



german  
cooperation

DEUTSCHE ZUSAMMENARBEIT



I have always felt like I don't deserve happiness. I didn't even know what I want, what makes me happy, I got scared and I didn't want to do anything.

I always feel like an impostor, like I don't belong. I hated myself, I wasn't good enough.

I was freed from all the negative thoughts that I had. Rushing in my mind, not giving me a chance to think.

I just pick a side, I don't need to go down for my life. I need to talk, I need to be alone with you.

If I am in control how I feel, I have that you bring to my mind, I love them anymore. No more, I am responsible for the emotions of I blame myself because I'm not taking care of my emotions first because being sad is just a complementation. I slip me feel all the happiness in the world, some are black and some are white, but together, harmony, they create music and magic.

You know what? I don't need to complicate this, best to keep it simple. To let myself enjoy every moment, excited to discover it. To be grateful that I woke up! To appreciate every breath.

I just want to take care of myself because I'm good enough, I deserve it.

I'm so happy I'm not hurting myself anymore, cause I don't deserve the pain. I just want to listen to my body now, to let it rest. I want to eat all this yummy food and I won't feel bad. I want to pamper myself, to take a long warm bath, to listen to my favorite music, to journal my thoughts. I am good enough to do all that. I won't accept any observation that would stop me from being me.

I am good enough to have friends, to bond with great people. I'm good enough to communicate my feelings and need to be listened.

I am good enough to be confident and loved.

I deserve to laugh like a child, to be happy, to dance, to be excited about life.

I'm good enough to let go, to relax, to feel at ease.

I am good enough to feel as strong as a Gladiator.

I accept myself the way I am, and I'm eager to know myself better.

I can do it.  
I am free.  
I am as light as a summer breeze.  
I am confident.  
I am happy.  
I am healthy.  
I am strong.  
I am good enough.

# WHEN ART BREAKS TABOOS

Using Creative Arts when Working with Persons with Lived Experience of Suicide

Implemented by

**giz** Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ) GmbH

## **ABBREVIATIONS**

BMZ	German Federal Ministry for Economic Cooperation and Development
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
IMC	International Medical Corps
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organisation
PTSD	Post-Traumatic Stress Disorder
RP-MHPSS	Regional Project MHPSS in the Middle East
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

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# I. INTRO- DUCTION

Mental health conditions are on the rise worldwide. The amount of Mental Health and Psychosocial Support (MHPSS) services is limited, which causes huge challenges to keep up with the growing number of people in need of support approaches that match their specific contexts. At the same time, wonderful work is being done in all parts of the world to improve what MHPSS can offer.

One approach increasingly explored in the field is creative arts in different forms and formats, from specialised therapeutic settings to peer support groups. Due to their visceral, non-linguistic nature, arts have the power to address what is highly stigmatised and, therefore, 'unspeakable', for instance, gender-based violence and suicide. This booklet is about using creative arts when addressing suicide: both in raising awareness and supporting persons with lived experience of suicide.

While it can be interesting for everyone, this booklet has been developed with readers in mind who already have a background working with people with mental health and psychosocial support needs. This might be mental health practitioners, like psychiatrists or psychologists, but it also includes social workers, art practitioners, and community health workers. Working with people with lived experience of suicide requires experience and sensitivity. This booklet is not designed to teach how to implement activities if the reader has never worked in the field of MHPSS before.

*\* And finally this booklet may unintentionally be triggering for some individuals*





## **Abed's Story**

*I am in my 40s, I live alone, and if you ask me, I will tell you I am struggling. I have always felt out of place, like no one really understood me. I have been trapped in this body my whole life. I have no family around, no one to reach out to, to truly talk to... You know, I can't even remember a time when I was ever hugged or loved. I don't know if I can explain what I feel other than this overwhelming aloneness... I work in a local business... I keep to myself, hoping not to attract much attention... but all I really want is to feel like I belong.*

*Last January, I was struggling, I felt exhausted, I was done. I missed my family and was tired of trying so hard. A strong part of me felt that my absence wouldn't affect anyone... I felt so worthless.*

*It was very late. Outside was a wet, cold night. I called a Careem (taxi). I got into the Careem car, and without engaging with the driver, I told him to take me to the Abdoun Bridge. He started driving, but I could sense his hesitation. He must have seen something, heard something in my voice because I made no eye contact with him. "Hey, my friend, you know what? I need to stop and get some coffee. Do you mind if I do? It's late, and this job keeps me up. Sometimes I think things are tough, but they get better. Ever feel like that? Take a deep breath. Do you pray? Sometimes I pray. It helps to calm me." He stops to get coffee and gets one for me, too. "Here, have some coffee, take it please... can you imagine the drivers on the streets, driving like there is no tomorrow." And for the next 30 minutes, he kept talking to me, trying to connect with me, somehow seeing me... The car was warm... In that time frame, something shifted... The driver was talking to me, making me feel that someone actually cared... I heard myself saying to him, "Turn around and take me back to where you picked me up." I heard him take a sigh of relief, and he said, "Here's my number. We can go out and have a coffee whenever you need..." I don't know who the driver is or if I will ever see him again, but I owe him my life. It was his random act of kindness that saved me that day. To him, I say, "Thank you!"*

# \*WHAT TO EXPECT FROM THIS BOOKLET



The booklet will introduce the reader to a creative arts-based initiative implemented in Jordan and Lebanon, countries of a region in which it is challenging to speak up about mental health and where, in the case of Jordan, the intended act of suicide is even criminalised when done in a public place. It sheds light on a sensitive process that required significant collaboration to respectfully engage persons with lived experience of suicide and who are struggling with mental health issues.

This booklet is not a step-by-step guidebook, and the initiative is not intended for uncontextualised replication. It describes the process, and shares points readers may want to consider when approaching similar initiatives. It is designed to be an inspiration and to provide food for thought.

Creative arts can build powerful initiatives that have the potential to provide relief, significant stress release, coping strategies and the opportunity to rebuild community. This can be in the absence of structural systematic programs designed to serve those in need of mental health support as well as hand-in-hand with other mental health interventions.

**The hope is that this pilot initiative will gain momentum and find its way into the work of local actors in the region.**





*Stay Strong / Abeer Al-Edani (Abeer Al Jaber) Acrylic on Canvas*

# \*WHO STANDS BEHIND THE INITIATIVE

The design of this pilot initiative was shaped for persons with lived experience of suicide who struggle with mental health conditions (including depression, bipolar disorder, schizophrenia and anxiety) and have had challenging life circumstances. Their willingness and courage to engage in this process highlighted the real meaning of affording safe spaces for populations whose voices are too often silenced.

The initiative was led by a consultant commissioned by the GIZ Regional Project 'Mental Health and Psychosocial Support in the Middle East' (RP-MHPSS), in cooperation with the International Medical Corps (IMC), the Embassy of the Netherlands, the United Nations Higher Council for Refugees (UNHCR), and EMBRACE - a Lebanese non-profit mental health organisation and national helpline. The initiative was based on a collaboration among those with lived experience of suicide and those with mental health knowledge and experience and follows a journey of meaningful lessons and processes, navigating how best to ask sensitive questions, explore boundaries, and build community.





**“EXPLORING  
BOUNDARIES...  
BUILDING COMMUNITY”**



# \* ABOUT THE GIZ REGIONAL PROJECT

“MHPSS in the Middle East” (RP-MHPSS)

THE PROJECT WORKS IN LEBANON, JORDAN,  
IRAQ, TURKEY AND INDIRECTLY SYRIA.

The Regional Project aims to address the increasing demand for MHPSS services in the region, focusing on refugees and host communities. It was commissioned by the German Federal Ministry for Economic Cooperation and Development in 2015 to respond to the crises in Syria and Iraq. The project works in Lebanon, Jordan, Iraq, Turkey (and indirectly Syria).

For many people in the region, there is an increased sense of hopelessness as, in addition to conflicts and displacement, socioeconomic hardship, lack of prospects, and a drain on resources make everyday life a challenge. MHPSS measures strengthen the psychosocial well-being of people and reduce the risk of long-term mental health complications.

The project supports the professional and methodological knowledge of MHPSS actors and people working in development cooperation through a regional approach. It focuses on adapting MHPSS methods to real-life practice and individual contexts. Working with persons with lived experience of mental health challenges, local civil society organisations, state actors and regional and global networks, the project pilots and documents local MHPSS experience and makes this available to professionals and organisations. Dialogue formats and networks enable local, regional and international MHPSS actors to collaborate and discuss approaches and learnings. The regional project also raises awareness on MHPSS among development cooperation actors through advisory services and participatory development of guidelines.

Other priority areas that the regional project works on besides suicide prevention are supporting survivors of gender-based violence, increasing access to MHPSS resources in natural disasters, and mainstreaming MHPSS into employment promotion and social cohesion projects.





Be With Me / Abeer Al-Edani (Abeer Al Jaber)  
Acrylic on Canvas

## AWARENESS RAISING ON SUICIDE THROUGH ARTS

### THE WOJODI AMAL INITIATIVE

Wojodi Amal is an online and live exhibition that the RP-MHPSS initiated. It seeks to break the silence around suicide, share helpful resources and transform stories of pain into messages of hope. Individuals from countries in the Middle East who have lived experience or are moved by the topic of suicide can submit their artwork (a painting, a poem, a photo, etc.) to the online exhibition [wojodi-amal.org](http://wojodi-amal.org). The exhibition is continuously open for new submissions, which can be sent to [contact-rp-mhpss@giz.de](mailto:contact-rp-mhpss@giz.de).

Some artworks submitted to Wojodi Amal are featured in the booklet. Also, some works of the initiative in Lebanon and Jordan described in this booklet have become part of the website.

Wojodi Amal is a pilot initiative under the patronage of The National Council for Family Affairs, implemented and supported by The Kingdom of the Netherlands, International Medical Corps, UNHCR, and GIZ. Please visit the website and spread the word in the region, to begin an open and meaningful dialogue on suicide and break the silence around it.

**وجودي أمل**  
MY EXISTENCE  
IS HOPE



# \* SUICIDE IN THE REGIONAL CONTEXT

Suicide is a public health problem around the world. Globally, around 700,000 people die by suicide yearly [1], accounting for more than one in every 100 deaths. It is a major cause of death among young people. Additionally, WHO estimates that for every suicide, there are more than 20 attempts [2]. Yet it is a subject deeply steeped in stigma, making it often difficult to talk about and therefore difficult to provide an environment where people affected by suicide can get support.

Anecdotal accounts from service providers in the Middle East suggest that the number of people dying by suicide is rising. In Jordan, the government's National Institute for Forensic Medicine counted 167 suicides in 2021, but experts believe the actual numbers are probably much higher. Suicides are highly underreported due to the societal stigma of discussing the issue. The NGO EMBRACE Lebanon stated that suicide rates are especially high among vulnerable groups that suffer discrimination, and the most substantial risk factor for suicide is a previous suicide attempt [3].

Socio-cultural and religious norms impact how suicide is perceived in the region. The Islamic faith prohibits the act of suicide and accordingly prohibits performing Islamic burial procedures on the body of persons who have taken their own life. For families, this is a double trauma, one of physical loss and the other is societal loss in the way of the normal rituals of burial, the condolence period and other typical customs to help with grief. It is understandable why many families would not report suicide and why officials or first responders would empathise with the families and not report it.

