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An Art Therapy Domestic Violence Prevention Group in Mexico

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This paper explores the implementation, course of treatment, achievements and limitations of an art therapy domestic violence prevention group in Mexico. The group was part of a Mexican pilot program utilizing a solution-focused model developed by Stith, McCollum, and Rosen (2007) in the United States. The art therapy group served Otomí clients, who are members of a unique indigenous sub-culture within Mexican society. A brief literature review discusses domestic violence, solution-focused treatment, couples groups, and the particular complexities of working inter-culturally. The course of treatment is presented and the achievements and limitations of the program are briefly evaluated within the context of cultural and societal factors. Art making as a culturally sensitive facilitator of treatment is discussed. Challenges associated with language, poverty, and health are considered in terms of clients' ability to complete the program and maximize its effectiveness.

This article explores the development and implementation of an innovative domestic violence pilot program in Mexico. The government sponsored program adapted Stith, McCollum, and Rosen's (2007) solution-focused couples group model to provide six domestic violence prevention groups in the state of Querétaro. Five of these groups provided therapy to city-dwelling Mexicans. The sixth group, which is the subject of this article, served members of the Otomí indigenous population who had migrated from rural areas. The incorporation of art therapy into this particular group was intended to assist in bridging cultural gaps through creative, non-verbal communication.

A brief review of the literature discusses treatment and cultural issues considered in developing this program. The setting and course of treatment are presented through clients' responses, illustrative artwork, and therapists' reflections. Finally, the program's goals, achievements, and limitations are evaluated within the context of the unique cultural needs, and conclusions for future implementations of such programs are discussed.

LITERATURE REVIEW

This review examines systemic understandings of marital relationships and domestic violence. Literature concerning the

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treatment of domestic violence is reviewed, and the original program developed by Stith et al. (2007) is described. Additionally, it presents relevant art therapy thinking that supported the adaptations within this specific group's context.

Marital Relationships and Domestic Violence

The couple is a dyadic system with many challenges, responsibilities, expectations, and functions (Troya, 2000). When couples are raising children, the dyadic challenges are complicated by the need to provide physically and emotionally for their families (Troya, 2000). Additionally, society has its own rules and expectations for couples with both explicit and implicit means of enforcement (Vicencio & Torres, 2003). In traditional Mexican culture, men's and women's roles are rigid (Díaz Guerrero, 1975), and women are expected to contribute emotional support and be dependent and subordinate to men (Vicencio & Torres, 2003).

The Instituto Nacional de Geografía (2003) reports that violence exists in one third of all households in Mexico City. According to Villarreal (2007), Mexican women are less likely to be the victims of violence if they are employed because more controlling partners will prevent women from working and are more likely to be violent toward women. In 2007, the General Law on Women's Access to a Life Free of Violence was passed. However, Pick, Contreras, and Barker-Aguilar (2006) claim the laws that should protect women from violence are often not enforced in ways that effectively reduce violence. Batterers are often fined or imprisoned, but rarely treated. Domestic violence treatment in Mexico generally focuses on treating and providing safe shelter to the victims, as well as media campaigns for increased awareness and prevention. Pick et al. (2006) report that the Mexican Institute for Research on Family and Population provides psycho-education workshops in low-income neighborhoods to improve gender equality in relationships, empowerment, and economic and physical well-being.

Domestic Violence Treatment

Johnson and Ferraro (2000) clarify understandings of domestic violence as well as explore how issues of control, power, and violence impact relationships. They point out how in order to create relevant and effective treatment, it is necessary to consider the specific context of violence and not generalize or make assumptions. Stith et al. (2000) analyzed domestic violence re-

search and discovered a relationship between experiencing or witnessing domestic violence in childhood and involvement in intimate partner violence as an adult. Increasingly, scholars are considering cultural diversity when looking at how to most effectively treat domestic violence (Vaddiparti & Varma, 2009); however, there is limited literature on how to effectively adapt treatment programs.

