

Chapter 2

Art Therapy With Latin– American Immigrant Women

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ABSTRACT

Still a melting pot, the United States continues to draw high rates of immigrants from around the world. Significant attention has been given to those entering via the southern border, many of whom are seeking asylum from various countries where their lives and families are at risk. In one social service agency in East Harlem, New York City, a single art therapist has built a thriving mental health program that serves primarily women and families from Latin American countries. These immigrant women face enormous obstacles, including but not limited to profound trauma histories, limited English language skills, lack of education, poverty, food insecurity, and sometimes a lack of ability to seek legal employment. What they also bring with them is fierce love for their children and families, perseverance, and enormous, if sometimes latent creativity. This chapter documents the process towards self-discovery and empowerment in which these women engage through art therapy.

INTRODUCTION

A small social service agency in East Harlem, New York City provides a variety of services to a highly traumatized population that remains almost invisible in this crowded city. This chapter presents stories and data that track the impact of art

DOI: 10.4018/978-1-6684-7856-1.ch002

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therapy on immigrant women living in New York City; mental health services were offered with the vision that individuals who come to this country with high trauma should not have to endure more trauma. The authors present examples of impactful work drawn from a unique art therapy group delivered in an East Harlem, New York neighborhood. Also presented are suggestions for future directions in art therapy research with immigrant populations.

BACKGROUND

The immigrant women who comprise the mental health services clientele in East Harlem have suffered extraordinary obstacles. In fact, just holding space for these women to identify their emotional state and share some of the stories that they carry is an overwhelming task; one that commands the therapist to have exceptional self-regulation, personal supports, good supervision, regular therapy, outlets and boundaries, and the ability to make space for burdens without carrying them. The stories of adversity, abuse that is both personal and systemic, and dehumanizing torture are unending.

These clients came to the United States under extremely adverse conditions, often forced from their homes, with limited resources and money. Many have endured family separation, personal and sexual violations, and vocational and financial exploitation both before and after arriving in their new country. Working with clients with extreme abuse histories is intense clinical work. This is a space that challenges even the most courageous and prepared clinicians. In this little agency in East Harlem there has been one consistent professional upholding the mental health services for over eight years. Clinicians come in eager to help and support an underserved, marginalized, devalued community; and in some cases, it is not so long before they start to see the toll it takes on them.

Providing mental health services to a traumatized, immigrant and indigenous population against the backdrop of growing hate speech in America, xenophobia, and extremist nationalist views means treating clients who are regularly degraded and re-traumatized in their daily life. Mental health treatment in this community means constantly vacillating between a state of acute care for mental health first aid and a more reflective post-traumatic stress recovery in psychotherapy. One of the best strategies for working with this population is the use of art therapy, a discipline that inherently cuts across language barriers and transcends embodied trauma, engaging the strength of creativity in helping to re-humanize the client.

Finding Community

Little Sisters of the Assumption Family Health Service, Inc. (LSA) is a community-based nonprofit organization, founded in East Harlem, Manhattan in 1958, with a mission to address a holistic model of human services consisting of the physical, emotional, educational, and spiritual dimensions of family health. LSA continues to exercise these founding traditions, enhancing them with evidence-based practices derived from medicine, neuroscience, social science and education. LSA helps families meet their most fundamental needs of food, clothing, healthcare, and a safe home through home visits, on site services, support groups and classes. Vulnerable individuals receive the support, instruction, and clinical services needed to allow them to reach and maintain optimal health.

Mental Health in the Immigrant Community

The need for a full-time mental health counselor at LSA became apparent in 2015 after losing the monthly consultation services of a contract psychiatrist who came once a month to see clients in need of treatment and medication. The psychiatrist performed initial mental health assessments and provided follow-up treatments along with a volunteer part-time social worker. The need for mental health services for the community served by LSA was increasing and there was evidence of severe trauma in clients with no health insurance. There are very limited resources for the uninsured clients in East Harlem. Additionally, the political climate regarding immigration and treatment of southern border immigrants in the United States around this time has not engendered growth in funding for services. It has shed light on some of the traumatic experiences immigrant families face, such as family separation at the border. Barraza, Sanchez, and Solis (2015) discussed the effects of racial/ethnic discrimination against Hispanic/Latino immigrants and its effects on their mental health that can lead to the development of depression, anxiety, and post-traumatic stress disorder.

Immigrant Latinx populations in the United States typically encounter a high likelihood of mental health problems (Falcon & Tucker, 2000). Recent political emphasis on Latin American migrants into the U.S. has augmented the perceptions of this demographic as problematic, and resulted in more ethnic discrimination, reported in nearly 61% of Latinx adults in 2010, up from a report of 50% in 2004 (Lopez, Morin, & Taylor, 2010), raising consideration of the correlation between racial and/or ethnic discrimination and mental health conditions (e.g., depression, anxiety, posttraumatic stress disorder, and suicidality) (Zeiders, Doane, & Roosa, 2012; Barraza et al., 2015).

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In January 2015, LSA hired a full time bi-lingual (English and Spanish) Art Therapist and Mental Health Counselor (one of the authors of this chapter) to provide services to their community. Free bilingual individual therapy and therapeutic group support were offered to clients participating in any program at the agency. Mental health services are housed under the umbrella of the *Parenting and Child Development Program (PCD)*. The Director of the PCD program supported the new art therapist in establishing a program and protocols to best serve LSA's clients.