Suicide is a mental health issue and, like mental health as a whole, is often deeply misunderstood. The medical model sees people at risk of suicide best helped by psychiatry and prescribing medication to resolve the issue. The medical model is thus skewed as it focuses on physiological factors of mental illnesses. While there is undoubtedly a need to provide better access and support to medication for people who need it, in reality, the majority of people who are suicidal will not see a psychiatrist, especially in regions with too few professionals and where there is a strong stigma. Many also do not need medication but need other forms of psychosocial support. While suicide is a mental health issue, separating an affected person's condition from the reality of their lived experience is impossible. The NGO EMBRACE in Lebanon has defined suicide as a process involving psychological, social, biological, cultural, and environmental factors, where it is a summary of an experience of crises, disasters, violence, abuse, chronic pain, illness or loss, and a sense of isolation [3]. The reality of many people living in the region are recurring conflicts, difficult life circumstances, experiences with social injustices, feelings of hopelessness, deteriorating living conditions and a lack of access to basic needs. All of these can potentially influence a person's mental health severely.

It is estimated that a person who died by suicide will have additionally impacted the lives of another 135 [4] individuals. This makes tackling suicide a collective issue with the need to address the underlying structural problems and for society and communities to create better support for people in despair.

In the absence of formal support structures in many places in the region, including social welfare programs and affordable mental health services, individuals are often left isolated and alone to cope with their mental health needs. MHPSS services are, unfortunately, underappreciated and underfunded.

In the case of Jordan, the government has passed legislation in 2021-2022 to criminalise the act of suicide in public spaces [5]. The law's wording states that the person trying to die by suicide is "seeking attention, looking to disrupt the public space". It implies they are fully aware of their decision rather than experiencing a severe mental health crisis. The justification behind the legislation is based on the idea that people could use suicide to manipulate other people around them for their own gain. In the law, the individual's mental health is not referred to.

When mental health issues are not addressed, the message sent to those suffering is, 'You are alone, and your trauma is yours to bear'. Identifying meaningful ways for outreach to break the isolation and the taboos, therefore becomes a shared responsibility.



## Caller

*“The world can be a cruel place, you know... A short while back, I was the subject of cyberbullying. Never would I have imagined myself in that situation. I am young, but educated and ambitious. But I was taken advantage of... and then blackmailed... I felt trapped... I sat for what seemed like an eternity trying to imagine a way out, but I couldn’t. My thoughts kept racing to my family. How would I be able to explain it to them? The blackmailer had written horrible things about me, and if or when they saw it, how would I be able to explain it? In our society, reputation is everything. What will my family say or the society around me?”*

*I keep blaming myself, thinking how I could have been such a fool. I have this unbearable pain so deep I can’t breathe! All I can think of is my need to end my life. I have no hope... People don’t always understand what it feels like to be drowning in a pit of despair where you see no way out.”*

## Hotline Worker

*“She spoke, and I gave her the space to talk, to vent, to cry, and there I remained with her allowing her to reflect on what she was feeling. In a moment like this, the pain of our circumstance seems overwhelmingly grave. I was her sounding board, not there to judge her but there to remind her of the other parts of her story and her life. Take a breath, I kept reminding her. I am here. I am not going anywhere... At that moment, that was exactly what she needed, someone to hold her pain with her... her breathing slowed down... bit by bit, we tackled her fears, her racing thoughts until her mind had quietened ... today we reached her... deep breath.”*



## DO NO HARM

The Do No Harm principle has its origin in medicine. In the Hippocratic Oath, doctors promise that they will, above all, abstain from harming their patients. In the humanitarian and development settings, it highlights the need to minimise the harm that activities may inadvertently have, just by their presence and through the assistance and services they provide.

MHPSS approaches have the problem that ill-informed, poorly executed, or non-contextualised interventions can harm the people they are trying to help. This is regardless of whether there is also a positive benefit for the supported person or whether the intervention was done with good intentions. To mitigate the risk, it is essential to consider potential unintended adverse effects that could arise before starting an activity. Precautions need to be taken to prevent and reduce the occurrence of these unintended adverse effects.





Omar Trabulsi, Perfection

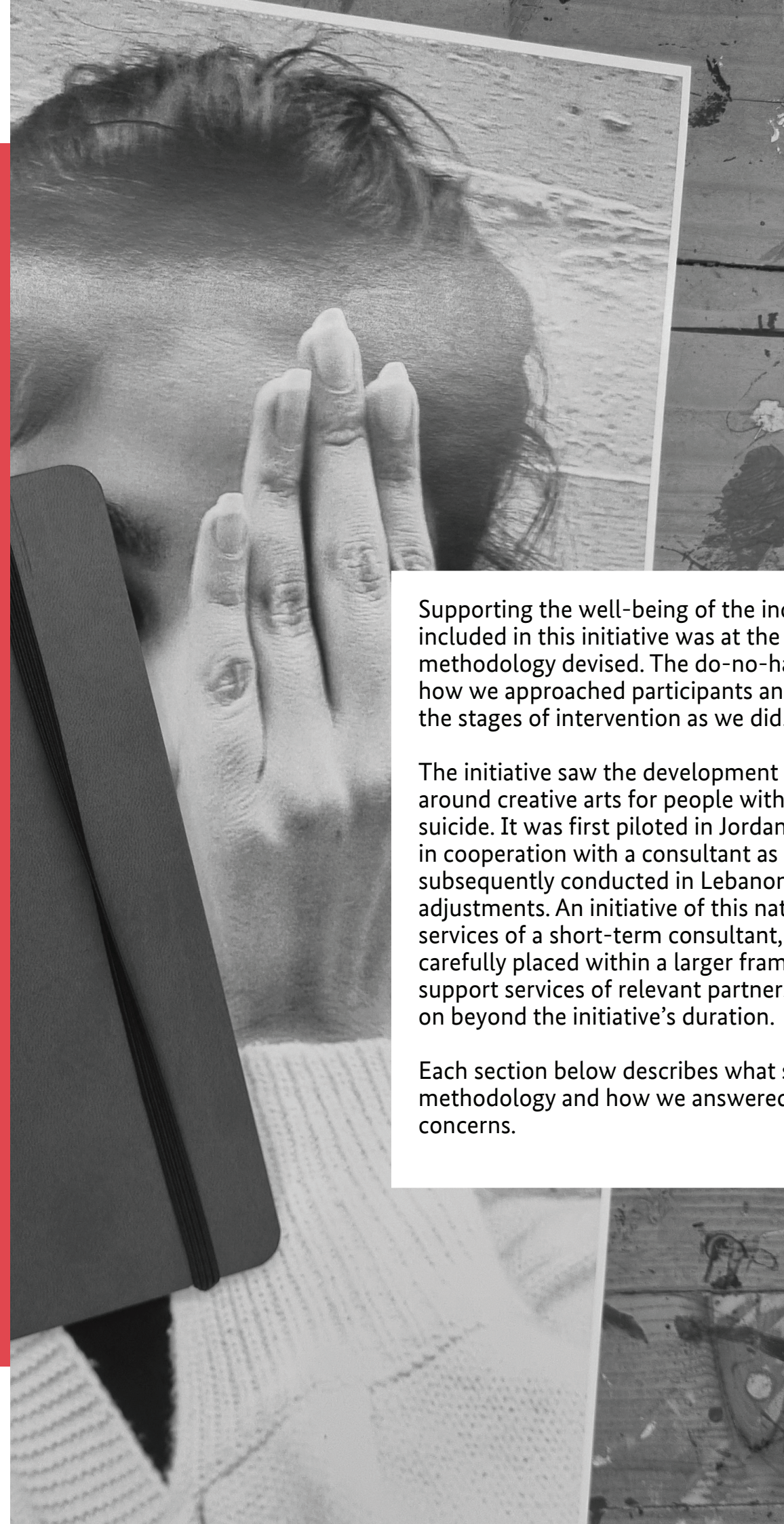
Omar comes from a small peaceful town in Lebanon. He started drawing at the age of 4 and was inspired by many artists including Leonardo de Vinci. His work focuses on mental health as he uses the art to express his feelings.

II. Perfection, the quality or state of being perfect: such as. a: freedom from fault or defect: flawlessness., b: maturity.



# II. IMPLE- MENTATION OF INITIATIVE

*THE INITIATIVE SAW THE DEVELOPMENT OF WORKSHOPS  
AROUND CREATIVE ARTS FOR PEOPLE WITH LIVED  
EXPERIENCE OF SUICIDE.*



Supporting the well-being of the individuals to be included in this initiative was at the forefront of the methodology devised. The do-no-harm lens shaped how we approached participants and why we devised the stages of intervention as we did.

The initiative saw the development of workshops around creative arts for people with lived experience of suicide. It was first piloted in Jordan by the RP-MHPSS in cooperation with a consultant as lead facilitator and subsequently conducted in Lebanon with a few adjustments. An initiative of this nature, based on the services of a short-term consultant, needed to be carefully placed within a larger framework where the support services of relevant partners could be counted on beyond the initiative's duration.

Each section below describes what shaped our methodology and how we answered many key concerns.





# \* GROUP WORK AND THE CREATIVE ARTS

Group formats are a good alternative when limited mental health services are available. They allow mental health professionals to reach out to a larger number of people, bringing down excessive costs and potentially reducing associated stigma. Group work can create social support where it is missing, the feeling of connectedness to people with the similar perspective and experiences and an atmosphere of mutual aid [6]. Participants realise they are not the only ones in this situation, which can create a sense of belonging and peer support. The group format further provides greater learning as each member brings their own life experiences to be shared and explored, creating meaningful benefits for all. In this initiative, there was a deliberate intention to have a psycho-education component to complement learning through the group itself. This meant facilitators would impart knowledge, adding to what participants shared and correcting misinformation on mental health if needed.

# GROUP WORK

Group work can be powerful, but it also requires an understanding of group dynamics expressed through the stages of group development explained by Tuckman and Jensen [7] in the following manner:

**Forming** is the initial phase, where group members begin to meet and explore how to interact with one another.

**Storming** occurs next as individuals in the group begin to understand how to work together and begin to collaborate. With collaborations underway, it is normal to start witnessing conflicts as personality differences and varying opinions get in the way. Group members also try to understand and possibly assert their role within the larger group. There is a need for collaborative work at this stage.

**Norming** is when things within the group begin settling down, and group members are more comfortable with one another and getting feedback from one another or even asking for help.

**Performing** is an ideal time in the group process, where group members feel they have reached a shared understanding and goal.

**Adjourning** is the last stage in the cycle and implies the group has reached the end of their time together as a team in this process. There is a common mourning phase as group members say goodbye to each other and celebrate everything they have achieved.

Factoring in the information above, the group during this initiative was shaped to support this process. In a later section, we will highlight the activities designed to accommodate the above stages.

Groups in general can be **open** or **closed**, meaning that if open, they can constantly accommodate new members anywhere in the process (as is the case for the support group Alcoholics Anonymous). If closed, new members are not admitted after the process has begun, as the confidentiality and sensitive nature of the group require more precise boundaries. The groups in this context were closed groups.

Exceptions can be made if the facilitator in consultation with the group, deem it appropriate and in the interest of the group.







