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Mindfulness-Based Creative Art Expressive Therapy: An integrative psychotherapy approach to posttraumatic stress disorder in migrants.

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Panel: Trauma.

Abstract

Venezuelan migration, one of the most significant migration crises in Latin America, has profoundly impacted migrants' mental health, with Post-Traumatic Stress Disorder (PTSD) being a primary concern. This study aims to develop an integrative psychotherapeutic model based on expression, arts, creativity, and mindfulness (Mindfulness-Based Creative Art Expressive Therapy, MBCAET) for the treatment of PTSD in migrants. A qualitative methodology was employed using content analysis, incorporating bibliographic sources on mindfulness-based therapies, Gestalt therapy, and creative arts therapies (CATs). Additionally, records from mindfulness-based emotional support groups conducted by the Venezuelan Foundation for Psychology of Art (FUNVEPSIARTE) between 2018 and 2024 were analyzed. Findings revealed that MBCAET integrates psychotherapeutic and artistic approaches, fostering emotional regulation, creative expression, and identity reconstruction in migrants with PTSD. However, limitations were identified in the empirical validation and standardization of the model. In conclusion, MBCAET represents a promising approach to addressing PTSD in migrants by combining mindfulness techniques with creative arts. Further research is necessary to validate its effectiveness and adaptability across diverse cultural contexts.

Key words: Migration, Post-Traumatic Stress Disorder (PTSD), Mindfulness, Creative Arts Therapies (CATs), Psychotherapy integrative.

Introduction

Migration in Venezuela

Venezuelan migration in recent years has been catalogued as one of the most significant migration crises in Latin America, with more than 7.7 million people leaving the country due to socio-political and economic factors (The UN Refugee Agency, 2023). This phenomenon has generated a profound impact on the mental health of migrants, with some problems being predominantly psychological in nature, such as pre-existing mental disorders, states of depression or anxiety and posttraumatic stress disorder, while others are primarily social in nature and have causes such as separation from family, loss of social networks or less access to resources (Organización Internacional para las Migraciones, 2021).

Posttraumatic Stress Disorder

Post Traumatic Stress Disorder (PTSD) develops after exposure to traumatic events and is characterized by intrusive symptoms (flashbacks), avoidance, alterations in cognition, mood, arousal and reactivity, and may present with dissociative symptoms (depersonalization or derealization) or with delayed expression (symptoms appear six months or more after the trauma) (American Psychiatric Association, 2022).

Migration, especially when it occurs in contexts of violence, persecution, or forced displacement, constitutes a significant risk factor for the development of PTSD in migrant populations (Silove et al., 2017). Migrants and refugees may experience multiple traumatic events before, during, and after the migration process. These factors include exposure to violence, family separation, legal uncertainty, and discrimination in the host country (Fazel et al., 2005). Studies have shown that the prevalence of PTSD is higher in displaced populations compared to the general population (Blackmore et al., 2020).

PTSD symptoms in migrants may manifest through re-experiencing the trauma, avoidance of related stimuli, cognitive and mood disturbances, as well as hyperarousal of the nervous system (American Psychiatric Association, op cit.). In some cases, these symptoms may be exacerbated by lack of access to mental health services and language and cultural barriers (Miller & Rasmussen, 2017).

Mindfulness-Based Cognitive Therapy and Posttraumatic Stress Disorder

Mindfulness-Based Cognitive Therapy (MBCT) was initially developed by Segal et al. (2017) as an adaptation of Kabat-Zinn's (2016) Mindfulness-Based Stress Reduction Program (MBSR), with the aim of preventing relapse in depression. However, its focus on mindfulness and acceptance of thoughts and emotions has been shown to be useful in the treatment of PTSD (Boyd et al., 2018).

MBCT is structured in 8 weekly sessions of approximately 2 hours, with four follow-up sessions during the following year, and is usually developed in group format (up to 16 patients), who are asked to practice, for 45 minutes, meditation at home. A full-day “retreat” may also be included between sessions 6 and 7 and post-intervention “booster” sessions (American Psychological Association, 2019).