PCD works from a two-generational approach to support parents in keeping young children up to eight years of age developmentally, cognitively, and emotionally on track, while promoting parent empowerment through a wide range of services that include financial literacy workshops, supportive groups, educational advocacy, workshops, and a network of referrals. Families with children up to three years old receive home visits and attend socialization groups. Families with children in grades K-5 receive academic enrichment programming after school during the school year and in the summer.

The need for mental health services in the LSA client community was immense and eventually mental health became its own department. The art therapist and director of mental health services took over a long running group called *Building Bridges of Hope*. This group became an art therapy group which felt useful given the variety of languages and trauma history and incorporated cognitive behavioral therapy (CBT) with art therapy.

Trauma of Latin American Immigrant Women

The *Building Bridges of Hope* group was newly designed specifically for the specific population comprised of low-income women of childbearing age, most of whom are immigrants, who have suffered toxic stress and trauma from domestic violence often in connection with substance abuse, sexual abuse, miscarriage, grief and loss, intergenerational trauma, postpartum depression, anxiety, traumatic family division and reunification processes, and post-traumatic stress disorder. LSA's population also presents with multiple layers of social problems such as, poverty, overcrowded housing, social isolation, difficulty assimilating, limited resources (e.g., healthcare, education, career opportunities, counseling, etc.) and limited access to opportunities (e.g., professional, educational, financial, lifestyle).

In July 2016, LSA received a grant from the New York City Department of Mental Health under Improving Health Equity and Maternal and Infant Health Outcomes also known as the Maternal and Infant Health (MIH) program. The Mental Health Department at LSA took on the charge of providing services for the Toxic Stress and Trauma component of the grant.

MENTAL HEALTH INTAKE PROCESS

The LSA Mental Health Services Department receives referrals from other departments within the agency and some external referrals from other organizations that work in partnership with LSA. Clients are contacted to arrange the first session, beginning an intake process that typically lasts for two or three sessions; usually an hour to an hour and a half process. The main goal of the intake process is establishing a client's need, appropriateness for treatment, and reason for referral.

This process is complicated by the fact that many clients have not disclosed past trauma before, nor have they talked about the process that brought them to East Harlem and into the circumstance in which they now live. In addition to the complex feelings associated with past trauma, such as shame, guilt, and social stigma, these clients have real concerns pertaining to issues such as legal status, right to live in the United States, trafficking, and family separation. Additionally, despite being in the United States, many clients are still living in dangerous and difficult situations; issues such as maintaining secrecy and learning who to trust are paramount in their lives as well as in therapy.

In the intake process, depression symptoms are assessed through the CES-D (The Center for Epidemiological Studies-Depression; Lewinsohn et al., 1997; Radloff, 1977), and self-esteem is assessed through the Rosenberg self-esteem scale (RSE; Rosenberg, 1965). This scale measures self-esteem by asking participants to reflect on their current feelings and respond to both positively and negatively worded statements.

From intake, clients are referred into short (12-week) or long term (40-week) individual therapy and assigned to a clinician. Typically, group participants are referred by their individual therapist if appropriate. While cognitive behavioral therapy (CBT) is utilized, with clients who identify specific goals, art therapy has been incredibly effective with this population. Despite offering clinical services in both English and Spanish, a language barrier persists among many clients who speak neither, but rather languages of indigenous cultures. Dialects from clients who come from regions of Mexico include Mixtec or Nahuatl, while clients who come from Guatemala sometimes speak Mam or K'iche'.

These clients frequently do not read or write and may have only learned some Spanish when forced to leave their villages and small towns. "Among all post-migration stressors, an inability to communicate in the language of the adopted country is a major challenge" (Lee, 2013, p.56). In cases of language barriers, art can serve as its own communicative tool, and can be transcendent in therapy for immigrants facing psychological distress (Kim et al., 2023).

THE CASE OF PETRA

In the summer of 2016, Petra reunited with her 12 years old son after 10 years. When Petra's son was just 2-years old, her husband died, and she made the difficult decision to leave her son behind with family while she came to the United States in search of employment and money to support her family. Her home in Guatemala was filled with poverty, housing insecurity, and violent control from illegal criminal gangs. There were no viable opportunities for education or jobs that were available to Petra. After years of working hard, saving and sending money home, and living frugally, Petra found a new love, and also could afford to bring her son to New York. Now her son was here, she was pregnant, and she felt unhappy, worried, and alone. Petra's situation developed into a diagnosis and subsequent treatment for postpartum depression (PPD). Before that happened though, it was the intake process that first revealed her history with suicidal ideation and attempts. Suicide and self-harm assessments are a routine part of the intake (Sommers-Flanagan & Sommers-Flanagan, 1995), and it was where Petra revealed for the first time ever that she had jumped out of the window of her 4th floor apartment. When her husband had picked her up and taken her to the hospital, he reported to the doctor that she had fallen down the stairs; her mental state was not flagged for treatment in the emergency room. The more accurately a clinician knows about a client's past behaviors and motivations, the more precise a client's treatment can be towards their unique situation.