## Samar's Story

*I don't remember exactly when it all began... I remember being left at my aunt's house as a young child. For me, it was fun. I was surrounded by so many cousins. I didn't understand why my mother wasn't there or my other siblings, or even my father... and I don't remember how long I was there, but it was a while. I remember the absence of my mother, feeling that I missed her.*

*I think back to that little girl, and my heart goes out to her. She didn't know that her mother was struggling or that she had jumped out of the window hoping to end her life and instead broke her back. It would be a good five years before that little girl understood.*

*My mother's situation never really got better. Yes, her back healed, but her soul was troubled. When my father was alive, he was our buffer, but when he died, things changed dramatically.*

*My mother would decide on her own when to take breaks from her medication, and we knew when she stopped because she would spiral out of control. I think she was tired of living, of fighting her internal voices, of fighting all that was around her. And I realise now that I was tired and didn't read those last signs...*

*That morning she knocked on my door and entered my room to tell me to take care of myself... She kissed me...she smiled... I thought nothing of it... I thought it was just another day... But that day, she jumped from the window of our fourth-floor apartment... That day was her last.*

*I got a call from the grocer down the street... "fall... ambulance... come home". At that moment, my heart sank... I knew what had happened.*

*It's been several years now, and I find myself wondering if I failed her... If I had only stayed home that day. If I had only paid closer attention to what she was saying that day... would it have made a difference? My whole life has changed since that day.*

*I think of her, and in my heart, I know she was struggling for such a long time... I wish I could have gotten her the professional support she needed.*

*Our family has since scattered since her passing... I believe each of my siblings carries a part of her, and each of us carries a deep raw pain... I think of me... I think of the dark moments that crowd my space. Every day it is work to stay focused and connected... But I am fortunate because I have found a space where I can get some support... a taste of connection... It is a choice for me to want to live to see tomorrow.*

# CREATIVE ARTS

It was a conscious decision to model the process around a support group for persons with lived experience of suicide and look for meaningful ways to integrate education and psychology into the group process. However, at the core of the work was the need to bring in creative arts therapies to allow participants to bear witness to one another, play supportive roles in each other's stories (drama), witness each other's art, and co-create meaning in their joint reflections.

The creative arts therapies, comprised of drama, visual arts, music and dance, have at their core a firm belief that there is therapeutic power that lies in the use of the arts when working with populations in general, including people struggling with mental health issues.

Creative arts therapies have the potential to provide their users with a visceral experience allowing for the surfacing of emotions felt throughout the body in a short time frame. It is a non-linguistic experience that lends itself to reflections when language may hinder. As a non-linguistic experience, it quietens the mind, making it less reliant on verbal language to explain or interpret an experience. This is significant on more than one level. For example, verbal language is not always available for many who have suffered trauma or are struggling with their mental health. For others, language can be a defence mechanism that takes them into a cognitive processing of events, further removing them from the experience. Hence, creative arts therapies provide ample opportunities for projective techniques that can intentionally circumvent the brain's many defence mechanisms.

For those struggling with mental health and those harbouring thoughts of suicide, providing a safe space to engage, reflect, or process can be the lifeline they need. Choosing to use creative arts therapies with persons with lived experience of suicide was, therefore, a conscious decision. It was based on the need to find a medium that offered varied techniques to communicate more effectively, support better coping strategies, break the silence and build community. While creative arts therapies can be used for individual and group work, we chose to engage participants in a group format.

In the section on **Processing Group Work**, we will provide more examples of how the merging occurred.

### LESSONS LEARNED:

- Group work was instrumental in this process as participants learned better interpersonal skills, negotiated boundaries and eventually found opportunities to seek mutual aid.
- The creative arts therapies proved a powerful tool with numerous breakthroughs in how participants reflected on their narratives, learned from each other and made mind-body connections.

# \* PARTNERS

An initiative of this nature would always be limited in time. A key question throughout the process was how participants could access support after the initiative ended.

Identifying partners with support services that would benefit participants during and beyond the initiative's life became essential. The ideal partner would be well situated within the MHPSS field, provide ongoing clinical services, and can assume additional cases should the situation require that. As this was a pilot initiative, and the targeted population was sensitive, we realised the benefit of having the identified partners include one of their mental health practitioners to partake in the process. The seconded clinical psychologists would be tasked with providing a psycho-education component in the group and be a second mental health support should any of the participants feel triggered and need additional one-on-one support during the sessions. Furthermore, the partners' mental health practitioners would be best situated to liaise between the partner organisation and the participants should they need additional support after the end of the initiative.

Two partner organisations were identified, one in Jordan and later one in Lebanon. They would prove to be instrumental in supporting incoming participants.

The two partners were:

- International Medical Corps (IMC) in Jordan
- EMBRACE in Lebanon

Both organisations provide MHPSS services to vulnerable groups.

In Jordan, IMC has a wide range of mental health clinics manned with competent staff. Their mandate ensures that they provide services to refugee populations and host communities.

EMBRACE is a Lebanese non-profit organisation working within the mental health field. In addition to their clinics, they run a 24-hour national emotional support and suicide prevention hotline and have a waiting list for individuals seeking mental health support. IMC and EMBRACE agreed to have a clinical psychologist from their teams join the initiative. It was agreed that through the respective clinics, participants needing clinical support both during the implementation and after the end of the initiative would be able to receive services. This 'safety mechanism' allowed us to enter the process knowing we were looking more thoroughly through the do-no-harm lens.

## LESSONS LEARNED:

- Ensuring the inclusion of a mental health organisation supporting the process and involving one of their clinical psychologists was instrumental on many levels.
- The intention of having a partner organisation on board was to ensure that a wider support system and not just one clinical psychologist was on board. With the support of the 'system', whether or not the individual clinical psychologist changed jobs or was overloaded with cases, the participant(s) needing support would be attended to as per the agreement.
- It is important for identified partners to have a holistic mental health approach.

# \* LOGISTICS SPACE

The space in which a workshop is held is important. In this case, it needed to radiate a sense of safety, containment, comfort, and privacy. Natural light is also important for the space as it impacts the production levels of serotonin, a chemical released in the body that supports calmness and overall happiness. An external garden is also important as it provides participants with an external outdoor release during breaks, offering an alternative space for processing, discussing, socialising, and the option to retreat from the group if needed.

As such, the spaces chosen should not have heavy human traffic, or at least the days selected for the workshop should be 'off' days for the site where traffic is naturally restricted.

The physical space should be large enough to allow participants to move around comfortably during the various activities of music, art, and drama and sit comfortably in a circle during the group processing. Exact dimensions are not provided, as on the ground, realities often dictate what is available. Choosing a 'neutral' place not associated with any mental health support is a good idea as it lowers the bar for people to attend, especially in areas where stigma is high.

Both in Jordan and Lebanon, the spaces had:

- An appropriate size room that could accommodate the participants
- Natural light by way of big bay windows
- A garden accessible to participants



# JORDAN

The space in Jordan was within the offices of a cultural space. The room was situated so that even with the curtains open, people in neighbouring buildings could not easily look into the space. Workshops were conducted at weekends, meaning there was no human traffic, and the group was undisturbed.



# LEBANON

The space was an art gallery and atelier, which provides arts classes to adults and children, located in a vibrant neighbourhood in Beirut. The art atelier was closed to visitors on the days chosen to conduct the workshops. An intercom-operated gate separated the space from the outdoor neighbourhood, offering a sense of containment and safety.



## LESSONS LEARNED:

- Both spaces were smaller than what would have been ideal but proved to be appropriate and were chosen because of the outdoor spaces they each provided.
- The art atelier required a re-shuffling of furniture with varying activities, as well as the hanging of external curtains to add more privacy, but participants in record time came to regard the space as 'their safe space' and as many noted it felt like 'home' in its most positive sense.
- As both spaces did not have a direct link to mental health services, there was no stigma associated with coming to either space.



# \* DURATION OF WORKSHOPS

External considerations, separate from the work itself, often determine the duration of an initiative, project, or workshop. Lack of funding, availability of facilitators and availability of participants all need to be factored in when considering the work.

In addition, this was a pilot initiative on multiple levels, including the nature of the participants, the use of the creative arts with this population and in this region, and the nature of the facilitation.

The initiative's duration was adjusted in Lebanon as a direct result of the experiences from the initiative in Jordan.

## JORDAN

In Jordan, initial discussions proposed conducting three separate workshops with three distinct groups. After much deliberation, we opted to hold one workshop of a three-day duration for one group, believing it best to concentrate the efforts if any impact was to be observed.

The three days were meant to be eight hours each, held over the weekend. We opted to hold the first two days on a Friday and Saturday the first week and return the following Saturday for the final eight hours. We began at 10.00 a.m. and ran until 6.00 p.m. In the stretch of the week between the first and second weekend, we gave the participants a creative personal assignment to keep them engaged. They were given disposable cameras for a photo project.

## LEBANON

In Lebanon, we made subsequent changes to the initiative and designed a different timeline. The project budget allowed for more time for the participants in the process. In this case, the work took place over two months. There was a total of six sessions with the participants. Except for the half-day first session, the remaining five sessions were all-day events.

After the workshop finished, meetings between the participants were conducted monthly first and then every two months. The meetings were later organised unofficially and by the participants themselves as they decided the time and place to meet.

### LESSONS LEARNED:

- In Jordan, three full days were completed. In Lebanon, the duration was longer, amounting to 5.5 days. The longer period created a better rhythm for the group and felt more grounding for the participants. The use of full days (eight hours) was a choice. It allowed for a deeper bonding in a shorter time frame for individuals who were used to feeling marginalised and unseen, and in addition, the longer days allowed for various exploratory tools to be used.
- It could be argued that using shorter sessions of three hours stretched over a longer time frame would have been more beneficial, as it would have kept the group together longer. However, having a number of long intensive days allowed for meaningful social cohesion and deeper processing.
- The need to factor in a monthly session of 90 minutes to two hours for the first number of months following the completion of the workshops and later stretching the time between meetings to two months is important. It supports the group on their journey. After an intense workshop, where deep sharing has occurred, participants should feel that their connection and sharing was not simply part of a project. This point was affirmed by one of the participants in Jordan. She spoke of being in such a good place but would feel deserted without a follow-up plan for continued occasional meetings.
- If the workshops are held in a community centre or a space that will also be accessible after the workshops, participants need to be aware that the space will no longer necessarily cater to them in the same way as it did during the workshop, but they may still have access to it to meet there and connect.