Traditionally, evidence-based treatment approaches include Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR). However, in recent years the application of MBCT for the management of PTSD has gained relevance, especially in cases where conventional strategies present limitations or are less tolerable for patients (King et al., 2013). According to Garland et al. (2017), MBCT allows patients to look at their traumatic thoughts and memories with an accepting and nonjudgmental attitude, which reduces the emotional reactivity and rumination associated with PTSD.

On the other hand, it is important to consider the research that has emerged regarding the role of the cerebral amygdala in monitoring the incoming stream of perceptual information and its direct association with a traumatic event. Siegel (2012) notes that “if we have been sensitized by a painful past event, such as trauma or loss, the amygdala adds that context to its list of things to watch out for in everyday life” (p. 139). This author adds that the amygdala registers in its list these items to a past trauma, when it detects the stimulus in the context it amplifies it and executes all the psychophysiological activation.

In this regard, recent research has shown that MBCT can modulate amygdala activity and strengthen connectivity with the prefrontal cortex, which supports emotional regulation in individuals with PTSD (King et al., op cit.). Inclusively, a clinical study by Banks et al. (2015) found that participants with PTSD who received MBCT showed significant symptom reduction compared to a wait-list control group, with sustained improvements in emotional regulation and

quality of life. These findings support the efficacy of MBCT as an alternative or adjunct to conventional treatments for PTSD.

Gestalt Therapy and Posttraumatic Stress Disorder

Gestalt Therapy (GT), developed by Fritz Perls in the 1950s, is based on awareness of the present, integration of experiences and self-responsibility (Perls et al. 1951). Naranjo (2006) distinguishes two different forms of techniques for the client to connect with his or her experience. One consists in stopping the avoidance of the experience (suppressive techniques) and the other in deliberately exaggerating the content of the awareness in order to become more easily aware of it (expressive techniques). Both are interdependent. Likewise, the author makes reference to the fact that to express oneself is to realize oneself, without it, one lives incomplete. Childhood wounds lead to the use of survival strategies, which then become a rigid identity, far from what we really are and our true nature.

Following the contributions of Castaño (2021), the expressive techniques suggest that the practice of attention or awareness serves the metaphor of concentrating on the screen to be able to see what appears or is represented on it. Some of the expressive techniques of GT are those of art, movement and sound proposed by Stevens (1992) who also proposes techniques aimed at awareness, internal communication, communication with others, imaginary journeys, in pairs, couples and group activities.

Creative adjustment is a concept established by GT that allows us to understand the use of art as a technique of expression within this psychotherapy. "The creative adjustment is an overcoming, a distancing. It begins with a maladjustment, a de-construction, a de-structuring." (Delacroix, 2009, p. 442). As mentioned above, art not only allows the expression of the subject but also facilitates contact, that the person is in the here and now, and in some cases leads to realization.

Its application in the treatment of PTSD has been explored in the context of reconnecting with emotional experience, integrating dissociated fragments of the self, and restoring personal agency in individuals affected by trauma (Clarkson, 2013; Francesetti et al., 2013). PTSD is characterized by a temporal dissociation that keeps the individual trapped in re-experiencing the trauma (Van der Kolk, 2015). GT helps people anchor the experience in the present, promoting greater awareness of their emotional and somatic state without being

stuck in the past (Polster & Polster, 1974). Gestalt emphasizes self-responsibility and empowerment, which is crucial in the treatment of PTSD. This approach allows patients to recognize their capacity for agency, reducing feelings of learned helplessness that often accompany trauma (Clarkson, 2014).

Mindfulness-Based Creative Arts Therapies

Several researches endorse the benefits of Creative Arts Therapies (TACs) in migrant people, highlighting their benefits for the construction of identity and belonging (Stuckey & Nobel, 2010) and the facilitation of resilience (Koch, 2017). They are responsible for studying, developing and applying techniques, strategies and methods with the aim of defining a link of socioemotional help through one or more artistic languages: art therapy, dance therapy, drama therapy, psychodrama, music therapy, poetry therapy and expressive arts therapies; which allow addressing the social, affective and integral developmental needs, managing to intervene the difficulties or emotional and/or behavioral alterations present in the human being (Mateos, 2011).