Petra was referred for mental health services through the nursing department in August 2017; she was six months pregnant, and she was concerned about her feelings toward her child and unborn baby. She shared that she was feeling sad and overwhelmed by past events from her childhood and that it was hard for her to feel connected to her son that just arrived from Mexico after being apart for more than ten years; her son was looking to connect with her, and she was having difficulty tolerating his displays of affection, such as hugs. She was feeling disconnected from both her 12-year-old son, and her unborn child. Petra also revealed that she had experience as a victim of domestic violence; she felt angry and confused. Petra's therapy involved a combination of CBT and Art Therapy; through psychoeducation she learned the differences between a feeling and a behavior and how feelings can affect behaviors.

Petra had an extremely limited formal education, as is typical of clients in this East Harlem immigrant community. Using art therapy allowed her to express, describe, and understand her feelings. Petra appreciated a creative exercise called *Exploring Feelings*, where she was provided with a letter-sized piece of white paper with a circle in the middle and various drawing materials. In this directive, Petra was asked to draw her feelings using colors to represent the feeling. Petra worked quietly with two permanent markers for 30 minutes. Petra titled her first drawing (see figure 1)

as “Enojada” or Angry, and described her use of the color red saying “I feel that my heart is on fire and it hurts. The blue represents when I talk to my son when I am not screaming at him anymore. When I am not angry anymore.” In her second drawing (see figure 2), Petra titled the work “Miedo” or Afraid, and stated her fear that “if I get deported, who is going to stay with my children?”

Figure 1. “Enojada” or angry

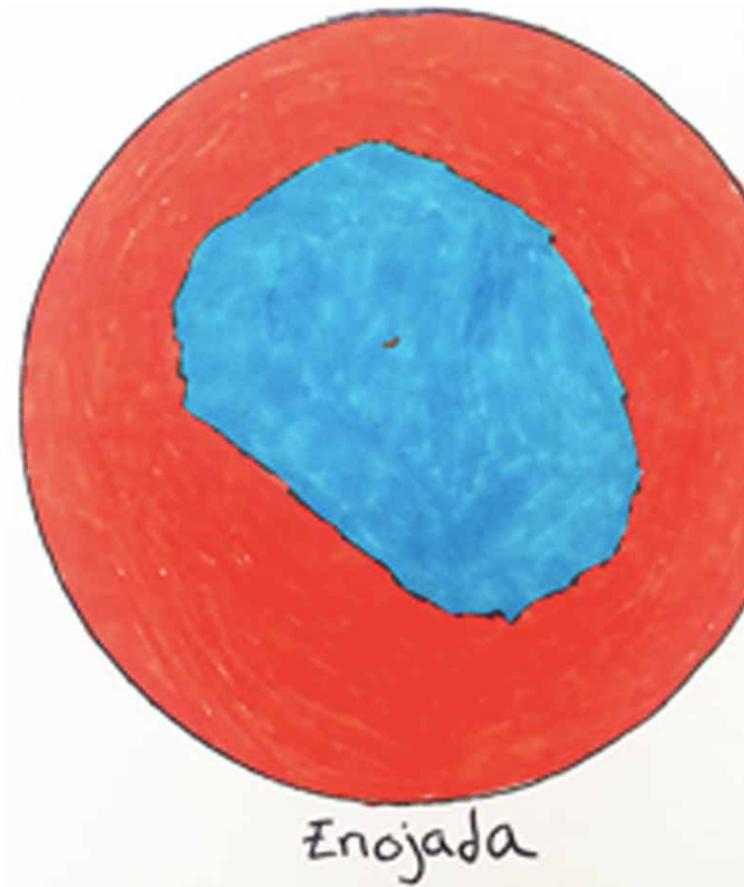
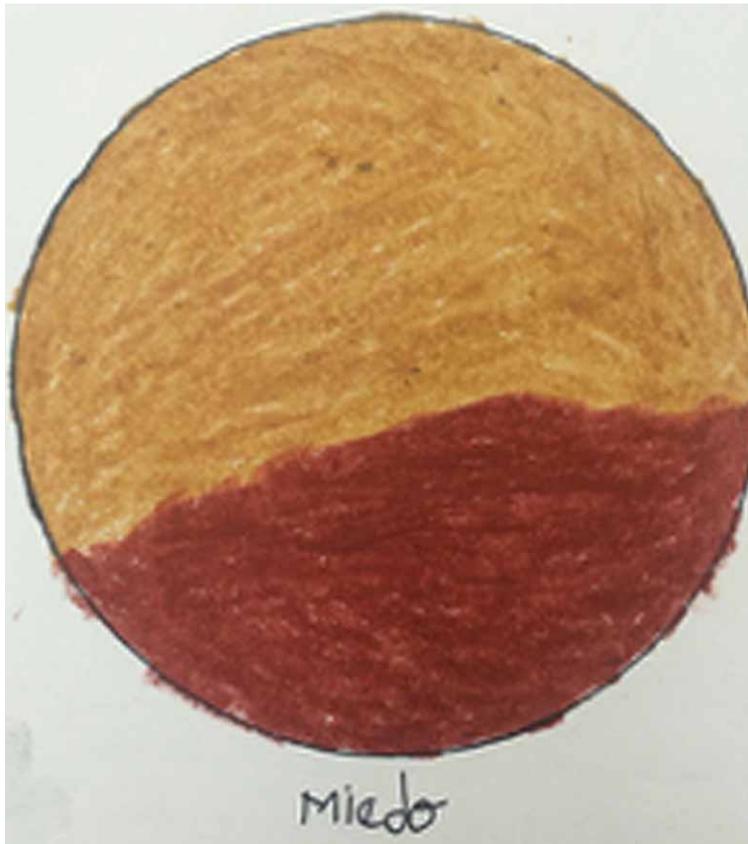


Figure 2. “Miedo” or afraid



Art therapy directives helped Petra to identify and connect to her feelings of fear about her children, parenthood, and about her childhood sexual abuse experience by which she felt tormented. In addition to her therapy, Petra also enrolled in breastfeeding classes and shared that she felt happy to find other pregnant women and new mothers with similar stories and challenges. She had her baby boy at the end of November and came to therapy with the baby. She continued her treatment as she dealt with the stressors common to new mothers in tandem with her trauma history.