Solution-focused domestic violence treatment. Stith et al. (2007) developed a structured group that integrates a solution-focused model with psycho-education and mindfulness exercises for couples that wish to stay together and eliminate violence. Individuals are evaluated separately before the group meets, couples must be in agreement about the frequency and severity of the violence, and incidents of life-threatening violence result in exclusion from the groups. Each partner must sign a no-violence contract.

In this program, therapists take an appreciative stance and affirm that when couples arrive, they already have competencies, resources, and strengths that may have been ignored or minimized (Stith et al., 2007). The model suggests that couples work together sometimes and be separated by gender at other times. The curriculum includes psycho-education, skill building and the creation of a safety plan.

Multi-couples group format. According to Stith, Rosen, McCollum, and Thomsen (2004), multi-couples groups focused on intimate partner violence are significantly more effective in reducing recidivism and increasing marital satisfaction than individual couple therapy. Rosen, Matheson, Stith, McCollum, and Locke (2003) state that conventional domestic violence treatment that separates couples is less effective, and for couples with low levels of intimate partner violence that wish to stay together, it is more effective to teach partners the tools at the same time. The multi-couple model also provides the opportunity to address violence originating in female intimate partners, a topic that is often minimized and misunderstood according to McHugh, Livingston, and Ford (2005).

No couples-focused treatment for domestic violence was available in Mexico until Stith was brought to the state of Querétaro to train therapists, and six pilot groups were initiated in 2009. The limited culturally specific research and treatment modalities available propelled the government of Querétaro to adapt this U.S. curriculum despite potential challenges for Mexican populations.

Art Therapy Contributions

Challenges experienced by couples and families can be illustrated and assessed through art therapy tools, and art making can also offer alternative ways to communicate and work through clinical concerns (Landgarten, 1987). Art therapy can be incorporated within a wide range of family therapy models and help couples and families integrate treatment goals through creative and reflective tools (Kerr & Hoshino, 2007). Many art therapists highlight the unique characteristics of the art to explore cultural and societal topics through a multi-layered, expressive modality (e.g.

Campbell, Liebmann, Brooks, Jones, & Ward, 2005). Art therapists who have incorporated solution-focused treatments with art therapy (e.g. Riley, 1999; Riley & Malchiodi, 2003) note that art making and art based reflection can facilitate clients' search for positive outcomes and unique exceptions to the problems, reducing shame and increasing the hope for a violence free future. Additionally, art can be a way for couples to create new rituals and promote the creation of healing narratives (Riley & Malchiodi, 2003). Although art therapy research suggests that art increases expression and communication in domestic violence treatment (Singh, 2001; Stronach-Buschel & Hurvitz-Madsen, 2006), there is still limited information regarding the use of art therapy with couples working together to resolve domestic violence in their relationships.

PROGRAM DEVELOPMENT

The art therapy pilot group was located in a neighborhood of the city of Querétaro called Nueva Realidad (New Reality), and it was led by a small team of therapists: a female art therapist who had recently moved to Mexico from the United States, a second female art therapist and a male therapist, both of whom were Spanish-speaking Mexicans. Couples were encouraged to participate by the staff at the local Department of Integral Family Development (DIF), a counterpart to Department of Children and Family Services in the United States. Many of the women had participated in a women's group in the past, and families utilized the DIF center as a neighborhood resource, where children frequently enjoyed the playground outside.

In contrast with the other five groups established at the same time, the clients served by the art therapy group were from Ameco. In this municipality in the state of Querétaro there are 34 settlements comprised of people of Otomí heritage, culture, and language. There is also a much higher prevalence of poverty and domestic violence than in other communities within the state. The other five groups were comprised of city-dwellers who did not have indigenous roots. Interestingly, unlike the art therapy group, these groups continued after the swine flu epidemic and into a second round of the program in the fall, suggesting that the introduction of this treatment model to an indigenous population was very complex.