Mindfulness in CATs can be viewed from two perspectives: (1) the processes inherent in the arts that cultivate mindful awareness and engagement in the present moment, and (2) the application of mindfulness practices to CATs (Rappaport and Kalmanowitz, 2014). Each art form offers opportunities to access an inner witness generating possibilities to be fully absorbed in the experience of the present moment, such as happens in artists in which by engaging in the process of creating art they can be absorbed in a state of flow (Csikszentmihalyi, 1990, p. 32). This generates in people a sense of being immersed in the process, a calmness of mind, an experience of unity through one's own artistic experience engaged in the present moment and an absence of linear time.

In this sense, among the artistic, creative and expressive disciplines that have a foundation supported by Mindfulness-Based Interventions (MBI), we find Mindfulness-Based Art Therapy (Peterson, 2000, 2014, 2008; Monti et al., 2006, 2007), being the only program in this work that has a group structure associated with the MBSR program. In the case of dance movement therapy (Csordas, 1993; Koch and Fuchs, 2011; Tania, 2014) and dramatherapy (Gluck, 2007; Linden, 2009), an integration with the mindfulness technique has been found settling a systematization with some IBM; in the case of music therapy (Brummel-Smith, 2012;

Chwalek & McKinney, 2015; Davis & Hayes, 2011; Grocke & Wigram 2007; Hammer, 1996; Hofmann & Gómez, 2017; Sorensen et al. , 2018; Weber, 1996; McGraw Hunt, 2013), a linkage to dialectical behavior therapy has been identified. Likewise, a CT program supported in MBCT is absent (Alvarado & Ruiz, 2024).

Creative Arts Therapies and Post Traumatic Stress Disorder

Trauma often generates blocks in verbal communication due to the activation of subcortical areas of the brain, which hinders the linear narration of the experience (van der Kolk, op cit.). CATs allow people to express their emotions and traumatic memories without the need to verbalize them, reducing distress and promoting trauma processing (Hass-Cohen & Findlay, 2008). Art and music have a regulating effect on the autonomic nervous system, favoring the reduction of the hyperarousal characteristic of PTSD (Gerge, 2020). Music therapy, for example, has been shown to be effective in reducing anxiety and sympathetic nervous system hyperactivity (Beck et al., 2018). Likewise, CATs favors the reconstruction of fragmented identity after a traumatic event by fostering creativity and personal empowerment (Malchiodi, 2023). Expressive writing, for example, has been shown to enhance narrative coherence in people with PTSD, allowing them to integrate the traumatic event into their personal story (Pennebaker & Smyth, 2016).

While CATs have shown benefits in reducing PTSD symptoms, some of their interventions lack structured protocols and standardization in their clinical application (Gerge, op cit.). Unlike CBT or prolonged exposure therapy, they do not always have validated treatment manuals (Resick et al., 2017). Moreover, evoking traumatic memories through artistic expressions may reactivate symptoms without adequate emotional regulation (van der Kolk, op cit.). CATs require specialized spaces, materials and training, which makes their implementation difficult in certain clinical contexts (Malchiodi, 2021). While CT may be useful for emotional expression and regulation, it does not replace structured approaches such as CBT or MBCT, which have demonstrated efficacy in the treatment of PTSD (Resick et al., op cit.). Combining CATs with these therapies allows maximizing their benefits and minimizing their limitations (Monti et al., 2006).

This generates motivation to explore the construction of an intervention from an integrative model that includes the different CATs supported by MBCT in order to evaluate their

effectiveness in clinical and health conditions, including a defined structure (number of sessions), classification of techniques (mindfulness: formal/informal; CATs: active, receptive; methods: improvisation, among others) and exercises during the meetings and at home: non-existence of techniques based on CATs (Alvarado and Ruiz, 2024).

Fundamental Principles and International Standards in Psychotherapy

Declaration of Strasbourg (1990)

The 1990 Declaration of Strasbourg lays the foundations of psychotherapy as an independent discipline within the human sciences and promotes its recognition as an autonomous profession. This document, signed by representatives of 14 European countries and endorsed by the European Association for Psychotherapy (EAP), stresses the need for rigorous and standardized training that includes theory, supervised practice and personal experience in one or more psychotherapeutic methods. In addition, it emphasizes the importance of diversity of approaches and accessibility to the profession from previous training in human and social sciences (European Association for Psychotherapy, 2019).