Petra worked hard in therapy, and she allowed herself to recognize the pain that she carried from leaving her baby behind for 10 years; she finally started to process and cope with the emotions of that loss. Upon being reunited with him and pregnant again, Petra's pain was overwhelming for her, and it triggered her memories of trauma. Art therapy helped Petra to identify the losses she carried, and begin the complex processes of self-forgiveness, family reintegration, and learning to express her love. She ultimately embraced the opportunity to heal and have her whole family

together. In her last therapy session, Petra shared that she felt therapy had helped her to be loving toward her son.

THE CASE OF KARA

After completing individual therapy through the Mental Health Department, Kara, a 33-year-old Mexican woman, was referred to the *Building Bridges of Hope* group. Kara immigrated to the USA from Mexico, escaping her abusive husband who claimed her when she was 15 years old. Kara's husband worked as a police officer, and despite having tried to kill her many times, was afforded certain legal protections. To save her own life she was forced to leave her three children, ages 8, 12, and 14, behind with him.

Kara came to the USA and began a new life here, hoping to one day be reunited with her children. When she found out that she was pregnant, Kara was demonstrating suicidal behavior and was hospitalized. Suicidal behavior is not uncommon in immigrant populations with high stress, and especially among those with refugee status (Amiri, 2022). Kara was then referred to LSA from a partner organization. When she came for therapy, she had a three-month-old baby and was presenting with severe postpartum depression (PPD) and PTSD. In therapy, Kara worked on learning mindfulness techniques that she could practice at home to alleviate her PTSD symptoms and could help her be present for the new baby who needed her. Keeping her anxiety managed was a primary task in her therapy in the beginning.

One of the most stressful components of Kara's therapy was that she had to revisit her traumatic memories and document them immediately for the purposes of using them in her legal asylum case. Typically, in trauma-informed therapy, a client would not be rushed in revisiting and facing their traumatic circumstances. In fact, this process may not even happen verbally, and in some cases may take years. Many therapists would consider it a more ideal situation to let the client divulge their trauma history when ready, if at all, and to spend time building safety, relationships, and emotional resources before examining the details of traumatic abuse. But immigrants seeking asylum in the court system do not always get the luxury of this time, or the benefit of waiting until they are emotionally prepared to disclose. This was true in the case of Kara. This was also why her asylum lawyer worked with her therapist, with permission, and encouraged the therapist to help her document her story. In therapy, Kara was able to describe the abuse that she suffered at the hands of the father of her children back in Mexico and prepare for presentation in front of the judge. While Kara relived the horror she endured and used art as a tool to regulate her emotions, examine bits of pain, and bind her anxiety, her therapist diligently

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wrote down her words. Kara was able to gain asylum through working with a lawyer after processing her trauma history in therapy.

Mental health services for Kara helped her to understand her trauma history and the threats posed to her, identify her life options, develop confidence in her decision-making skills, and reconcile with herself to continue supporting her children from a distance and waiting patiently to be reunited with them. She continued in her process toward obtaining her green card and found a supportive and healthy relationship.

Kara participated with 12 other women in a *Building Bridges of Hope Group* where she had the opportunity to work with clay in one project directive. Clay has been shown in art therapy to have a grounding effect on clients, and to help clients achieve a state of creative flow (Chilton, 2013; Lee, 2013; Lee, 2015). It has also been used in art therapy with immigrant groups to examine issues pertaining to acculturation (Salom, 2015). After being given a large, handful-sized piece of clay, clients were asked to sculpt an animal that they identify with. Kara sculpted a whale (see Image 3) and said, “I started making a dolphin, but it transformed into a whale. Dolphins are like me, calm. The whale symbolizes the transformation that I have had in my life. I transformed into a powerful whale, a good and powerful mother.” Kara used the transformative power of artmaking, and in this case clay, to explore her own transformations.

Figure 3. Kara’s Whale



BUILDING BRIDGES OF HOPE ART THERAPY GROUP

The *Building Bridges of Hope* art therapy group ran multiple times in 15-week cycles. Typically, clients were referred to the group by their treating therapist. Clients quickly established a trusting space for sharing the emotions associated with complex trauma

histories and sustaining many major life challenges simultaneously. Emphasis in the group was placed on creating a safe space for clients to process their trauma, while avoiding re-traumatization. This was accomplished by specifically providing education about psychotherapy and group therapy, inviting sharing, measuring and limiting disclosures, providing specific referrals to clients when necessary for other services (e.g., nursing, legal, children's therapy, immigration support, court preparation, medical translation, etc.), and establishing group rituals and norms (Guerra et al., 2022; Kira et al., 2012; Reading & Rubin, 2011).