Culture and Context

For ethnic groups in Mexico, culture often provides identity, solidarity, and family cohesion. Although the Otomí residents living in Nueva Realidad are alienated from their culture due to migration, the Otomí language is still commonly used in the home and when strangers are not present. The children are educated in Spanish and often refuse to speak Otomí in the street due to discrimination and violence, and many reject or deny their Otomí roots.

Most Nueva Realidad households are impoverished and over-crowded. Many Otomí women in Nueva Realidad work as domestic servants or sell newspapers and handicrafts on the streets. This allows them to have more contact with the dominant culture; however, the great majority constantly struggle with

marginalization (Silva Alcántara et al., 2008). Otomí folk art traditions such as embroidery, pottery, and jewelry continue to be handed down through generations, and often are a source of income for families.

Over 50% of all acts of violence in Nueva Realidad are within the family, and over 24% of families in Nueva Realidad report domestic violence incidents including psychological, physical, verbal, financial, and sexual abuse (Silva Alcántara et al., 2008). Due to the high occurrence of domestic violence in participants' families of origin as well as current marital relationships, many women do not see domestic violence as abnormal. In fact, most women in Nueva Realidad believe violence at home cannot be avoided: it is a custom that is part of life from birth until death (Silva Alcántara et al., 2008).

The prevalence of violence mirrors historic and societal conditions faced by the Otomí, one of the most ancient cultures of Mexico, and a frequent target of inter-cultural violence and prejudice. The residents of Nueva Realidad experience challenges of migration, assimilation, housing and land shortages, as well as painful reminders of how they were dominated, raped, and pillaged from pre-Columbian times to the present (Riva Palacio, 1981). Many couples also struggle with alcohol use, contributing to a higher prevalence of domestic violence.

Initial Goals

The art therapy couples group was part of a larger domestic violence prevention effort, whose primary treatment goal was to stop all forms of violence in the relationship. Additional goals included both partners' commitment to changing their relationship through building on strengths and past successes, developing solutions, and cooperative conflict resolution. Interventions included psycho-education, meditation, art therapy, and group discussions.

The group began with six couples, ages 20-40, all of whom had migrated from Amealco due to lack of financial opportunities. All had children, and most had known each other for many years and lived in the same community, which impacted their willingness to share sensitive information about their personal lives in the group but also added some sense of comfort. The group met for two hours once a week and was scheduled to last for 18 weeks.

There were significant cultural differences between group members and the therapists, including race, class, cultural background and experience, language, comfort with verbal expression, and beliefs regarding violence, marriage, gender roles, religion, etc. These cultural differences impacted the extent to which the original treatment could be implemented and necessitated adapting the curriculum and adjusting expectations. For example, due to the families' minimal financial resources and lack of basic necessities, individuals and couples frequently had to choose to work instead of coming to the group. The therapists tried changing the times of the group to address these needs and were flexible with the format of the group; however, only three couples attended most weeks. Also, for the majority of the group members Otomí was their first language and Spanish was their second; some participants needed their peers to translate. A few group members were illiterate, and many only finished third or fourth

grade. Due to the importance of handicrafts in Otomí culture and the challenges of using verbal language, the therapists hoped that the use of art in treatment would help to bridge some of the language and cultural gaps.

COURSE OF TREATMENT

Initial Phase

In the initial treatment phase the therapists informed the couples that the men and women would sometimes meet together and sometimes be separated by gender. The therapists asked clients to help create rules for the sessions and emphasized the importance of confidentiality because the participants lived in the same community. Couples presented with both anxiety and hope; it was their first time in a couples group that focused on the difficulties they were experiencing and the different types of violence. Among the therapists and participants there were three different native languages: Spanish, Otomí, and English, and art became the common language.