The relevance of this declaration lies in the fact that it formalizes the practice of psychotherapy in a context of free movement of professionals and services within the European Union. In contemporary terms, it remains a key reference for the regulation and harmonization of standards in psychotherapeutic practice in different countries.

Vienna Declaration (1996)

According to the Colegio Oficial de Psicólogos de España (1997), at the First World Congress of Psychotherapy in Vienna in 1996, more than 4000 specialists signed the Vienna Declaration, which urges governments to integrate psychotherapy into public health programs. This document highlights the efficacy of psychotherapy in reducing somatization derived from emotional conflicts and in reducing medical and social costs related to psychosomatic illnesses.

From an evidence-based approach, the statement warns that the reduction of psychotherapeutic services due to austerity measures may generate higher costs in the long run. Furthermore, it emphasizes the need for psychiatric and psychosomatic diagnoses not to

harm the social and economic stability of patients. Another key point is the demand for guarantees in the quality of psychotherapy through legislation regulating professional training and practice.

This document became a frame of reference for the integration of psychotherapy within national health systems, arguing its role not only in intervention, but also in the prevention of mental disorders.

World Council for Psychotherapy Standards for Psychotherapeutic Training

The World Council for Psychotherapy (2011) has defined a set of criteria for psychotherapy training, ensuring its scientific rigor and effectiveness as a mental health intervention. The standards include the following fundamental principles:

- Psychotherapy should be based on structured, self-consistent theories about the human being, health, illness, and the therapeutic relationship.
- It should have specific methods that contribute to the theoretical development and understanding of human nature.
- The training should include verbal and non-verbal exchange, allowing a holistic understanding of the patient.
- Psychotherapeutic practice should be supported by a clear scientific rationale and defined strategies for intervention and behavioral change.
- Training should promote critical reflection within the professional community and encourage dialogue between different therapeutic modalities.
- The discipline should be constantly evolving, integrating new and differentiated knowledge and ensuring alignment with scientific psychotherapy.
- These standards ensure that psychotherapeutic training is developed with a high level of competence, scientific validation and alignment with internationally recognized therapeutic approaches.

Research question

Considering the above, it is necessary to ask what are the key components of an integrative psychotherapeutic model based on expression, arts, creativity and mindfulness for the treatment of PTSD in migrants? Therefore, the purpose of this research is to analyze an

integrative psychotherapeutic model based on expression, the arts, creativity and mindfulness for the treatment of PTSD in migrants.

Research purpose

Develop key components of an integrative psychotherapeutic model based on expression, arts, creativity and mindfulness for the treatment of PTSD in migrants

Methodology / Approach

In this research, a qualitative study was conducted through the content analysis technique, using documentary analysis of bibliographies, including articles published in Google Scholar related to MBCT, GT and CATs. Inclusion criteria included papers addressing expressive techniques of GT and mindfulness-based techniques of CATs. In addition, records of Mindfulness-based Emotional Support Groups developed by the Fundación Venezolana de Psicología del Arte (2022; FUNVEPSIARTE, for its acronym in spanish) with presence in Chile and Venezuela between the years 2018-2024 and the international regulatory framework of psychotherapy in the world were included.

The information was organized according to the categories that emerged: Epistemological and Theoretical Foundation, Development of Methods and Intervention Strategies, Evaluation and Validation of Knowledge and Practice, Communication and Reflection in Psychotherapeutic Practice. For the analysis, a qualitative methodology based on content analysis techniques through categorization was used (Krippendorff, 2019; Fernández & Baptista, 2014; Kyngäs, 2008). Finally, the process of categorization, analysis and interpretation emerged from the context itself, reformulating, reconstructing, expanding and correcting theoretical constructions that emerged referring to the Mindfulness-Based Creative Art Expressive Therapy (MBCAET) (Martínez, 2008).