Group participants explored complex topics like trauma and identity through an art therapy process. In one creative phototherapy narrative project, group participants explored facets of their story by answering questions such as *What does it mean to be an immigrant woman for you?* (See figure 4). Interventions including phototherapy have been demonstrated to be effective tools in facilitating disclosure, building connections (Shechtman & Tsegahun, 2004), and exploring fractured identity markers, processing past trauma, and aspects of immigrant assimilation (Canul, 2017; Choi, 2021; Sadeghi, 2018).

Figure 4. Phototherapy immigrant narrative



What does it mean to be an immigrant woman for you?

¿Qué significa ser una mujer Inmigrante para ti?

“It is a hard question because we leave our family behind, we leave everything behind. I said goodbye to my family and came crying because it was about life and death. I didn’t know if I was going to be able to cross over or not and will never be able to see my family again.”

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In another project that employed multimedia dollmaking (see figure 5), art therapy group participants reported feeling increased confidence and having found their voice. Dollmaking as a clinical intervention has been known to facilitate reminiscence (Winslow, 2018), identity construction, grief processing (Feen-Calligan, McIntyre, & Sands-Goldstein, 2009), relationship exploration (Ignacio & Cupchik, 2021), and trauma processing (Homer, 2015; Stace, 2014).

Figure 5. Mila's doll



The *Building Bridges of Hope Group* allowed participants to gain support from peers, and to provide support to other members. Through shared experience, artmaking, and processing of their creative experience, group members reported a reduction in feelings of shame and guilt, and in feeling isolated. Clients in the group learned about the impact of toxic and chronic stress and intergenerational trauma, as well as stress management tools and practical coping skills.

Dollmaking has emerged as a favorite and meaningful directive for every cycle of the *Building Bridges of Hope* client group. Clients have been provided with a variety of art materials, including tissue paper, fabric, yarn, and little stones and beads to construct jewelry and accessories. Textile materials may foster creativity

through both a culturally relevant art form, and the relationship to the materials as sensory stimuli (Collier, 2011; Reynolds, 2004).

First, clients were instructed to write a message, a mantra, a prayer, or a dedication in the paper that will become the head of their doll. This message is only for them to see and is not shared with the larger group. Then clients are given access to materials and provided with visual instructions to build a form for their doll (see figure 6). Clients then dress and decorate their dolls. Finally, the clients were asked to give their doll a name and to share her story with the group. Dolls can be powerful symbols, access many cultures, and are one of the world's oldest toys. Kara, the client mentioned above, said the following about her doll (see Figure 7): "My doll's name is Hope. I never had a doll when I was a little girl. My mother did not have money to buy me one. Finally, I have one and her name is Esperanza, because I still have faith to have a better life and achieve what I want." Dolls have a unique accessibility for women and female-identifying persons due to the gendered roll traditionally imposed on them. This can enhance their effectiveness as therapeutic tools for women's therapy groups (Alden, 2000; Cohen, 2013; Moya-Raggio, 1984). Dolls help to carry on the rituals and traditions of some cultures, and they lend themselves to a dramatic interaction that can be pivotal in advancing issues of relationship in therapy (Agosin, 2014; Feen-Calligan et al., 2009; Garlock, 2016; Krystyniak, 2020; Rickerl, 1996).

Figure 6. Doll instructions



Figure 7. Kara's doll



In the *Building Bridges of Hope* art therapy groups, clients were exposed to a range of different art materials and creative techniques. Clients worked with clay and explored self-concept through photography. Clients experienced creating flowers and hearts through felting, which is used to safely release aggression. *Building Bridges of Hope* art therapy group has successfully engaged clients that demonstrate an understanding of their own feelings and thoughts, which allows them to acquire coping skills to better manage their stress. This in turn helps them to decrease symptoms of anxiety and depression. Clients expressed that having a safe space for them to create and express helped them to understand the importance of letting their children explore and express themselves independently in their own environment. This in turn, promoted a healthy attachment style between mothers and children.

After weeks of special projects, building connections, and processing trauma, each *Building Bridges of Hope* art therapy group comes to an end; the ending is marked with a celebration. The art therapy group concludes with an event attended by all group participants, and they can extend it to family and friends. The celebration includes music, an art show of work selected and arranged by the clients, refreshments, and honor certificates which are a testament to the clients' bravery, commitment, and hard work. Agency staff attend to demonstrate steadfast support, and the therapist is present to share poignant words about the creative and therapeutic processes engaged in throughout the group. The celebration is a meaningful and ritual end to a group where so much happened in just 15 weeks.

DISCUSSION

Art therapy can be a great resource with immigrant populations. Art can serve as a tool to help clients cross cultural barriers including language to forge connections and express themselves. Art making taps into expressive tools that are inherent in all humans, and that are still a regular part of indigenous and old-world cultures. Creative expression serves in many Latinx and indigenous cultures as a tool for communication, storytelling, record keeping, and the documentation of history (Agosin, 1996; Carocci, 2010; Charland, 2011; Garlock, 2016; Mujica, 1997). In preserving traumatic memories through art, individuals can reclaim their past.