Following Stith et al.'s (2007) program, during the initial phase the therapists provided psycho-education about the different types of abuse. For many participants it was a surprise to hear that abuse could involve ignoring, shouting, and controlling the finances. The model developed by Stith et al. (2007) is very verbal including handouts and readings. The therapists quickly realized that the original materials (translated into Spanish by the state



Figure 1. Types of abuse.



Figure 2. House of abuse.

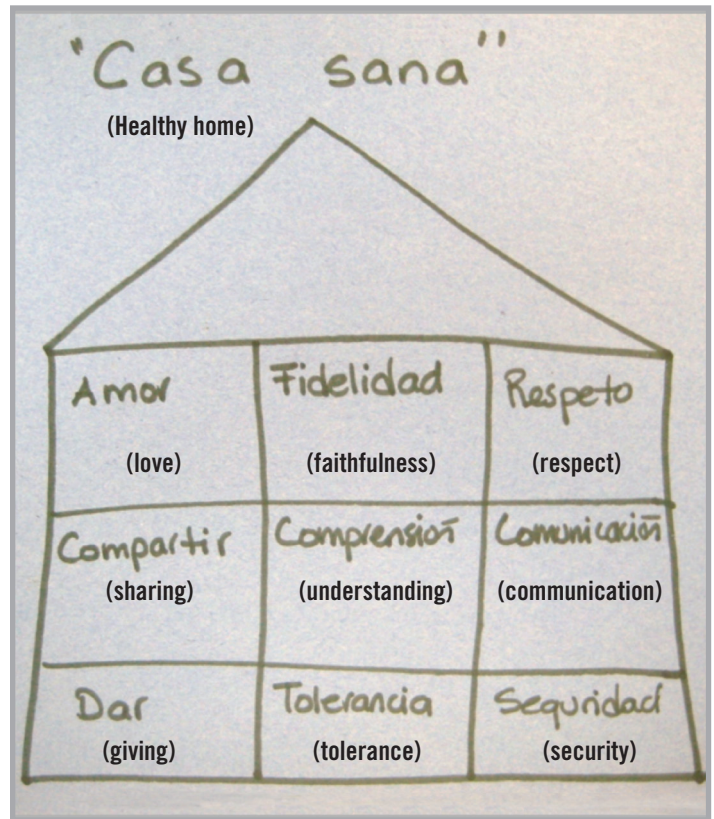


Figure 3. Healthy home.

government) were not effective in this particular group due to the low literacy of participants. In order to better serve a population with limited education and discomfort with verbal expression, the therapists adapted the original curriculum and created a visual representation of the types of abuse (Figure 1) to help facilitate discussions.

Other components of the original program, however, were very useful with this population, especially the focus on strengths, solutions, and the here-and-now, all of which respected the participants' culture and situation. The multi-couples structure of the group paralleled the importance of community for this population, and the separation of the men's and women's subgroups paralleled the strongly differentiated gender roles in the Otomí culture. Group members also were receptive to the use of meditation during sessions to teach positive self soothing skills. The original program incorporated the use of some visual aids: program materials that were continued as the model was adapted. For example, for activities that encouraged the participants to explore a house of abuse (Figure 2) and a healthy home (Figure 3), the therapists created large outlines of a house with multiple rooms, and participants named related characteristics. This group activity and related discussion allowed participants to clarify understanding of abuse as well as begin to imagine components of the healthy home they were working toward.

During these psycho-educational explorations of abusive and healthy homes, participants were able to consider norms and discrepancies. For instance, the question whether sexual infidelity

was a form of abuse became a focus of discussion. The continual need to clarify terms, to be aware of cultural differences between therapists and clients, and the challenges in communicating or relating cross-culturally resulted in enormous challenges for the therapists. Paying attention to these challenges and discussing counter-transference manifestations helped the therapists understand the participants and examine goals and interventions from a fresh perspective.