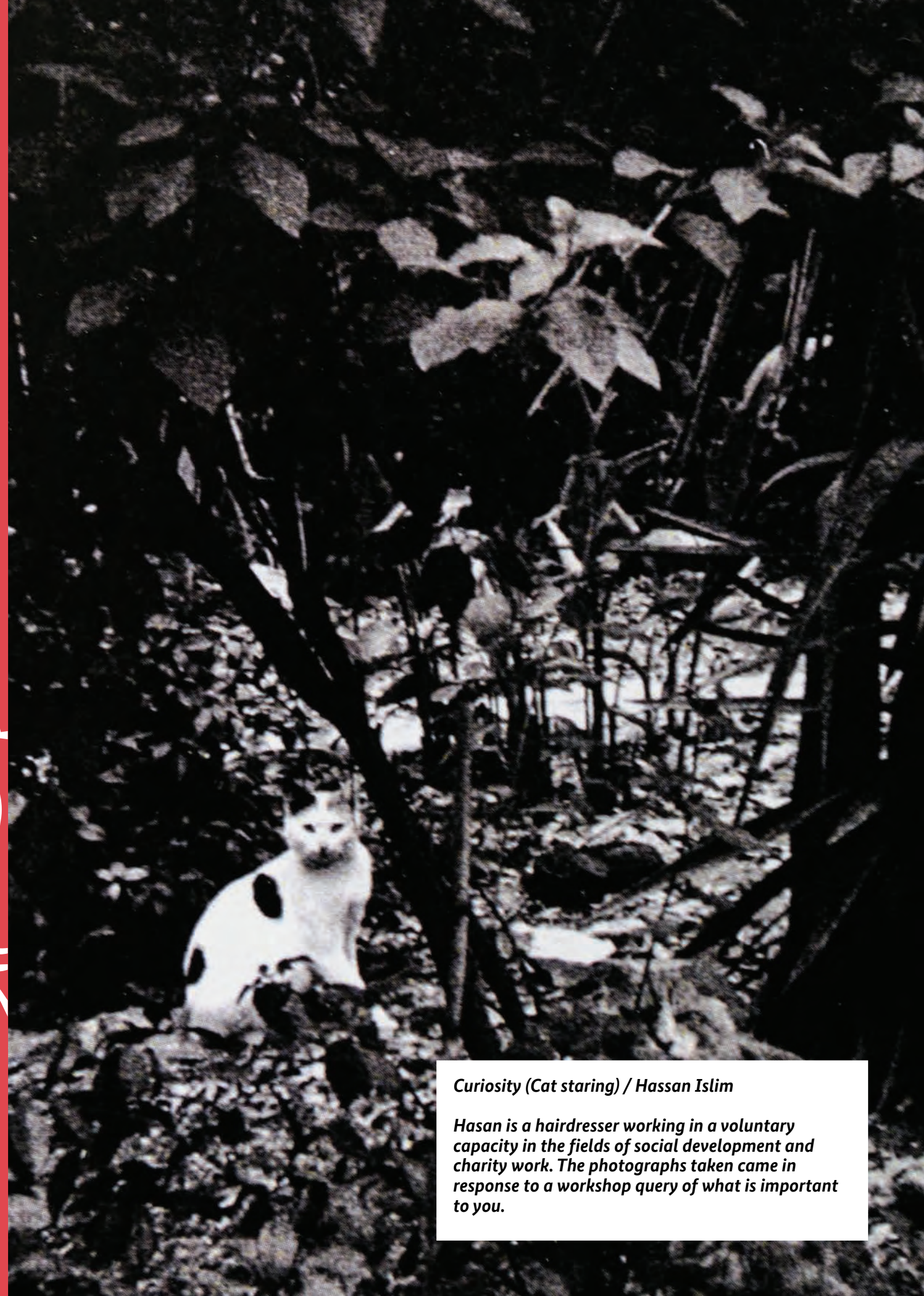


# \* OUTREACH

Outreach refers to how we begin to identify and circulate the relevant information on an upcoming group, considering the language we use to devise messages and where we opt to distribute the information. This will have a direct bearing on who ultimately joins the initiative.

## LANGUAGE

The language refers to the literal language of the information chosen to be included in the advertisement to reach individuals who could benefit the most from this particular group work and the wording used. The latter was crucial as the intention was not to label or stigmatise anyone but to register an interest. In Jordan for example, we avoided the use of the word suicide, it is a taboo topic to address and legislation was later passed criminalizing the act of attempting to take ones life in a public space. Whereas in Lebanon the context differs and the use of the word was permissible.



*Curiosity (Cat staring) / Hassan Islim*

*Hasan is a hairdresser working in a voluntary capacity in the fields of social development and charity work. The photographs taken came in response to a workshop query of what is important to you.*



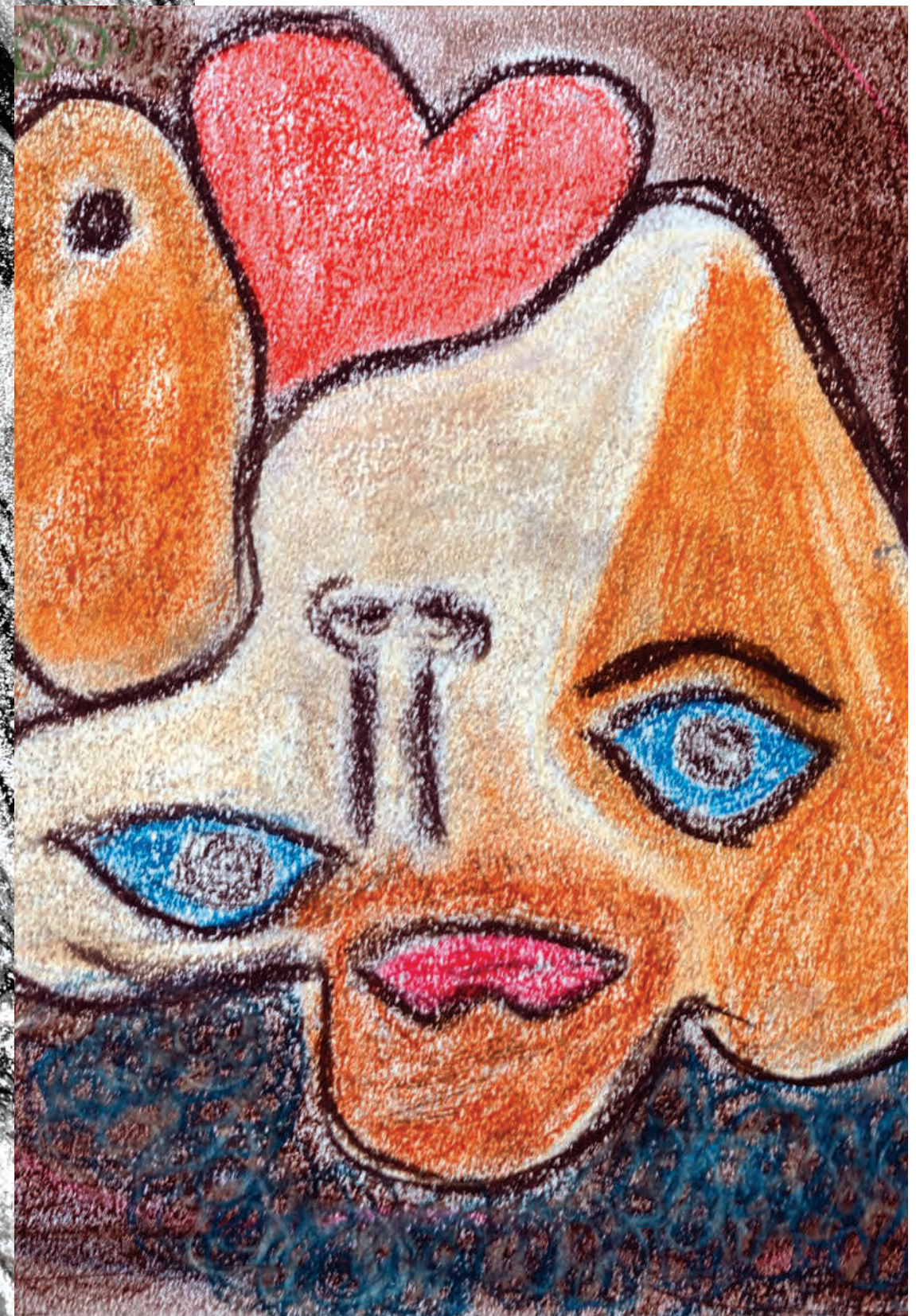
# JORDAN

The following text was to advertise the group and to generate interest among possible participants.

“Challenging life circumstances can take us down a dark path where we often question the meaning of our own lives. It is common to feel alone in those moments, and that sense of aloneness can be scary. As thoughts become more overwhelming, some individuals feel there is no way out and resort to hurting themselves, hoping the pain will end. Many such stories go unheard, and we can’t help but question whether, if the individual had found someone to connect with or share their story with, would the pain have been more tolerable?”

The project is looking to identify participants who have had such challenging stories but have been able to overcome the darkness of their thoughts and push forward. The project wants to offer creative forms of expression, including the arts, to break the silence and transform stories into messages of hope for others struggling with dark thoughts and contemplating hurting themselves.

Participants being sought will partake in three workshops between October - November 2021 with a team of experts, sharing stories and knowledge, creating art, and building community. The intention is to use our collective work to raise awareness and break the silence on how to seek support. If you are interested in joining and feel that sharing your story will help others, then send a brief email with your contact information to EMAIL ADDRESS by September 15, 2021. In the subject heading, please write MHPSS PARTICIPANT. We will be contacting individuals directly to set up interviews.”



*Omar Trabulsi, Schizophrenia*

*Schizophrenia, a boy who's far from reality, delusional, and experiencing hallucinations.*





# LEBANON

The process in Lebanon was organised through EMBRACE. As a fully operating mental health clinic and hotline, they had a waiting list of individuals seeking services and hence did not need to develop a flyer to generate interest. The clinic assistant generated the first list with suggestions for participants. The clinical psychologist, who also joined the workshops, made the phone calls in which she stated that an arts workshop was being organised and asked if they would be interested. Once the interest was identified, she proceeded with a questionnaire to understand the background better.

## LESSONS LEARNED:

- Keeping the announcement language simple and straightforward is recommended. The challenge is that if the language is too vague, it attracts individuals who are not the direct target of such an initiative. In this case, several brave individuals got in touch with the project, who shared quite complex backgrounds but did not have lived experience of suicide and hence were not selected for this particular group but rather connected to other services.
- There needs to be a clear script drafted so that even if phone calls are the means to identify candidates, the message shared is unified and clear.



# JORDAN

In Jordan, the advertisement was distributed to partners of GIZ and identified centres who engage in MHPSS work.

# LEBANON

In Lebanon, the NGO EMBRACE shared the information with people on their waiting list.



# \*SELECTION OF PARTICIPANTS (APPLICATION AND INTERVIEW)

Through an interview process, the facilitator gains formal and informal information about the applicant and can get an idea of whether this type of intervention can be a good fit for the person. Applicants also get the opportunity to ask questions about the process and clarify their expectations.

## JORDAN

### APPLICATION PROCESS

The application email sent by the participants included:

- Name
- Contact Information
- Information you would like to share about yourself

Every application was reviewed by the lead facilitator and a staff member of the RP-MHPSS. Every applicant was contacted by the lead facilitator.

The application process intends to verify:

- Contact information
- Commitment and agency by way of sending in application via email

### INTERVIEW PROCESS

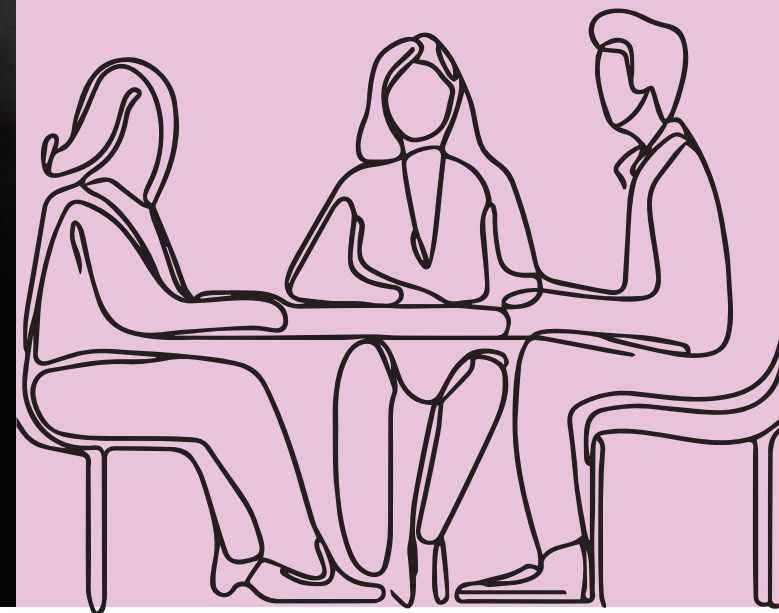
If the established criteria were met (lived experience with suicide) then the applicant was invited for an in-person interview. In the interview the lead facilitator would introduce themselves and introduce the initiative and what it was hoping to offer persons with lived experience.