Results/Findings

This research has allowed the articulation and reconstruction of various theoretical and methodological approaches to MBCAET as a possible integrative psychotherapeutic model for

addressing PTSD in migrants. The triangulation between bibliographic sources, experiences in the Emotional Support Group based on Mindfulness of Fundación Venezolana de Psicología del Arte (op cit.) and the perspectives of the researchers, has facilitated the identification of strengths, gaps and possibilities for development within this therapeutic framework. The conclusions are presented below, organized into the following categories of analysis:

Epistemological and Theoretical Foundation

From an epistemological approach, MBCAET is inscribed in an integrative and transdisciplinary vision, where humanistic psychology, phenomenology, cognitivism, neurosciences and contemplative traditions converge. Authors such as Gendlin (1998), with his Focusing theory, have highlighted the importance of access to the preconceptual experience in therapeutic processes, which finds resonance in mindfulness and expressive practices as tools for the symbolization of trauma.

Likewise, the principles of mindfulness-based interventions (Segal et al., 2017; Kabat-Zinn, 2003) and Acceptance and Commitment Therapy (ACT) (Hayes et. al, 1999), provide a conceptual framework where emotional regulation and acceptance play a central role. These findings reinforce the idea that the integration of mindfulness, creativity, arts and expression enhances the capacity of migrants to face their traumatic experiences from a posture of presence, self-exploration and resignification.

At a theoretical level, the MBCAET proposal is also intertwined with the developments of CATs (Malchiodi, 2006), in particular with the conception of art as an experiential process and not only as a form of symbolic communication. In this sense, the integration of artistic and creative expressions and meditation not only facilitates emotional expression, but also fosters the development of an alternative narrative that counteracts the dissociative effects of trauma.

Development of Intervention Methods and Strategies

One of the most relevant findings in this study is the synergy between psychotherapeutic, therapeutic and mindfulness intervention methods and strategies, which allows for greater flexibility in the application of MBCAET in different therapeutic contexts. In this sense, it was identified that:

- The incorporation of body awareness exercises (inspired by body scan and meditation in movement) accompanied by sounds favors the integration of the somatic experience in the therapeutic process.
- Artistic creation guided by mindfulness (drawing, painting, modeling or musical improvisation while maintaining an attitude of non-judgmental observation) enables a reformulation of the internal experience without the need to resort exclusively to verbal language.
- The use of creative narrative structures (such as the visual-meditative diary or spontaneous writing in meditative states) allows the reconstruction of the identity fragmented by the migratory trauma.

These findings coincide with the proposal of Hass-Cohen & Carr (op cit.), who emphasize that the combination of somatic and expressive approaches in therapy facilitates the reintegration of traumatic memories through access to implicit forms of knowledge.

Evaluation and Validation of Knowledge and Practice

While MBCAET presents itself as a promising therapeutic model, empirical validation of its effectiveness still requires more robust development. There are multiple studies on the efficacy of mindfulness in reducing PTSD (Banks et al., op cit.), as well as on the benefits of art therapy in emotional regulation (Gussak, 2009), but the specific combination of both approaches still lacks rigorous systematization.

From a qualitative methodological perspective, phenomenological analysis of the experiences of participants in MBCAET-based interventions suggests that perceived subjective changes include an increased capacity for emotional self-regulation, decreased rumination and strengthened sense of agency. However, it would be critical to develop studies with mixed approaches that include:

- Pre-post intervention psychometric evaluations to measure the impact on PTSD symptomatology.
- Longitudinal studies exploring the sustainability of changes over time.
- Design of standardized programs that allow replicability of findings in different migration contexts.

Communication and Reflection in Psychotherapeutic Practice

The integration of MBCAET in psychotherapeutic practice requires a critical reflection on the role of the therapist as a facilitator of creative and mindfulness processes. In this sense, it has been identified that:

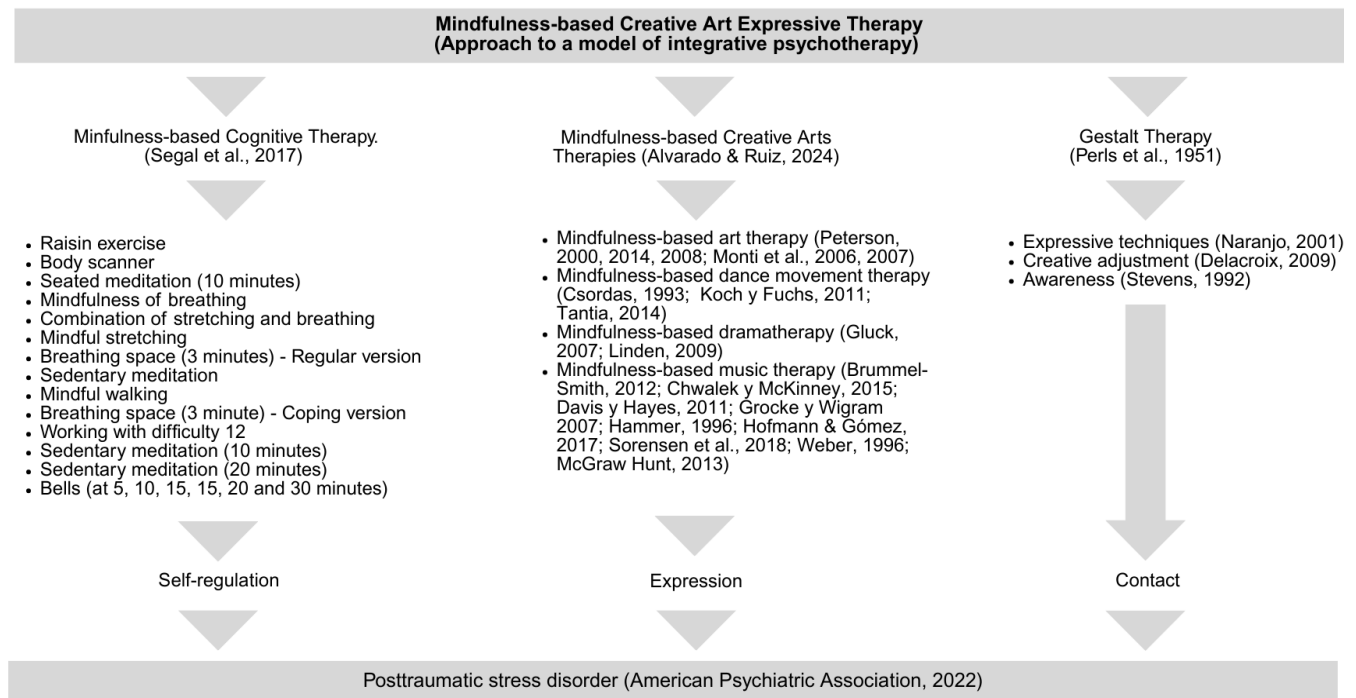
- The therapist's posture should not be directive, but should encourage a space of open exploration where the patient can find his or her own form of expression.
- The therapist's training in mindfulness is fundamental, since the therapist's ability to sustain a climate of presence and acceptance directly influences the patient's experience.
- Therapeutic communication in the MBCAET context moves away from traditional interpretive models and is more oriented towards empathic witnessing and experiential validation.
- These findings are consistent with McNiff's (2009) view of the need for therapists in expressive arts settings to develop an attitude of deep listening and embodied attention to maximize therapeutic impact.

Figure 1 below illustrates an integrative model of PTSD intervention from the MBCAET. It is organized into three therapeutic approaches that address key dimensions of the recovery process; self-regulation, expression and contact:

- Self-regulation: The left column presents MBCT (Segal et al., 2017), focused on developing strategies to modulate the patient's physiological and emotional arousal. Techniques such as meditation, body scanning and conscious breathing contribute to stabilize the nervous system and reduce the hyperarousal characteristic of PTSD.
- Expression: In the central column, Mindfulness-based CATs (Alvarado and Ruiz, op cit.) facilitate the externalization of PTSD symptoms through non-verbal means. Mindfulness-based art therapy, dance therapy, dramatherapy and music therapy allow processing traumatic experiences in a symbolic and bodily way, promoting deeper emotional integration.
- Contact: Finally, the right column presents GT (Perls et al., 1951), which emphasizes awareness and contact with the present experience. Techniques such as creative adjustment and "noticing" help the patient to reconstruct the relationship with himself

and with others, favoring social reintegration and the reestablishment of a cohesive identity.

Figure 1. Mindfulness-based Creative Art Expressive Therapy for the treatment of Posttraumatic Stress Disorder in Migrants.



Note. Alvarado & Ruiz (2025).