To understand relationship perceptions while respecting participants' community and gender roles, the therapists separated the men and women according to the format of the original program and had them use art materials to explore goals for the group. The men's group identified the following goals: "value family and the life I have," "respect my partner's opinions," "communicate better," "find a better way to solve problems/conflict," "not fight in front of kids," "be more loving and caring," "laugh and smile more," "enjoy life," "understand my kids' problems," and "live better in the community." In Figure 4 (How I want to be/Como quiero ser) one participant stated that he felt like the man on the left, "Now I don't know where to go, what path to take, I'm searching," while he wanted to be "happy like the fish jumping out of the water, with my family" more like the image on the right.

The art allowed the men to see their lives differently and provided opportunities to express desired changes, identify goals, and engage and communicate in a way they hadn't before with their wives, their fellow group members, and themselves. The men shared their feelings, desires, and ideas about changing their



Figure 4. How I want to be.

lives and living better, perhaps for the first time, and were able to do so within their community. This is significant because they all repeatedly emphasized the importance of community in their lives.

While the same materials were offered for both groups, in the women's group some chose to embellish their collage pictures with additional images using oil pastels. In the art and in their discussion, the women's group reported common experiences of pain, loneliness, difficulties, and hope. They also identified goals of closeness, communication, and acceptance. For example, the client who created Figure 5 reported that she identified with the woman sitting on the ground in the top center image, "With my husband I often feel like I am begging for love, for caresses and for attention." In regard to the lower center collage image she said, "It seems that we walk together but not with the same intention." Her wish, however, is "to feel like a princess, close to him and sharing life together." Of the collage image on the left, she said, "I am asking the saint for a miracle." Regarding the flower she said, "The rose is me... and has thorns because sometimes I have thorns, and I can be very hard on my husband and my kids. But ultimately I am soft and tender."

During the initial phase, the women were able to experience empathy and give support to each other. In addition, they identified goals and wishes, and realized that like the name of their colony, Nueva Realidad, there was a new possibility for themselves and for their daughters.

Middle Phase

During the middle phase of treatment, men and women met together in the same group. They were initially invited to explore positive experiences in their relationships during the week that passed and their contributions to these experiences. Using the art to focus on the strengths within the couple and the family helped them identify common goals in their relationships: communication, special time with children, less shouting/more talking, time together as a couple, and using alternative parenting skills rather

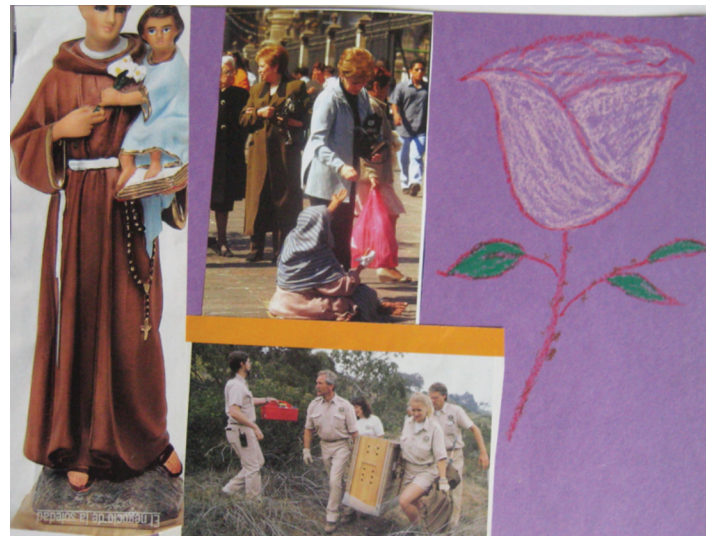


Figure 5. The rose is me...sometimes I have thorns.... But ultimately I am soft and tender.