The interviewees were asked:

- Why they might be interested in this process
- What support systems they had available to them
- Availability to commit to a group process
- Any mental health needs that the facilitator needs to be aware of
- Anything else they would like to share
- Questions to the lead facilitator

The interview process intends to verify:

- Interest
- History of mental illness
- Whether the person was in an acute crisis
- Possible triggers
- Whether the participant will benefit from and contribute to the group in a group therapy setting





# LEBANON

## APPLICATION PROCESS

The individuals were identified by EMBRACE and included persons who had already received clinical services or were undergoing treatment but had surpassed the crisis period. A list was put together with recommended individuals who could be interested in participating. The list was then given to the clinical psychologist involved in the initiative and she began contacting individuals.

The application process intends to verify:

- Contact information
- Recommendation of clinicians



## INTERVIEW PROCESS

If the established criteria were met (lived experience with suicide) then the applicant was invited for an in-person interview.

In the interview the facilitator would introduce themselves and introduce the initiative and what it was hoping to offer persons with lived experience.

The interviewees were asked: If they are interested in a process using creative arts therapy group work; if yes then:

- A variation of the Suicide Risk Assessment (SRA) was administered regarding current suicidal thoughts/ intent and emotional reactivity;
  - An assessment on whether they would be comfortable in a group setting;
- If no red flags then applicants were signed up for initiative.

The interview process intends to verify:

- Interest
- History of mental illness
- Whether the person was in an acute crisis
- Possible triggers
- Whether the participant will benefit from and contribute to the group in a group therapy setting







**PAINTING**  
Mushrooms can be used in Art, medicine, international cuisine, indoor, outdoor, on a plate. IN EVERY STATE.

When discussing whether the participant can benefit from and contribute to a group in a group therapy setting, we are assessing if they have the social skills and strength to be part of a group and/or if they can benefit from such a process at this stage. It may be that the individual needs more individual support and not group work. In that case, it would be necessary to find the appropriate referral for the individual, explaining why a group process may harm them at this stage. If partners have been identified (previous stage), they may be a possible referral site.

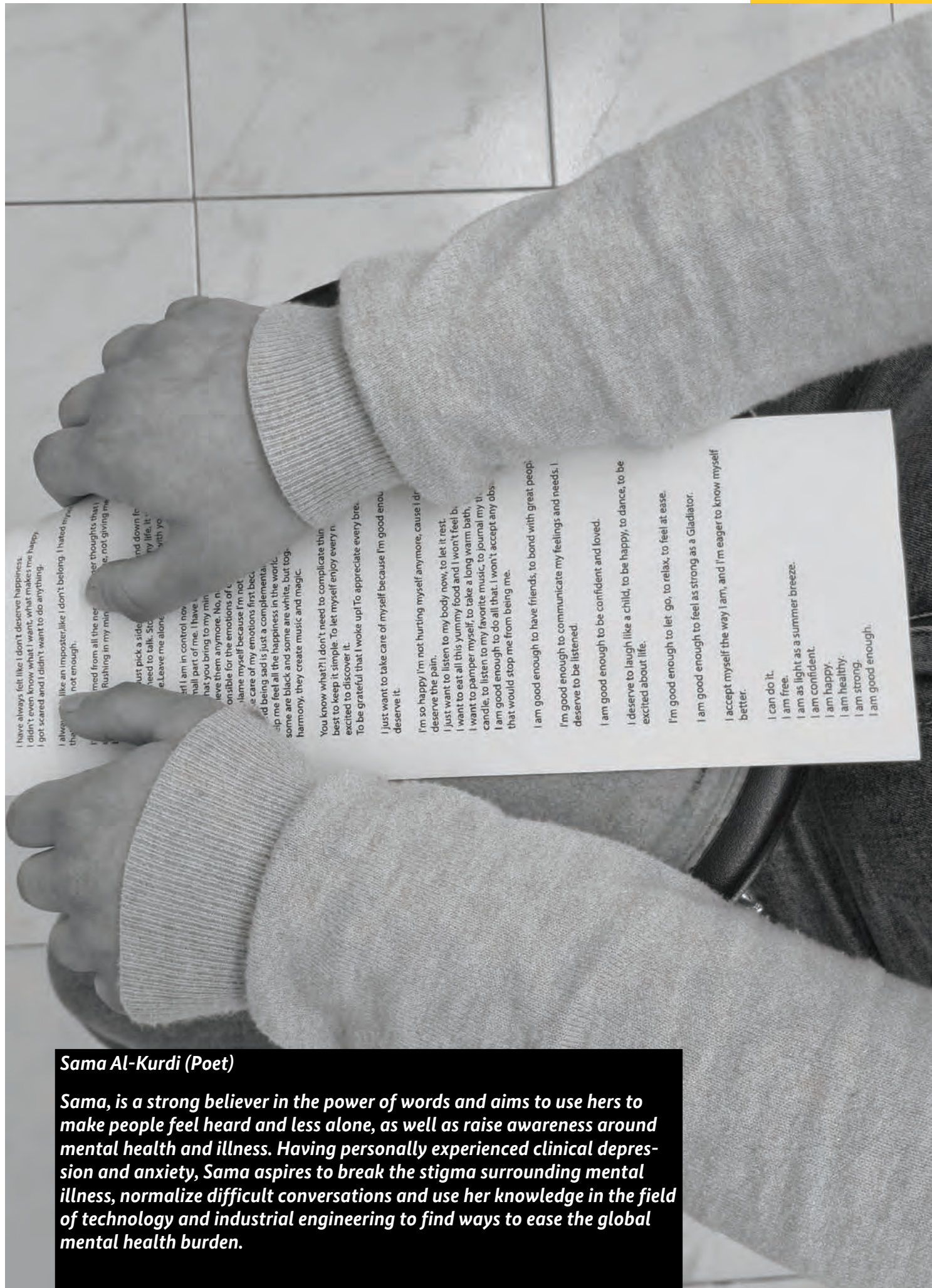
This happened in Jordan and Lebanon, where those interviewed were deemed to need individual support and were referred to the identified partner organisations for follow-up, with their consent. As the interview process is the first direct contact with prospective participants, it provides the lead facilitator with key information to help plan content.

### LESSONS LEARNED:

- A sound interview process is key, and it is best if the lead facilitator can be fully involved as they are constantly assessing for possible group dynamics, group rapport, safety of group members, etc.
- Interviews are best done in person as they provide the assessor with important non-verbal information, as it was done in Jordan, where the lead facilitator was involved in the process. However, in Lebanon, as the initiative was teaming up with a mental health non-profit organisation with waiting lists, EMBRACE took up the task, and clear guidelines on the interview process were not provided. For EMBRACE, time considerations dictated that phone interviews would be conducted, and applicants selected accordingly. This could be a limitation as we miss capturing important non-verbal cues that would support if and how we build group rapport. It further leaves the facilitator(s) guessing about the applicants' underlying stories, possible triggers, and more.







**Sama Al-Kurdi (Poet)**

**Sama, is a strong believer in the power of words and aims to use hers to make people feel heard and less alone, as well as raise awareness around mental health and illness. Having personally experienced clinical depression and anxiety, Sama aspires to break the stigma surrounding mental illness, normalize difficult conversations and use her knowledge in the field of technology and industrial engineering to find ways to ease the global mental health burden.**

**LEARNING WHAT IT MEANS TO WANT TO LIVE**

*For the first time  
 Breaking  
 Hurting  
 Bleeding  
 No longer feels like me  
 They no longer feel like home*

*It's been a while  
 Since I last broke  
 And welcomed my depression home  
 And for the first time  
 I no longer ache for it  
 Nor do I crave  
 Its highs and lows  
 I no longer miss the sadness  
 Or the rotten feelings  
 That come with it  
 I no longer want to cuddle it  
 And make love to it*

*It's been a while  
 Since I last wrote  
 About how I fell in love with it  
 And made love to it  
 About how I never saw  
 A life after it*

*It's been a while  
 But I'm finally here  
 Or at least as close as I can be  
 To being okay  
 And awake and here*

*I'm finally here  
 Learning to accept  
 That I too deserve to live  
 Learning  
 What it really means to want to live*

*Learning what it means to  
 want to live  
 It's been a while since  
 I last wrote  
 It's been a while since  
 I stripped off my clothes  
 And bore my naked soul  
 Since I last sat down with my thoughts  
 Under the full moon skies  
 And prayed to God  
 To let me go*

*It's been a while since  
 I last spoke  
 With the voices inside my head  
 About my worth  
 And how I'll always be less  
 And unloved*

*It's been a while since  
 I last spoke  
 About the things that hurt  
 And make me bleed  
 The things that engulf me whole  
 And make me want to leave*

*It's been a while  
 Since I last spoke  
 About the pain  
 That made a home  
 For itself inside my bones  
 The pain that left me  
 Weak  
 And breathless  
 And close to the very edge*

*It's been a while  
 Since I last broke  
 And for the first time  
 In what feels like years  
 I no longer mind being awake  
 and here*

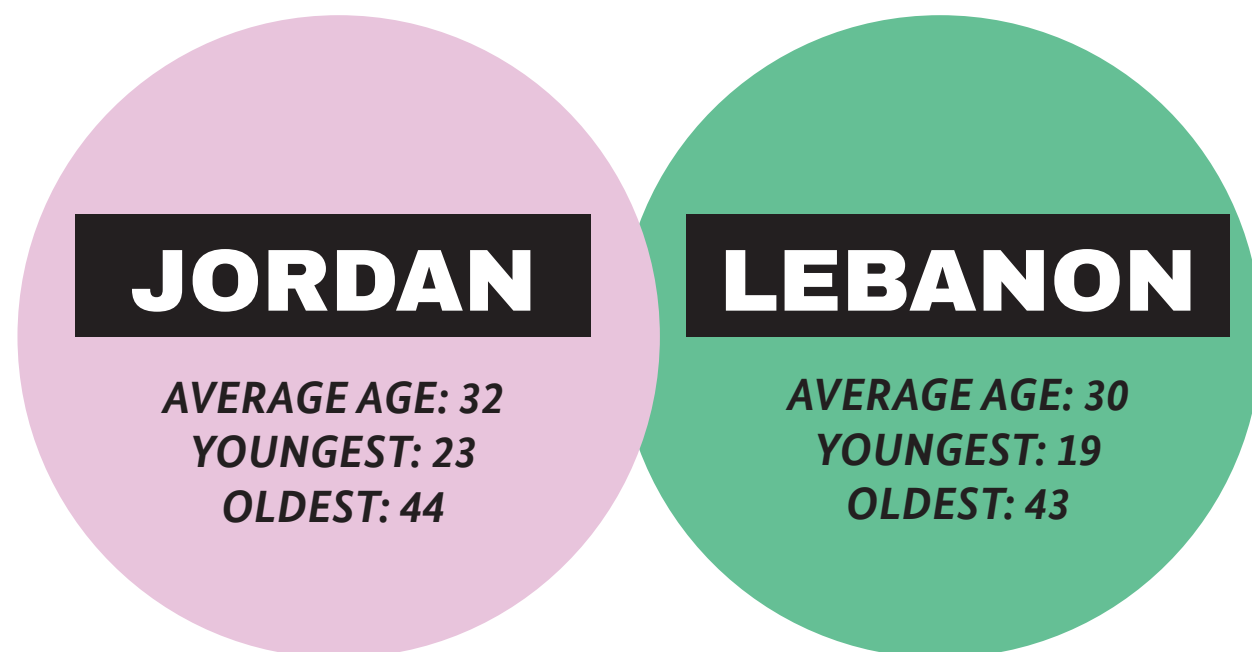


# \*SELECTION AND GROUP COMPOSITION

As a pilot initiative, it was initially decided that 10-12 participants would be a good number for each group. We envisioned that the stories that would surface would be emotionally challenging, and we wanted to ensure that each participant would find the space to share. In addition, we wanted to make sure that the collective sharing would not be too overwhelming.