The *Building Bridges of Hope* art therapy group uses directives that elicit an exploration from outside to the inside. One of the first directives in groups is working with clay where clients are asked to create an animal or symbol that they identify with, and then to create a mural where they paint the animals or symbol's environment. The program includes some gentle movements designed to help clients to connect with their body and bring head, heart, and body together. Van Der Kolk (2014) states in his seminal text "scientific methods have confirmed that changing the way one breathes can improve problems with anger, depression, anxiety and that yoga can positively affect such wide-ranging medical problems as high blood pressure, elevated stress hormone secretion, asthma and low- back pain" (p. 269). Stevens and Spears (2009) state, "Mind-body interventions use a variety of techniques designed to increase the mind's ability to affect bodily function and symptoms" (p. 4). Trauma can be a disembodied experience and can contribute to feelings of disassociation; grounding and mindfulness practices can help to counter this impact.

Creating a sense of emotional safety within both the therapeutic space, and the community center or agency is essential to successfully making a space for expression and support; a space where the hard work of processing trauma can be achieved. The nature of the *Building Bridges of Hope Group* encouraged parents to

explore through art, which helps them develop confidence in letting their children explore and take advantage of agency services and groups. This helped participants to develop independence, healthy risk taking, and helped promote a healthy family attachment style. LSA also offers mother-child dyad art therapy services; The mother-child relationship in the context of creative play with art materials allows the duo to make images which strengthens the parent-child relationship and allows a restructuring to happen (Hall, 1991). Creating environments where young children can work creatively and productively with their parents helps to promote a positive familial interaction; this can strengthen their attachment (Hosea, 2006). This is something that all families can benefit from, but also those in East Harlem, living in poverty in the wake of the COVID-19 pandemic. East Harlem, like many immigrant communities, remains in a state of crisis of mental health, community violence, substance abuse, suicide, poverty, and inadequate social service resources. The *Building Bridges of Hope* art therapy group has perhaps become more essential than ever as a lifeline to its participants.

FUTURE DIRECTIONS

The art therapy services at LSA demonstrate how art therapy can help immigrant women to reconnect with their own stories- both uplifting history and trauma ridden. Through creative materials and directives that inspire imagination and links to history, clients can describe in very eloquent and clear ways how the treatment supports them to heal and grow. Art Therapy has been essential for these clients to connect with parts of themselves that they forgot that they had.

Future art therapy services might consider incorporating qualitative, quantitative, and arts-based measures that examine the benefits and challenges of group processes for victims of complex trauma. While so many of the clients served by the mental health department at LSA did experience benefits from the art therapy groups, it is also clear that not every client can tolerate group work, and it may at times be contraindicated for an individual or overwhelming for the rest of the group. There is little research that qualifies what these factors are beyond identifying them as judgements that are at the discretion of the group leader or treating therapist. The community might be better served by research that helps us understand what qualities might exempt a person from group work, and particularly group work that can be re-traumatizing.

As more research explores the impact of intergenerational trauma (Swain, 2019), there is ample opportunity to examine both the impact of parents' trauma on their children, and also the impact of a parent's post-traumatic growth on their children. The impact of having a parent in therapeutic treatment may help us better understand the

long-term benefits for the youth who are indirectly affected by trauma. In addition, future research could take a more targeted look at the benefits of dyad art therapy, as is offered at LSA, and assess the impact for the mother and child participants. These services may impact the maternal relationships including the attachment style and quality of connection, the ability to reconnect if separated, and the degree and type of parentification that is frequently present in immigrant families.

Some concepts for future research have emerged from the inclusion of certain directives or materials. Frequently in dollmaking, clients will create what they describe as a spirit doll. Clients will explore through the doll an abstract concept and personify an idea that needs acknowledgment in their life, for example femininity or ancestry. In some cases, clients created a doll to represent lost loves, lost children, or their own lost childhood for which they yearned. By employing an allegory in the form of a doll, clients are able to explore ideas much larger than themselves which have been influential in their lives. Allegories are an old concept in art (Fletcher, 2012; Shore, 2014), and allegory doll making in art therapy might benefit from further exploration.

The immigrant community of East Harlem, New York, is filled with survivors of extreme trauma who have braved inhumane atrocities to bring themselves and their families to safety in the United States. They are strong, proud, and in need of services to help facilitate the processing of trauma and the assimilation that will assist them in living in this culture. Art therapy is a way of providing access to therapy that transcends language barriers, cultural differences, and trauma symptoms. Increased services can help support immigrant families and communities.

ACKNOWLEDGMENT

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

This research was supported (non-monetary provision of supplies and art materials) by LSA Family Health Service (<https://littlesistersfamily.org/>), the New York based non-profit and host site for mental health and art therapy services.

REFERENCES

Agosin, M. (1996). *Tapestries of hope, threads of love: The arpillerera movement in Chile, 1974–1994* (C. Kostopulos-Cooperman, Trans.). University of New Mexico Press.