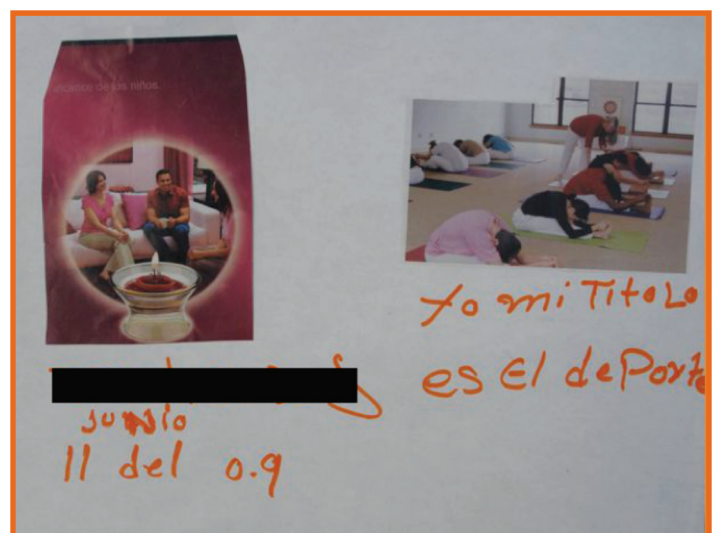


Figure 6. Me, my title is sports.

than the ones they had learned in their family of origin.

Couples were able to communicate their expectations of each other and to name the current challenges and difficulties while celebrating what was working in their relationships. An illustration of how couples were able to interact in a supportive way is depicted in Figures 6 and 7. The husband created Figure 6 while sitting next to his wife and declared that the image on the left represented him and his wife. He said, "This week we talked about things related to our relationship," and about the image on the right, he added, "Sports are my passion, and I played with my kids this week!" He was proud and happy to share these successes with the group.

The wife, who created Figure 7, then shyly reported that her art focused on better communication and having time with the children. As she discussed the photo of the baby, she covered her face with her hands, looked to her husband for words, and finally



Figure 7. Have happiness as a couple and the kids.

expressed that the baby was happy too. It became clear that happiness was the theme. It also became evident that she was unable to write a title for her picture, so her husband chose and wrote the title for her. The joy they both expressed due to the increase in communication during the week, and their playful nonverbal communication during the art making was especially poignant because the husband had stated during the first session that he wanted his relationship to be the way it was when they first met, fun and loving.

Throughout the sessions, this couple and others continued to report increased well-being, communication about their relationships, and time spent with children, as well as new job opportunities, and family members working as a team. Making art as a couple provided an opportunity to share a creative space and be expressive while listening to each other's stories.

Culture also became visible in the art through collage photos; for example, one week a man chose the image of a house (Figure 8) that signified his desire for a better life. Initially, the house seemed out of place in the context of impoverished Nueva Realidad; however, he reported that he had lived and worked in construction in the United States, building houses that looked like the collage image. This image prompted further processing of the impact migration has on families and relationships.

Over the sessions, individuals became more comfortable initiating the art process and were less shy, as evidenced by more verbal and non-verbal participation of both men and women. Clients expressed growing confidence in the group, in the therapists, and in themselves. The weekly homework, another component of Stith et al.'s (2007) original program, allowed clients to focus on weekly progress, which was then reinforced via art making during sessions.

Final Phase

Despite a healthy momentum and weekly progress, this group did not reach the final phase of treatment due to conditions outside the control of the therapists and clients. The swine