Shortly after the interview process, a revision of all applicants was completed, and those who met the criteria and were deemed a good fit for group work were informed that they had been selected.

A total of ten participants were selected for Jordan; however, eight participants committed to the process. In Lebanon, a total of ten participants were selected and committed to the process.



Participants of this initiative presented with a variety of mental health conditions including bipolar disorder, schizophrenia, borderline personality disorder, anxiety and depression as well as experiences of sexualized violence and being a refugee.

The group characteristics determined the content to be developed:

- Creating safety
- Psychoeducation of the mind
- Inner narratives and the stories we keep repeating
- Life journeys and milestones
- Personal strengths and resources
- Building meaningful connections
- Gratitude board/envelopes
- Resource board

## LESSONS LEARNED:

- Keeping the number to 10-12 participants per group is ideal, especially if the intention is to keep participants in one activity group (plenary) where a community can be built.
- Having a mixed group (male/female) was manageable, as expressed by the participants. But in some contexts, it might be necessary to consider separating the two if social/cultural norms make it challenging.
- The group in Jordan was composed of refugees (Syrian) and Jordanians. For the refugees, losing their country, home, and economic livelihood significantly impacted their mental health. For the Jordanians, themes pertaining to restrictive social norms, economic challenges, and mental health disorders were prevalent. While the synergy created was profound, refugees often have a deeply embedded sense of psychological and physical loss. They may have needed more space to reflect on their refugee status and maybe have their own group.
- The group in Lebanon was composed of Lebanese citizens from different parts of the country. The diverse socio-cultural make-up in Lebanon translated into a dynamic and 'open' group willing to share very personal matters that are often considered taboo to talk about in other parts of the region.
- In Lebanon, as many participants had previously sought or were currently engaged in traditional therapy, we began hearing from their therapists that progress was occurring faster.



## *Personal account \**

### **About the lead facilitator**

*I grew up in the West Bank town of Ramallah where traumatic life circumstances were a daily reality for me as a Palestinian. The military presence was everywhere, and it controlled every facet of our life.*

*My parents experienced firsthand trauma (Nakba), and while they sheltered us to the best of their ability, we, the children, were further exposed to their trauma through what has been termed intergenerational trauma; a term that establishes the intergenerational link of inherited unresolved trauma. It surfaced in many ways and from an early age I learned that there was a deliberate act to silence our Palestinian existence and narrative. It is within that context that my understanding of power dynamics and injustice emerged.*

*For me the creative arts (drama, music, dance, drawing) became my coping strategy, a way to process, heal, build community and grow. In essence the creative arts gave me a voice and it is for that reason that I firmly believe in the power of the arts.*

*I have for the majority of my working career used the arts to support marginalized groups to find alternative ways of expression, reflecting and reclaiming their narrative and their voices.*

*I was excited to be a part of this project and to support in creating something meaningful for people with lived experience with suicide, a topic that is surrounded by so much stigma, shame and silence. Creative arts have a unique way of connecting people and it goes beyond simply amplifying voices. It extends to its ability to sensitize communities and societies.*

*If we want to meaningfully tackle the issue of suicide – the discussion needs to begin!*

*Reem AbuKishk*

*\*This is a personal account and not a reflection of the beliefs of GIZ.*

# \* FACILITATION

Facilitation can be an art form that engages participants in a process where interventions are designed to begin exploring, reflecting and gaining insight. It requires deep listening, making connections, asking what is necessary, and guiding participants to a place where new meanings can be made.

The role of the facilitator in this process is instrumental. It begins with the conception of the work, understanding the context of the envisioned group, their needs, and their vulnerabilities. The more relevant information the facilitator has, the better the understanding of how to shape the interventions.

Facilitation also relies on understanding group dynamics, how participants engage with one another, and how they sit in the space. As the facilitator, you carefully keep an eye on the group as a whole and the individual actions of participants.

Operating from a do-no-harm framework, the lead facilitator developed the outreach messages to attract participant applications, reviewed and completed the interview process, selected group members, and completed conceptualisation of the work. This was more the case in Jordan as in Lebanon EMBRACE assumed these stages in consultation with the lead facilitator. The lead facilitator further identified the co-facilitators in Jordan and Lebanon and worked with them to co-create and later steer the process.



# WHAT IS CO-FACILITATION?

Co-facilitation means that the lead facilitator shares the space with other facilitators in an agreed manner, but the overall responsibility of the process and ensuring no harm remains with the lead facilitator. Co-facilitation can be a challenge when the team has not worked together before. The lead facilitator has to ensure that everyone as a team is on board, understands the implications of the work, maintains a clear understanding of psychotherapeutic interventions, is engaged and also flexible as the process might lead to changes in the order of the interventions or the time frame allocated. As a lead facilitator, you maintain an eye on the participants and their process and an eye on the other co-facilitators to ensure everyone is safe, respected, and able to contribute to the process.

In the case of this initiative, the lead facilitator identified co-facilitators in line with creative arts and a mental health lens and worked with them to best understand and plan the nature of the interventions.

## JORDAN

### CO-FACILITATORS

- Mental Health co-facilitator
- Clinical psychologist from IMC
- Music therapist and music practitioner (duo), photographer

## LEBANON

### CO-FACILITATORS

- Mental Health co-facilitator
- Clinical psychologist from EMBRACE
- Music therapist
- Art practitioner

The lead facilitator worked with both teams to explain and engage the co-facilitators in the experiential process of using the creative arts therapy approach alongside psycho-education components that would be created as a relevant journey for the participants.

Once on board, co-creation meant that the lead facilitator provided the guidelines for each session and, together with the team of co-facilitators, worked to ensure that each segment of the work provided by the co-facilitators built on the segment before it and contributed to the larger theme.



## LESSONS LEARNED:

- Securing a second mental health practitioner is necessary. Group work can be challenging and facilitators are focused on steering the group, keeping an eye out for the collective. However, given the sensitive nature of the group, it is possible for a member to be triggered or to need a little extra individual support in the process. Having a second mental health practitioner makes the space safer for all. In addition, and in line with the do-no-harm concept, the second mental health practitioner was planned to be available to the participants even beyond the duration of the workshop.
- Identifying co-facilitators to support the process in both Jordan and Lebanon had to do with the intensive nature of the workshop days and the desire to provide participants with varied approaches to reflecting on their life experiences. The participants greatly appreciated the varied approach.
- In this initiative, the lead facilitator provided guidance/training to the co-facilitators as they were new to this process, and together they co-created material. The co-facilitators appreciated this approach.
- In both Jordan and Lebanon, the whole team was present throughout the workshop days meaning that co-facilitators did not only step in for their part, but were there throughout the whole process. While it has its advantages, especially if any changes in the program are warranted due to group dynamics, and you need one of the co-facilitators to step in with a relevant activity, as a lead facilitator, it is challenging as you constantly manage the space in its entirety for both the participants and the other team members. Co-facilitators also need to be alert.
- The clinical psychologist from EMBRACE also assumed some of the administrative tasks of the partner organisation (EMBRACE) and found it challenging with keeping an eye on the participants' well-being and responding to workshop logistics. Ideally, someone other than the facilitators and co-facilitators should be tasked with logistics and administration.

- Creative arts therapies affect us on a visceral level, and emotions surface as we do processing work. As facilitators, we are impacted by the stories we hear, and it is normal to sympathise and/or empathise and want to step in to protect the participants. We need to be aware of our own process. Supervision dramatically helps with keeping matters in perspective, and part of the role of the lead facilitator is to assist the co-facilitators in processing all that is being brought up as a result of the work.
- A facilitator having a personal and/or professional relationship with a participant outside of the group might cloud one's ability to maintain a professional distance and allow the participant to find his/her way, potentially interrupting their healing journey.

## PROCESSING GROUP WORK

Conducting creative arts-based psychotherapy groups requires (a) trained, knowledgeable, and sensitive mental health facilitator(s) to lead the work. Knowledgeable and trained because they need to have the technical knowledge and understand how to navigate the space between mental health issues, group dynamics, and group rapport and ultimately guide the participants on a meaningful, safe and creative journey where learning can occur.

Yalom and Leszcz [8] write about the process of group work, defined as the metacommunicational aspects of interactions between group members, and the work is to understand the relationship between group members. In our work, we are looking to explore the interpersonal relationships among the group and beyond and the intra-personal relationships, exploring the inner make-up and its implications on how participants engage with the world.

Group processing occurs after main interventions where we step aside and ask about the process, what it meant to participants, how they felt and what they would like to share. Through their reflections, connections can be made and further explored. The processing allows them to dig deeper, and it requires that the lead facilitator or the co-facilitator directly process that activity to make meaning out of what is shared and give it back to the group. The processing could lead the group into another activity to support what is happening at the moment. The processing allows for interactions from the larger group as they individually and collectively respond.



# \*SELECTION OF TECHNIQUES & ACTIVITIES

The interview process informs the lead facilitator of the participants' histories, and accordingly, content is developed, factoring in some of the triggers to be wary of and safety measures to be built into the process.

Creative arts therapy techniques use various art forms and activities to serve mental health. The techniques and activities are selected to be utilised for expression, reflection and growth. The facilitators must assess the appropriate time for any particular technique or activity. For example, as participants get to know each other in the forming stage, the activities chosen should be moderate and manageable. We chose to engage in magazine collage work, allowing participants to select how to introduce themselves.

Gradually the techniques and activities grow in their intensity as the group shifts in its own developmental stage. For example, in the norming stage, as the group settled into its rhythm and its members became more comfortable with one another, we introduced clay work as a projective technique to explore personal strengths. In the performing stage of the workshops, a collective artwork was created, giving each participant a space in the shared work.

At times, participants can get momentarily overwhelmed with emotion as this may be the first time they have been asked to reflect on something, or it may be the first time they feel a true interest in someone hearing their story. It is understandable that when participants feel they are listened to, they might be inclined to overshare, and if that happens too early in the process, it could make the participant feel too exposed. Feelings of shame might also surface. These are normal feelings and reactions. The facilitator will carefully guide the participant through the process, sometimes slowing down a sharing if it surfaces too early. The presence of the second mental health facilitator is also important as it provides further support if additional one-on-one work is needed in the moment.

Regardless of the technique or activity, allocating sufficient time to process the work is essential.

**Projective techniques** are activities (techniques) used to facilitate a deeper investigation and reflection and can be carried out with little initial instruction. Usually, a stimulus is provided, and participants react to it, revealing information that sheds light on their person, feelings, motives, and other aspects. For example, keys, coloured stones, and anything relevant to the group might be brought in and placed in the middle of a room. Participants are asked to pick an object that caught their attention or that they gravitated towards. After the selection, the facilitator might begin exploring probing statements to allow participants to explore their choice and reflect on possible meanings. The beauty of projective techniques is that agency remains with the participants to share what they decide with others verbally, and as they voice their thoughts, deeper meanings are made.