- Agosin, M. (2014). *Stitching resistance: Women, creativity, and fiber arts*. Solis Press.
- Alden, A. (2000, June 30). Sewing comfort out of grief. *Midwifery Today*, 43(54).
- Amiri, S. (2022). Prevalence of suicide in immigrants/refugees: A systematic review and meta-analysis. *Archives of Suicide Research*, 26(2), 370–405. doi:10.1080/13811118.2020.1802379 PMID:32780682
- Appleton, V. (2002). Avenues of hope: Art therapy and the resolution of trauma. *Art Therapy: Journal of the American Therapy Association*, 5, 6–13.
- Barraza, E., Sanchez, C., & Solis, C. (2015). *An arts-based exploration of immigration and acculturation through the lenses of first, second, and third generation clinical art therapists*. [Theses, Loyola University].
- Buchalter, S. (2015). *Raising self-esteem in adults: An eclectic approach with art therapy, CBT, and DBT-based techniques*. Jessica Kingsley Publishers.
- Canul, G. D. (2017). Genealogical-PhotoTherapy as a tool for integrating my Mayan and Spanish origins. *MindConsiliums*, 17(3), 1-16. <https://mindconsiliums.org/pub/2017/03/2017-03-Canul-G-D-genealogical-phototherapy-integrating-my-mayan-and-spanish-origins.pdf>
- Carnwell, R. (2017). Essential differences between research and evidence-based practice. *Nurse Researcher*, 8(2), 65–68.
- Carocci, M. (2010). Textiles of healing: Native American AIDS quilts. *Textile (Oxford)*, 8(1), 68–84. doi:10.2752/175183510X12580391269986
- Charland, W. (2011). Warrugs: Woven documents of conflict and hope. *Art Education*, 64(6), 25–32. doi:10.1080/00043125.2011.11519149
- Chilton, G. (2013). Art therapy and flow: A Review of the literature and applications. *Art Therapy: Journal of the American Art Therapy Association*, 30(2), 64–70. doi:10.1080/07421656.2013.787211
- Choi, S.S. (2021). *Foreigner to Third Culture Kid: Exploring Intersectional Self-Identity through Phototherapy*. [Thesis, Pratt Institute]. ProQuest Dissertations & Theses Global. (2555973384). <https://www.proquest.com/dissertations-theses/foreigner-third-culture-kid-exploring/docview/2555973384/se-2>
- Cohen, R. A. (2013). Common threads: A recovery programme for survivors of genderbased violence. *Intervention (Amstelveen, Netherlands)*, 11(2), 157–168. doi:10.1097/01.WTF.0000431118.16849.0c

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- Collier, A. F. (2011). The well-being of women who create with textiles: Implications for art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 28(3), 104–112. doi:10.1080/07421656.2011.597025
- Feen-Calligan, H., McIntyre, B., & Sands-Goldstein, M. (2009). Art Therapy Applications of Dolls in Grief Recovery, Identity, and Community Service. *Art Therapy: Journal of the American Art Therapy Association*, 26(4), 167–173. doi:10.1080/07421656.2009.10129613
- Fletcher, A. (2012). *Allegory: The theory of a symbolic mode*. Princeton University Press. doi:10.1515/9781400842049
- Garlock, L. R. (2016). Stories in the cloth: Art therapy and narrative textiles. *Art Therapy: Journal of the American Art Therapy Association*, 33(2), 58–66. doi:10.1080/07421656.2016.1164004
- Guerra, C., Toro, E., Taylor, E. P., Lobos, P., & Pinto-Cortez, C. (2022). Design considerations for group interventions for adolescent victims of interpersonal violence in Chile. *Journal of Aggression, Maltreatment & Trauma*, 31(10), 1318–1336. doi:10.1080/10926771.2022.2089864
- Homer, E. (2015). Piece work: Fabric collage as a neurodevelopmental approach to trauma treatment. *Art Therapy: Journal of the American Art Therapy Association*, 32(1), 20–26. doi:10.1080/07421656.2015.992824
- Hosea, H. (2006). The Brush's Footmarks": Parents and infants paint together in a small community art therapy group. *International Journal of Art Therapy*, 11(2), 69–78. doi:10.1080/17454830600980317
- Ignacio, A., & Cupchik, G. (2021). Therapeutic benefits of adult doll play. *Imagination, Cognition and Personality*, 41(1), 5–30. doi:10.1177/0276236621989227
- Kim, S.-Y., Lee, J. S., & Choi, H. (2023). The Effects of art therapy on anxiety and distress for Korean–Ukrainian refugee: Quasi-experimental design study. *Health Care*, 11(4), 466. doi:10.3390/healthcare11040466 PMID:36833000
- Kira, I. A., Ahmed, A., Wasim, F., Mahmoud, V., Colrain, J., & Rai, D. (2012). Group therapy for refugees and torture survivors: Treatment model innovations. *International Journal of Group Psychotherapy*, 62(1), 69–88. doi:10.1521/ijgp.2012.62.1.69 PMID:22229369
- Krystyniak, J. (2020). *The Use of Dolls and Figures in Therapy: A Literature Review*. [Thesis, Lesley University]. 321. https://digitalcommons.lesley.edu/expressive_theses/321