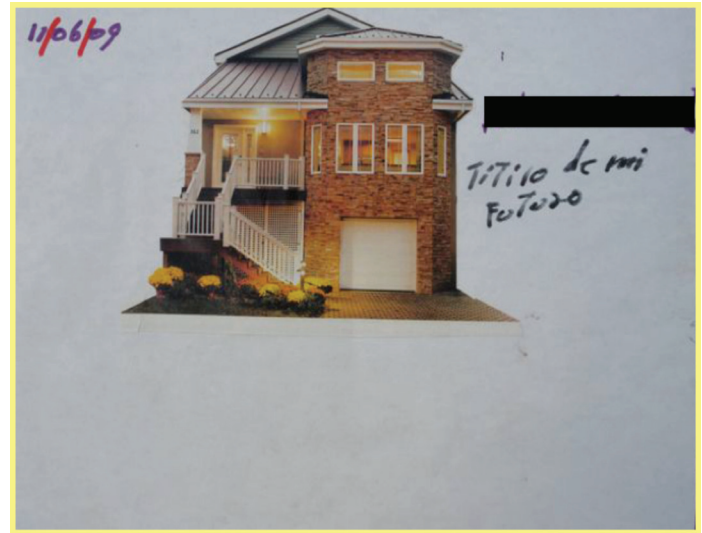


Figure 8. Title of my future.

flu epidemic, which impacted Mexico in 2009, spread to the state of Querétaro and resulted in the closure of schools, businesses, and government offices. These events, combined with planned holidays during Easter, resulted in weeks of missed sessions. The clients did not have telephones, and despite efforts by the therapists to contact them and go to the neighborhood center, the group did not continue.

This last phase was meant to integrate achieved progress with ongoing challenges, and the therapists lamented the premature termination and lack of closure. Nevertheless, multiple gains seemed to have occurred during the progress of the group, even without this last phase, and this observation prompted a preliminary evaluation of the group. The next section attempts to evaluate and summarize the program's usefulness and limitations.

PRELIMINARY EVALUATION

Although services were interrupted and the therapists were not able to systematically evaluate the effectiveness of the group as planned or provide closure, progress was visible each week. Tables 1, 2 and 3 compare (a) initial therapeutic goals as articulated by the therapists, the men, and the women; (b) therapeutic achievements as identified by the therapists and the participants; and (c) curricular adaptations made in response to the cultural/contextual variables.

Overall, there was progress made in a majority of the initial goals summarized above. Although the therapists were not able to assess the prevalence of domestic violence after the program due to premature termination, there were indications of increased awareness and communication, and expression of feelings and thoughts related to strengthening relationships. In addition, participants reported an increased sense of happiness and hope related to time spent together, their ability to function better as a parental unit, and the importance of going through the treatment as part of their community of peers. The clients reported increased positive interactions, communication and time spent

Table 1 *Comparison of Therapeutic Goals*

Named by Therapists (from model curriculum)	Named By Male Participants	Named by Female Participants
-increase awareness	-value family	-achieve closeness
-expand communication	-communicate better	-communication
-decrease violence	-better problem solving	-less shouting, more talking
-strengthen marital unit	-respect partner	-acceptance
-develop solutions	-less fighting in front of kids	-special time with kids
-increase positive affect	-be happy with my family	-time together as a couple
-take responsibility	-live better	-use new parenting skills

Table 2 *Comparison of Therapeutic Achievements*

Named by Therapists	Named By Participants
-facilitated increased expression	-improved self-expression
-increased verbal and nonverbal communication	-communicate better
-increased positive interactions	-felt support of community
-decreased sense of hopelessness	-increased ability to co-parent

together; this was supported by the therapists' observations that the couples became more playful and loving toward each other during the sessions.

Multiple systemic and cultural considerations impacted this program, and although the therapists were able to make adaptations that resulted in positive gains, the success of the group was limited. Becoming acquainted with the unique needs of this population while providing therapy in a multi-couples group setting, and adapting a U.S. based model for domestic violence solution-focused treatment turned out to be very complicated. These challenges were managed by incorporating art making and visual handouts, considering diversity and related counter-transference, and continuously assessing which components of the original program developed in the U.S. were relevant for Otomí clients living in Nueva Realidad.