**Collage artwork** is a specific type of projective technique allowing participants to choose images or words from magazines that communicate something about them to others. The pictures or words are glued to cardboard paper, and later, participants are asked to tell the group about their pieces.



Artwork from the EMBRACE exhibition, Lebanon



**Photography** may be considered a projective technique if we ask participants to capture images that speak to them. In one group, the activity revolved around using a mirror and camera and asking participants to photograph themselves. Later we asked them to take photos of all that captured their attention in one week. In another group, a phone camera was provided to participants, and they were asked to take two selfies, one of how they saw themselves and the other of how they wanted to be seen. The images spoke volumes about the participants and brought up many emotional discoveries.



**Journaling** is a writing exercise where we may ask participants a specific question or thought and ask them to write about it for a designated period or give them the option to write about whatever comes to mind. In our case, we asked participants to go with the flow and not censor their thoughts. Upon completion and re-reading, thoughts and insights arise. Journaling was sometimes used as a precursor to a follow-up activity.

**Psychoeducation** is a therapeutic intervention that focusses on providing relevant information (education) that could be of value to people, equipping them with insights and a better understanding of their mental health condition and their circumstances. The intention is that with this information/insight, better coping and better decision-making may be attained.

**Life-Journey** allows individuals to view their lives in stages, looking at circumstances or time frames and viewing their life journey from a distance. In our case, participants were asked to identify eight milestones that shaped their lives and to connect each milestone to (an) emotion(s) they felt, using these four basic emotions: happy, sad, angry, and scared. Using a wooden board and nails, each participant was able to translate their journey onto the board, showcasing where their journey began (emotion associated) and guiding the group on each of the milestones that have since shaped their lives. The wooden board and nails ultimately combined all the stories of the participants, showing linkages and challenges for all the participants.





**Dramatic techniques** allow participants to physicalise their internal and external worlds. They get to have 'dress rehearsals' for situations, play with different scenarios, and, in re-enacting a situation discover new meanings, new ways of being. Like music, it was used in several ways. Image theatre allowed participants to present emotions, feelings, and narratives through sculptures (fluid and still) and thought tracking gave voice to surfaced images. Journeys of growth were captured by way of group scene work. Individuals stepped into each other's stories to support telling a story. Towards the end of the initiative, participants devised pieces on what they had learned on the journey. Dramatic techniques were further used to process other parts of the workshops.



**Movement work** allows participants to get their bodies moving, shifting into physical activity and silencing the mind. We often speak of how the body 'keeps the score', a term coined by Bessel van der Kolk [9] to describe how the body holds on to trauma. The intention is to move the body and understand where stress is held and how to release it. At times movement is simply a chance to shift the energy of the body and the room.

**Clay** as a tactile material was provided to participants first to become familiar with as they felt it and later to shape into an image of personal strength they had identified for themselves.

**Meditation or visualisation/Imagination** techniques were introduced at varying times in the workshop when we wanted participants to quieten their minds and/or enter an internal personal journey in preparation for a particular activity.



**Music** is a great emotional release and can be used in numerous ways, from providing a collection of musical instruments to create collective music, to using your voice to express feelings and sing and build bridges between participants swayed to different rhythms. At particular moments, music was used to de-stress participants after an intense session, and at times music was used as a main segment of the day to build rapport or give voice to inner narratives and explore strengths.



**A collective art piece** came in at the closing of the group where large rolls of paper were laid out, and numerous multi-media materials were provided. Participants got the opportunity to draw, paint, glue on all parts of the paper, add signature pieces, and complete each other's work. It came as part of the performing and adjourning stages; performing because they were clearly in sync with their collective goals for the group and their process and adjourning because this was the last of the formal sessions of our journey together.





## \*SAMPLE SESSIONS

Each session had the following structure:

- Check-in
- A warm-up exercise
- Reflection on a particular theme; based on the theme, drama, music, art, and psychoeducation were then initiated, factoring in what was happening in the group on any given day.
- Processing (throughout the day and as we put pieces together at the end of the day)
- Closure - activity to bring the group to a close

The following chart shows some of the work and the time frame allocated. This is not meant to be a blueprint. How activities are combined depends on the specific group, the degree of rapport built, and the level of engagement.



## Example Session: Building Rapport

**Duration:** Eight hours

**Goal:** Constructing the norms needed to ensure each participant feels safe and heard in the group. Providing the necessary introductions to each participant and facilitator and giving experiential insight into the work ahead.

This is a crucial session as it lays the foundation of the work.

### Introductions (60 minutes)

Lead facilitator / co-facilitators / participants

#### Comments:

The lead facilitator begins with introductions of the team and the participants. There is a brief introduction of why this group was established and how participants were chosen. Together they collectively create group norms.

As everyone is new to the process, we begin with simple movement to familiarise ourselves with the space and begin to acknowledge our bodies and how they move. The drama therapist might introduce simple image-theatre to capture participants' feelings in the moment and on this first day. Feelings of being nervous, excited, shy, ambivalent, etc., might come up. Participants are asked to stop and 'freeze' as they think of how they are feeling and then asked to shape that feeling into a frozen image with their bodies.

### Introducing movement (40 minutes)

Warm up

### BREAK (15 minutes)

### Music (90 minutes)

Singing and music

The music therapist encourages the singing of a group song the participants are familiar with, then develops an activity using the participants' names and movements to get them more familiar with one another and to facilitate remembering who is in the group (associating names with sound and movement). In the presence of instruments, the participants are encouraged to play and create sounds with the instruments.

### LUNCH (60 minutes)

### Art (90 minutes)

Magazine Collage

Magazines are introduced to participants, and they are asked to select images and words that speak to them. The selected images/words are cut/torn out of magazines and glued onto individual cardboard paper. The participants are told that the images they have chosen will help others get to know them. They are told that they will individually be sharing their collage art and they should feel free to only share with the group what they feel comfortable sharing. The agency remains with them with regards to what images they choose to share and what they want to say about their chosen images.

### Processing work (60 minutes)

Processing occurs after major activities where reflection is needed and insights need to be made. Sometimes processing will lead into other activities such as drama work to further explore material that is surfacing.

### Movement (10 minutes)

Movement is self-explanatory and is used as an energiser after lunch.

### Psychoeducation (45 minutes)

It is important for a psychoeducation component to be developed on a parallel track with the creative arts work as it further supports the process and provides participants with further information and skills.

### Wrap-up (10 minutes)

The wrap-up brings the day to a close, allowing for any questions, reflections, and announcements before the day is brought to an end.

*"The workshop brilliantly shifted my view on depression. I realised that we can become depressed when we lose connection and balance with our creative sides. De-pressing (stop repressing) our creativity is influential to our mental health"*  
(Participant, one and a half years after the initiative ended)



## Example Session: The Inner Narrative

**Duration:** Eight hours

**Goal:** Recognising the stories we keep telling ourselves. Our stories are based within our lived experiences but often times the mind has the capacity to focus on particular parts, and it is important to reassess where the focus is, validate what needs validation, and question what needs to be questioned. Inner narrative also allows us to review our life journeys, recognising key milestones and how we interpret them.

### Check-in (30 minutes)

At the beginning of each day a check-in period is allocated to see how participants are doing, if there are any pending reflections from the previous days' work or if something else happened that they want to share. For the facilitators it is a good way of assessing possible issues, to be aware of areas to focus on. Sitting in a circle the group comes together for the check-in.

### Movement exercise (20 minutes)

We are warming up our bodies and gradually enter the space of the workshop venue. This can be done through moving around the space to make connections with others in the group (e.g., first greet them with a nod, then a smile, then a momentary greeting).

### Guided meditation (35 minutes)

The movement is followed by a guided meditation. As the day's work is about the stories we keep telling ourselves, the guided meditation will revolve around finding our personal safe place. We will ask participants to find a space in the room and make themselves comfortable. We will start with some breathing work, and slowly begin to guide them on a process to find their own safe place.

### Journaling (40 minutes)

Free flow journaling with a time cap permits participants to simply begin writing without censoring themselves. What emerges is the internal dialogue and the writing facilitates thought tracking, giving participants the opportunity to literally see their thoughts. Inner narratives are best begun with journaling to begin to quieten our minds and allow for a free association of what thoughts keep coming up. The messages we keep telling ourselves have the capacity to keep us stuck in time. Being able to journal first, visually puts the thoughts in front of our eyes.

### Music therapy (45 minutes)

Music is brought in, to further guide participants, explore thoughts and the emotions that surface and create moments to de-stress.

### BREAK (15 minutes)

### Psychoeducation (50 minutes)

Psychoeducation in this case is used to explore thoughts and how they impact our feelings and our behaviour. The work allows participants to further understand the way the brain works and explore better coping strategies.

### LUNCH (60 minutes)

### Photography / processing (90 minutes)

Participants were provided with a private space to take two selfies. One was about how they saw themselves and the other was how they wanted to be seen. The pictures were developed into portraits for them to see and process. Their reaction to their portraits shed much light on their inner dialogue. Coupling this work with drama image making, they further processed the work via physicalisation.

### BREAK (10 minutes)

### Continue with music (45 minutes)

Thoughts and emotions are put into lyrics and together the group begins to create a collective musical piece.

### Wrap-up (40 minutes)

Wrapping-up the day, reviewing all that was experienced, tying together the impact of thoughts, feelings and behaviours and reflecting with the group.



## Example Session: Strengths and Resources

**Duration:** Three hours

**Goal:** Further explore strengths and resources.

Exploring internal strengths and resources is always important and allows for insight to understand our situation better.

As we talk of life journeys (milestones), and we take note of the challenging times and explore what kept us going we begin to find meaning in what strengths lie within ourselves.

### Check-in (20 minutes)

As mentioned in the previous example session, at the start of each day, a check-in period is allocated to see how participants are doing, if there are any pending reflections from the previous days' work or if something else happened that they want to share.

### Movement warm up (10 minutes)

The check-in is usually followed by movement work for the participants to warm up their bodies and gradually 'arrive' in the space of the workshop venue.

### Psychoeducation (30 minutes)

The facilitator reflects with the participants on their life journeys and the challenges they faced. They explore what coping mechanisms they applied in the past and where their strengths lie.

### Music (35 minutes)

This music session includes improvisational music work capturing powerful sounds that resonate strength.

### Clay work (60 minutes)

Using the clay, participants are guided to first feel the clay and begin shaping and re-shaping it until they come up with an image that speaks to their strengths.

This arts-based activity brings the previous two components (psychoeducation and music) together, allowing participants to reflect on their thoughts about their life-journeys and the situations they faced. The participants are guided to think about what got them through the challenges they faced, looking to identify internal strengths that may not have felt like strengths but in hindsight can be identified as such.

### Processing (20 minutes)

Processing allows participants to once again reflect on the image they moulded and speak to the personal strengths within themselves.

### Wrap-up (5 minutes)

The workshop day closes with a last round of reflections.