Overall, this integrative approach addresses PTSD symptoms from a progressive process, maintaining the criteria of an MBI program in which emotional regulation, trauma expression and the restoration of contact with reality and one's own history are in synergy.

In this sense, the MBCAET represents an innovative and holistic approach to the approach of migratory trauma. By articulating theoretical constructs from psychology, psychotherapy, neuroscience and contemplative traditions, this therapeutic modality offers a framework that not only allows emotional regulation, but also favors a resilient identity reconstruction.

However, the development of this proposal still requires further empirical validation, as well as the design of methodological strategies that allow us to measure its impact with greater precision. Likewise, it is essential to continue reflecting on the processes of communication and co-construction of meaning within the psychotherapeutic space, ensuring that this practice

continues to evolve in an ethical and effective way to respond to the complex realities of migrant populations affected by PTSD.

Conclusion / Perspective

The findings obtained from this study make a significant contribution to the field of psychology, especially in the area of psychotherapy and therapeutic interventions for migrants suffering from PTSD. The MBCAET proves to be a promising methodology for addressing the emotional and psychological effects of migration trauma.

The combination of artistic-creative techniques with mindfulness practices offers a holistic approach that facilitates access to deep emotions, improves emotional regulation and promotes resilience. Through artistic and creative expression, participants are able to process their traumatic experiences in a non-verbal way, while mindfulness allows them to observe and accept their thoughts and feelings without judgment, providing a safe space for emotional healing.

This integrative model offers a valuable alternative to traditional psychotherapeutic interventions, which often focus exclusively on the cognitive and verbal aspects of treatment. In this sense, the results obtained suggest that the use of artistic and creative tools in combination with mindfulness may provide a more accessible and less invasive avenue for those who, due to their migratory context, may have barriers to access conventional therapies.

As lines of future research are identified:

- Rigorous pre-screening: Implement initial screening processes to identify those who may be at risk of adverse effects, taking into consideration migrants with severe disorders, such as psychotic or dissociative conditions, who may not benefit from the MBCAET approach or may even experience an exacerbation of their condition by using introspective and creative methods that could further disrupt their perception of reality.
- Comparative efficacy with other interventions: Although the findings are encouraging, it would be relevant to conduct comparative studies with other therapeutic approaches used for the treatment of PTSD in migrants, such as CBT or EMDR, to assess which of these methods is more effective or suitable for different groups of people.
- Longitudinal studies: Long-term studies would be essential to explore the sustainable effects of MBCAET on PTSD symptom reduction. In this way, it could be determined

whether the observed benefits endure over time and how these practices impact migrants' overall well-being in the long term.

- Cultural diversity and therapy adaptation: Given that migrants come from different cultural backgrounds, it would be valuable to investigate how art, creativity, and mindfulness-based interventions can be adapted to be culturally competent. This line of research could help to customize interventions in a way that respects the specific traditions, beliefs, and experiences of each cultural group.
- Specific case studies: Future research could include the analysis of individual cases to delve into how artfully creative therapy adapts to the particular emotional and psychological needs of migrants of different ages, genders, and migration trajectories.
- Preventive Interventions: Explore how MBCAET could be integrated into preventive programs for migrants before they develop PTSD, especially those in vulnerable situations or at risk for trauma due to migration events.
- Importance of funding for therapy development and implementation: Adequate funding is essential to ensure the implementation and sustainability of MBCAET in the treatment of PTSD in migrants. Future research should focus on identifying sources of funding, whether through government grants, international humanitarian aid agencies, non-governmental organizations (NGOs), or public health programs. Having financial resources would allow for the training of psychotherapists, the development of teaching materials, the creation of accessible therapeutic spaces, and ongoing evaluation of the effectiveness of therapy. In addition, funding could facilitate the integration of this approach into mental health policies aimed at migrant populations, ensuring its viability and expansion globally.

This paper contributes to a better understanding of how integrative psychotherapeutic approaches that combine the arts, creativity, expression and mindfulness can be effective in the treatment of PTSD in migrants. The results highlight the importance of using flexible and accessible methods that effectively respond to the psychological and emotional needs of migrants. The implementation of MBCAET opens a promising space for future research to deepen its application and effectiveness, improving the quality of life of migrants facing the traumatic effects of displacement and exile.

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