For example, differences in language, communication styles, economic status, and gender roles impacted how this group was implemented from the very beginning. In order to help bridge these cultural gaps, more time was spent on small talk and rapport building, which slowed down the psycho-educational com-

ponents compared to the intended pace of the original curriculum. The U.S. program was highly verbal and fast-paced, and it was necessary to adapt the psycho-educational materials to make them more visual and accessible to this population. Art became a way to establish a less verbal but no less expressive space to communicate. In fact, the sensitivity and attention therapists paid to cultural and contextual considerations was evidenced in the way that cultural differences entered the conversation much more in the art therapy group than in the five other domestic violence groups based on the same multi-couples solution-focused model and offered in Mexico simultaneously.

Although other materials were offered, it was observed that participants consistently chose collage. The collage images provided were gathered from Mexican magazines, pictorially representing the cultural majority, not the indigenous Otomí. Despite this cultural challenge, as Landgarten (1993) suggested, collage offered an accessible, concrete, and realistic representation of internal experiences that was culturally relevant. Through their choice of collage images, participants explored previously unspoken issues including the importance of supporting each other's parenting choices in front of their children, waiting until later to discuss disagreements, and preparing for challenges in the future.

From the beginning of the group unexpected factors consistently arose, including the levels of poverty and education, the lack of support available to participants, the challenges with scheduling groups, and the fact that some participants required assistance translating from Otomí to Spanish; flexibility was essential. The therapists adapted the group in many ways, including adjusting the start and end time of the group, encouraging parents to bring their children to the group if necessary, and loosening attendance guidelines to allow women to attend without their partners if necessary. However, despite all the efforts to adapt this program to meet the needs of this particular population, the unexpected outbreak of swine flu, and difficulties notifying participants of disrupted or resumed services, resulted in premature termination of the program.

Table 3 *Curricular Adaptations to Cultural and Contextual Variables*

Cultural and contextual variables	Adapted use of visual modality	Adapted use of solution-focused model	Adapted use of multi-couples strategies
-language barriers -concrete thinking -limited education	-created visual versions of handouts to make psycho-education more accessible	-focused on present and strengths of couples	-treatment within community
-shared cultural background of participants	-provided opportunities for shared experiences in the here-and-now	-exploration of concepts (i.e. house of abuse and healthy house)	-dialogue and active listening in couples' dyads
-multiple stressors including poverty, discrimination, illness	-increased personal expression	-self soothing skills (i.e. meditation)	-modeled alternative ways of communication
-high prevalence of violence and alcohol use/abuse	-homework reinforced and discussed via art	-homework focused on progress	-reflections on gender expectations and couple dynamics
-unique geo-political and health issues (Swine Flu) in Mexico 2009	-images provided opportunity to discuss cultural and contextual issues	-focus on solutions and the here-and-now	-respectful of the family and community
-treatment program was originally developed in the U.S.	-art bridged language barriers and facilitated positive interactions	-focus on positive and unique outcomes for each couple	-normalized gender specific experiences

CONCLUSIONS

This paper chronicles and evaluates an art therapy domestic violence solution-focused group (adapted from a model developed in the United States) with an indigenous population in Mexico. Both women and men began to express their feelings and expand their communication both verbally and through the art. Women reported that this program was significantly better than previous workshops they had attended, after which they felt more silent and hopeless when their husbands denied the problems and refused to try the tools the women had learned. Through the multi-couples group structure, the focus on solutions and unique outcomes, and the art process, participants noticed new growth in communication and understanding in their relationships. The art was integral in building rapport, encouraging self-expression, and promoting positive interactions between husbands and wives. Art making also allowed participants to express particular cultural values and bridged cultural and language gaps between therapists and clients. Unfortunately, cultural and contextual factors limited what the group was able to achieve due to the compounding challenges of finances, attendance, the outbreak of an epidemic, and difficulty communicating with participants outside of group time.

More effective solutions to these issues should be considered before this program is implemented in other communities facing similar challenges. The implementation of cross-cultural programs requires cultural sensitivity, flexibility to address the unexpected, and comprehensive knowledge of the specific population.

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