily life and the world.

Extreme stress usually breaks the trust boundaries within individuals. In order to encourage trust in the relationship, the tools proposed in IO3 all involve and most important are based on the presence of other people.

The aim is to **reduce fear of others and to improve self-confidence**. Only inside a relationship, it is possible to restore the damaged psychological competence like trustiness, feelings of being competent and confident and feelings of integrity of identity. For this, **the relationship is really the most important tool when we want to stimulate a positive change**.

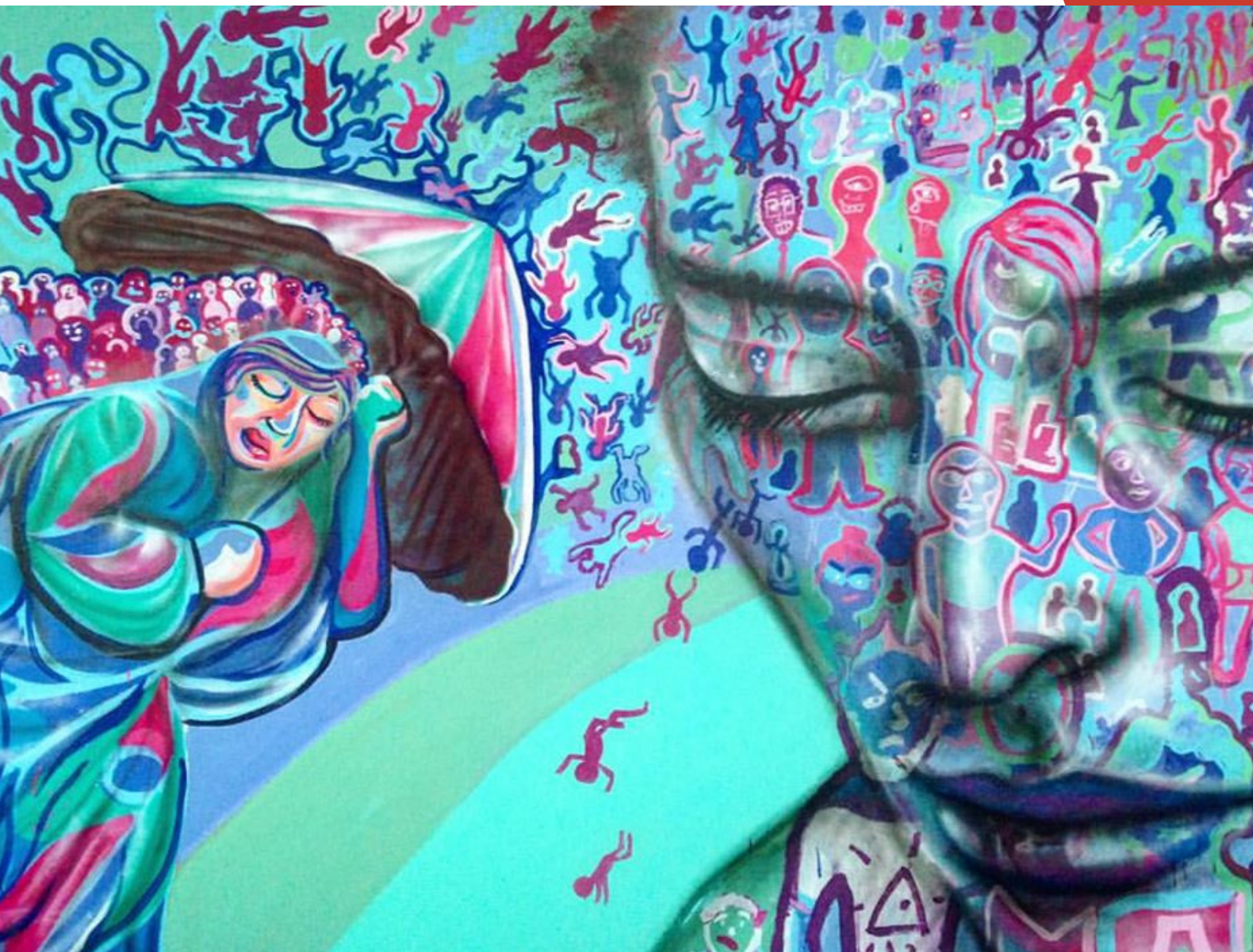
During the whole process, personal strengths should re-emerge and people find new solutions to their problems.

Thus, they become more confident about their own resources and this acts as a support for self-esteem and self-confidence. Consequently, they can retrieve a sense of mastering daily life situations and they can act to modify their environment. Globally, after a long-term intervention, people show a reduction of symptoms, and in this specific context, **the narration through images can redesign their future, giving meanings to their life**.

BODY, MIND AND EMOTIONS IN BALANCE

Another essential element in order to use in the best possible way the tools in IO3 is understanding the importance of self-awareness and being able to achieve the best possible balance between our body, our mind and our emotions.

We said before that the relationship is the most important tool at our disposal. And in any relationship we bring ourselves, making us the most important tool at our disposal. We need to know our tool and this is why we have to be aware of ourselves, our physiological state (calm, relaxed, active, agitated, etc.), our emotions (joy, fear, anxiety, excitement, etc.) and our thoughts. Once we are aware, we can act to improve or restore the balance between these elements. We can do this with the tools at our disposal in IO3. And again, once we can do it ourselves, we can help the other as well through the use of the tools.



PICTURE: COURTESY OF JOEL BERGNER - JOELARTISTA.COM - WWW.ARTOLUTION.ORG

TRAINING

At the end of May (27-28.05.2020), Antoniano Onlus (leader of IO2 development) in cooperation with Approdi (Italy) provided a staff training **"Migrants' stories through the use of images"**, during which new non-verbal tool has been presented and tested by participants. The workshop was implemented in an interactive and practice focus modality.

Objectives of the training:

- ☒ to help understand how people work in a relationship, from non-verbal to verbal aspects;
- ☒ to help understand the power of images for narrative and expressive purposes.

The training's agenda included:

- theoretical introduction to the methodology;
- explanation of the tool "window of tolerance";
- grounding exercises;
- art therapy activity;
- body exercises;
- introduction to the uses of images;
- introduction of the narrative tool using Shaun Tan's graphic novel "The Arrival";
- practical activity with the use of images from the silent book "The Arrival";

Description of all activities is included in the Handbook for practitioners "Materials and Tools" (IO3).

"ALTERNATIVE APPROACHES AS CATALYSTS FOR SELF-DISCOVERY AND HEALING"

REMARKS FOR READERS

The SIMPLE model focuses on ENCOUNTER, MUTUAL RELATIONSHIP and COMMUNICATION.

The theoretical elements presented by the project should be applied by the project partners and other future beneficiaries according to their abilities.

The SIMPLE partnership tried to highlight the transversal dimension of the approach, both regarding the scope of intervention (therapeutic and relational) and group of users: not only psychologists, therapists (those will be able to follow the whole process starting from "Stabilisation"), but all involved in the reception and inclusion process of newcomers.

The focus of the SIMPLE project is on the "I am here" – narrative phase in order to create a space of creativity and self-expression, promoting self-awareness and developing a better, deeper, more trusting relationship with the beneficiaries of the project.

For the full understanding of how the model works in the practise, the Handbook for practitioners: "Materials and Tools" (Intellectual Output 3) has been developed, containing materials and tools facilitating encounter and narration regardless of cultural and linguistic differences.

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