*"I have always used writing to help me cope with difficult times, but I never realised that other forms of art can help me! The workshop taught me to channel different forms of art and truly express myself in a safe place" (Participant, one and a half years after the initiative ended)*



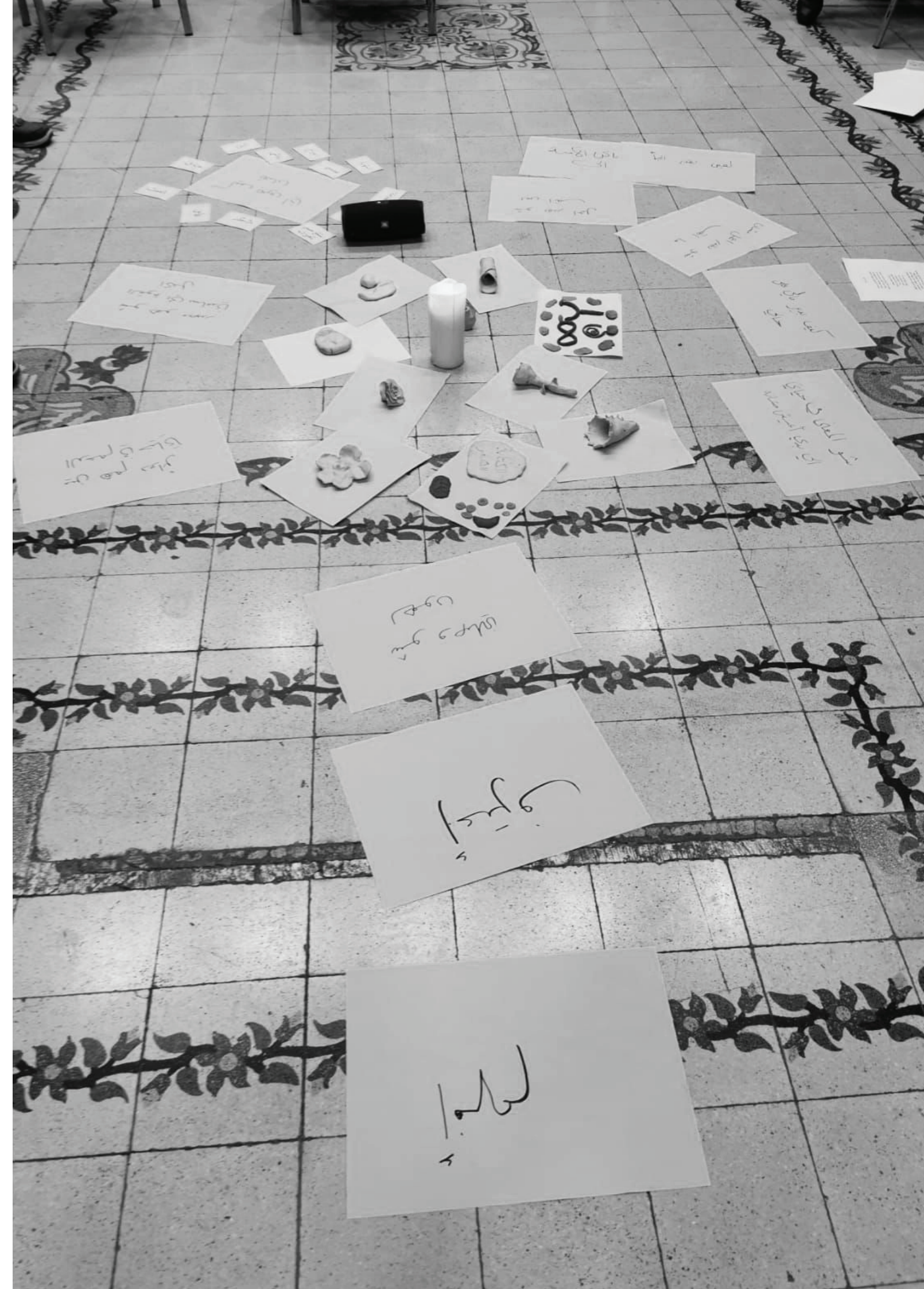
# \*IMPACT

There is mounting evidence to suggest that creative arts therapies have a significant positive impact on the well-being of individuals. Scientific measures, however, are necessarily reductionist and do not always capture the essence of what occurred. We decided not to use a pre-and post-test for the following reasons: standardised mental health questionnaires are often symptoms-focused and not compatible with our strengths-based approach. Furthermore, due to the highly sensitive process, we also didn't want the participants to feel that they are mainly a 'test sample', and the duration of the initiative whether in Jordan or Lebanon was too short to generate reliable data. Instead, different proxy indicators, including testimonies and one-on-one follow-up conversations, were used.

Developing reliable ways of impact measurements that are a good fit for this initiative is one of our tasks ahead as we move forward, especially if such an initiative were to be adopted by a local partner for a longer duration.

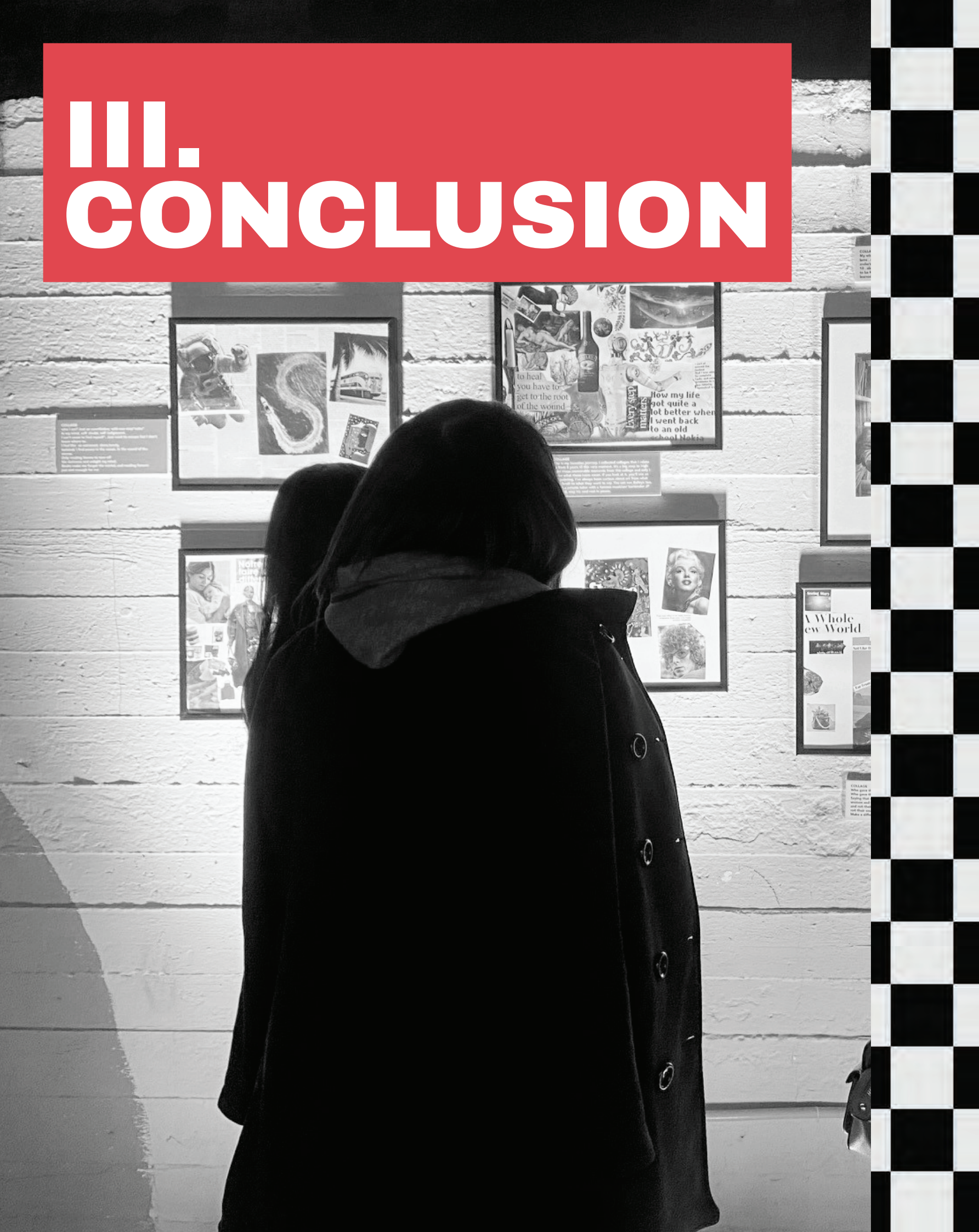
The following indicators are a starting point for impact assessment:

- Once the group process began in Jordan and Lebanon, there were no dropouts; participants were committed and engaged throughout the work.
- Participants in both locations spoke of the connections (social cohesion) they had established. This was especially true for Lebanon as the duration of their process was longer, and the homogeneity of the group may have been a factor, i.e. all participants were Lebanese, despite the internal diversity of the group (religion, social status, age, geographic distribution, etc.).
- Both groups created their own social media groups (WhatsApp) to stay connected. In Jordan, the group was active for two months, and today it serves as a notice board of activities. The group in Lebanon remains active after the end of the work, they report checking in on each other and actively planning for bi-monthly meet-ups.
- Written and verbal testimonies from participants during and months after the initiative's completion indicate how much they benefited from a process like this.
- Clinicians working with participants reported that their clients had improved significantly and wanted to know more about the creative arts therapy group process.





# III. CONCLUSION



## Several things make this model unique in the context:

- The intentional targeting of this population, persons with lived experience of suicide, in Jordan and Lebanon was unique. For participants, it validated difficult personal journeys where painful life experiences compounded mental health challenges.
- The intentional merging of various creative arts therapy forms and facilitators gave participants a more 'inclusive' container for processing painful experiences.
- Relying on group work and focusing efforts on building community among the participants was essential. Participants needed to feel connected. Maybe the most significant impact was finding common ground for participants to engage, giving them their voices back, and building community amongst themselves.
- The experience was a rich one on many levels. Participants guided us into their worlds, trusting us to hold the space for them and engaged with each other on a deeper level. Testimonies shared immediately after and again a few months later, and in the case of Jordan more than one year later, pointed to the significant impact the work had had on the participants.
- The facilitation was a balancing act among different variables, including creating a safe space, merging content and processing, creating community from groups of strangers and supporting a growth journey.



## On sustainability and advocacy:

- A process like this needs sustained efforts meaning that the organisers must support participants to keep meeting throughout the first year. What does this mean? It means that with the end of the formal workshop, participants should be encouraged to develop a 'plan' on how they, as a group, may be able to meet up every month or so to stay in touch. It can also mean that the organiser initially helps by suggesting a future date one month after the group ends to give participants a sense of relief that the process is not being dropped with the coming to an end of the workshop. In Lebanon, for example, the latter proved to be more effective.
- Follow-up or making future support resources available to the participants, at least in the first six months after the workshop ends, is important as it gives them a sense of peace that they have not been left alone. This could simply mean that a monthly date is set where all can gather over coffee/juice and catch up. The participants might choose to do an activity that they worked on during the workshop if they want or develop their own ritual.
- This work must be accompanied by efforts to influence those in positions where policies can be impacted. In Jordan, following the workshop, the RP-MHPSS conducted several round-table discussions with key actors from government bodies, humanitarian organisations, diplomatic corps, mental health organisations, and policymakers to raise awareness on mental health, suicide, and regional challenges. Two exhibitions and a performance piece were further organised and later opened to the public as part of an awareness-raising campaign.





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**WE SINCERELY HOPE  
THIS BOOKLET INSPIRES  
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CREATIVELY OF WAYS TO  
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