- Lee, S.-Y. (2013). “Flow” in art therapy: Empowering immigrant children with adjustment difficulties. *Art Therapy: Journal of the American Art Therapy Association*, 30(2), 56–63. doi:10.1080/07421656.2013.786978
- Lee, S.-Y. (2015). Flow indicators in art therapy: Artistic engagement of immigrant children with acculturation gaps. *Art Therapy: Journal of the American Art Therapy Association*, 32(3), 120–129. doi:10.1080/07421656.2015.1060836
- Lewinsohn, P. M., Seeley, J. R., Roberts, R. E., & Allen, N. B. (1997). Center for Epidemiological Studies-Depression Scale (CES-D) as a screening instrument for depression among community-residing older adults. *Psychology and Aging*, 12(2), 277–287. doi:10.1037/0882-7974.12.2.277 PMID:9189988
- Linesch, D., Quezada, P., Acevedes, P., Trochez, M., & Zuniga, E. (2012). An art therapy exploration with Latino families. *Art Therapy: Journal of the American Art Therapy Association*, 29(3), 120–126. doi:10.1080/07421656.2012.701603
- Moya-Raggio, E. (1984). —Arpilleras||: Chilean culture of resistance. *Feminist Studies*, 10(2), 277–290. doi:10.2307/3177867
- Mujica, B. (1997). Tapestries of hope, threads of love: The arpillera movement in Chile 1974-1994/Ashes of revolt. *Americas*, 49(5), 62–63.
- Najavits, L. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. Guilford Press.
- Pifalo, T. (2007). Jogging the cogs: Trauma-focused art therapy and cognitive behavior therapy with sexually abused children. *Art Therapy: Journal of the American Art Therapy Association*, 24(4), 170–175. doi:10.1080/07421656.2007.10129471
- Radloff, L. S. (1977). The CES-D scale: A self report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385–401. doi:10.1177/014662167700100306
- Reading, R., & Rubin, L. R. (2011). Advocacy and empowerment: Group therapy for LGBT asylum seekers. *Traumatology*, 17(2), 86–98. doi:10.1177/1534765610395622
- Reynolds, F. (2004). Conversations about creativity and chronic illness II: Textile artists coping with long-term health problems reflect on the creative process. *Creativity Research Journal*, 16(1), 79–89. doi:10.120715326934crj1601_8
- Rickerl, K. (1996). Quilting a new tradition. *Journal of Psychosocial Nursing and Mental Health Services*, 34(4), 40–43. <https://search-proquestcom.ezproxy.philau.edu/docview/1024133953>. doi:10.3928/0279-3695-19960401-14

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- Rosenberg, M. (1965). *Rosenberg Self-Esteem Scale (RSES)* [Database record]. APA PsycTests., doi:10.1037/t01038-000
- Rubin, J. (Ed.). (2001). *Approaches to art therapy: Theory & technique* (2nd ed.). Brunner-Routledge.
- Sadeghi, S. (2018). *Photovoice, a Long of Belonging Among Iranian Immigrants*. [Thesis, Notre Dame de Namur University]. ProQuest Dissertations & Theses Global. (2377675269). <https://www.proquest.com/dissertations-theses/photovoice-long-belonging-among-iranian/docview/2377675269/se-2>
- Salom, A. (2015). Weaving potential space and acculturation: *Art therapy at the museum*. *Journal of Applied Arts & Health*, 6(1), 47–62. doi:10.1386/jaah.6.1.47_1
- Shechtman, Z., & Tsegahun, I. (2004). Phototherapy to enhance self-disclosure and client–therapist alliance in an intake interview with Ethiopian immigrants to Israel. *Psychotherapy Research*, 14(3), 367–377. doi:10.1093/ptr/kph030
- Sholt, M., & Gavron, T. (2006). Therapeutic Qualities of Clay-work in Art Therapy and Psychotherapy: A Review. *Art Therapy: Journal of the American Art Therapy Association*, 23(2), 66–72. doi:10.1080/07421656.2006.10129647
- Shore, A. (2014). Art therapy, attachment, and the divided brain. *Art Therapy: Journal of the American Art Therapy Association*, 31(2), 91–94. doi:10.1080/07421656.2014.903827
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (1995). Intake interviewing with suicidal patients: A systematic approach. *Professional Psychology, Research and Practice*, 26(1), 41–47. doi:10.1037/0735-7028.26.1.41
- Stace, S. M. (2014). Therapeutic doll making in art psychotherapy for complex trauma. *Art Therapy: Journal of the American Art Therapy Association*, 31(1), 12–20. doi:10.1080/07421656.2014.873689
- Stevens, R., & Spears, E. (2009). Incorporating photography as a therapeutic tool in counseling. *Journal of Creativity in Mental Health*, 4(1), 3–16. doi:10.1080/15401380802708767
- Swain, G. (2019). The Healing Power of Art in Intergenerational Trauma: Race, Sex, Age and Disability. *Canadian Journal of Disability Studies*, 8(1), 15–31. doi:10.15353/cjds.v8i1.469
- Van der Kolk, B. (2014). *The Body Keeps the Score: Brain, mind and body in the healing of trauma*. Viking.

Vick, R. M. (1999). Utilizing prestructured art elements in brief group art therapy with adolescents. *Art Therapy: Journal of the American Art Therapy Association*, 16(2), 68–77. doi:10.1080/07421656.1999.10129670

Winslow, L. E. (2018). *Creating reminiscence through art therapy doll making with older women*. [Thesis, Notre Dame University]. ProQuest Dissertations & Theses Global. (2164378232). <https://www.proquest.com/dissertations-theses/creating-reminiscence-through-art-therapy-doll/docview/2164378232/se-2>

KEY TERMS AND DEFINITIONS

Art Therapy: The use of creativity and artistic expression facilitated by a trained art therapist in the service of meeting health and wellness goals, including, but not limited to, increasing self-awareness, improving self-esteem, learning communication skills, practicing interpersonal strategies, building trust, coping with symptoms, and recovering from trauma.

Healing: The process of improving individual functioning and recovering from one's wounds, whether physical, psychological, or emotional.

Immigration: Movement of a people or community from one country or territory to another; can happen for a wide variety of reasons including escape from poverty, oppression, and lack of opportunity.

Mental Health: The state of being that describes psychological wellness or illness within a person.