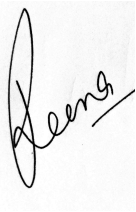


Certificate of Validation

This is to state the study '**Body, Visual Arts and Healing: A Study of the Effectiveness of Facilitative Visual Arts Interventions with Women Survivors of Intimate Partner Violence in Kerala**' has been validated by Department of Sociology and Social Work, CHRIST (Deemed to be University), Bengaluru. It is an outcome of the project on Empowering Women through Facilitative Arts Therapy conducted in partnership with The Art Outreach Society, (TAOS), Kochi. The study was presented at the Global Summit-2022 by Campbell Foundation, UK and Ireland and have been submitted to peer reviewed journal.



Yours sincerely

Reena M. Cherian Ph.D (Social Work)

Assistant Professor of Social Work

Department of Sociology and Social Work

CHRIST (Deemed to be) University, Bengaluru



Body, Visual Arts and Healing: A Study of the Effectiveness of Facilitative Visual Arts Interventions with Women Survivors of Intimate Partner Violence in Kerala

Abstract

Intimate Partner Violence (IPV) in a micro-space invites the attention of development practitioners to intervene at the micro, meso and macro-level, especially in the case of marginalised women. Here, Visual Arts Therapy is a culturally located instrument to impact and mobilise individuals for constructing resilience and deconstructing stress. The paper analyses such an intervention and the resultant change in 204 women violated by IPV. It employs mixed-method research employing structured interviewing through DASS-21 and Focused Group Discussions. The findings reveal reduced milder levels of anxiety, stress, and depression among the women after participating in the interventions; emergent themes include *'fear'*, *'beatings'*, *'motivation'*, *'recovery'* and *'healing'*, and *'mutual aid'*. The implications affirm Women-Centered Social Work practice.

Keywords: Facilitative Arts Therapy, Visual Arts, Women, Violence, Expression, Healing, Resilience, Body, Women-Centred Development

Background

Intimate Partner Violence (hereafter IPV) continues to be a public health issue according to World Health Organisation (WHO, 2021, 2011, Abramsky and Garcia-Moreno, 2011). A Lancet study determines poverty, lack of education and lack of empowerment to IPV (Jewkes, 2002). This implies macro as well as micro-level interventions. Mental health is a focal point and a key outcome of empowerment (Andriani et al. 2021). They argued that micro-finance, the tool of women's empowerment in the Global South, has a favourable impact on women's health and agency of the women, especially in the household and family space. Whilst, IPV is an obstacle to women's empowerment and economic well-being has led to inequalities for women in psycho-social domains. Through the studies collected by authors from Asia and Africa, Groose and Roof et al. (2019) asserted that IPV impels mental health issues among women. The focus of this paper is IPV whose impact is long-term and intergenerational in some cases, it ranges from depression to post-traumatic stress disorders among survivors (Sinha, Gupta, et al., 2017; Moulding and Franzway et al., 2021; George, 2019).

Sunny (2003), Parthasarathy & Bhattacharya et al. (2005) describe the cyclical nature of violence and list the numerous psychological and social impacts including the transgenerational continuance of the trauma (Volkan, 2001). This calls for action in building resilience and support for women. Psycho-social interventions facilitated through group work is one of the several suitable methods to work in this direction, the project under study in this paper employs visual arts with diverse groups specifically with the marginalised groups to strengthen dialogue and expression of the negative. The TAOS through the channel of expressive art facilitation designed a module of activities based on these issues. This is meant to enhance resilience, introduce calmness, kindle hope, and motivate participants intrinsically to achieve tasks following the framework of Socio-Emotional Learning Framework (SEL)¹.

Women, empowerment, and agency

Shooshtari and Abedi et al. (2018) proposed five stages to reach empowerment for women, this includes *welfare, access, knowledge, participation, and control* as a pathway for empowerment. Kayanighalesard and Arsalanbod (2010) in their study stated that the empowerment of women is a method for improving their financial, cultural, and social standing. They also emphasised the role of education, expanded medical insurance, and the creation of household jobs in this empowerment. This is also encapsulated in the study by Zadeh et al (2016), who listed four domains of empowerment including *financial, social, political, and mental aspects*. However, it is evident that mental well-being is absent in the narrative and current model and programs of empowerment have not brought about major change in the decision making agency of the women (Jakimow and Kilby, 2006).

Violence, mental health, empowerment and women in Kerala

The Self-Help Group (SHGs) are viewed as approaches to reach out to women state-wide though livelihood and economic means. However, this approach to empowerment focusses on only the economic well-being and has been an effective practice in Kerala in terms of outreach, the

¹ SEL is understood as a process through which children develop their ability to integrate thinking, feeling, and behaving to succeed at important developmental tasks' (Denham, 2018), has tremendous value for numerous reasons some of which are outlined below, if implemented appropriately.

Kudumbashree² units are an illustration of the same. However, the economic and livelihood lens of the conventional SHG programs have not been able to transition the agency of the women effectively (Jakimow and Kilby, 2006) owing to poor blueprint and inability to affect the power relations in the society. Group access, employment, mutual aid, psycho-social wellbeing, and mitigating trauma is as crucial as other indicators of empowerment. According to the National Family Health Survey (NFHS) of 2018, fifteen percent of married women in the state experience spousal violence. In Kerala, the statistics in two areas give prominence to the gaps in women's empowerment. First is the incidence of alcohol-related violence on women in the household and second is the case of domestic violence. As per the NFHS-4, 37 percent of men consume alcohol in Kerala and while it has decreased from the previous NFHS-3, with 45 percent of men consuming alcohol, whilst the impact of alcoholism on domestic violence remains unchanged.

Additionally, during the COVID-19 pandemic, IPV cases were reported to be all-time high due to increased alcohol consumption. The mental health vertical of the Kudumbashree i.e. Snehitha³ through its district level presence specifically targets the rights for women, provide counselling services whilst accessibility is limited due to the prevalent inherent stigma related to accessing counselling services (Jaisoorya & Joseph, et al. 2022). Also, there are several state and voluntary initiatives especially the ones run by Department of Women and Child, Kerala, Government of Kerala focussing on securing justice to IPV survivors and providing counselling support for them.

Details of the project

The project targeted 204 women who have registered cases of domestic violence, are separated from homes and families or were suffering abuse by their families. These women have reported being undergoing psycho-social issues ranging from anxiety, fear, depression, suicidal tendencies, etc. The majority of the women from Kochi in Ernakulam District or Kerala, India are from lower socio-economic backgrounds, Dalit and minority groups from the age group of twenty-

² Kudumbashree is a program launched by the Government of Kerala targeting poverty eradication and women empowerment in 1997. The word in Malayalam means 'prosperity of the family'. The project is three-tiered spanning from Neighbourhood Development, Area Development to the widest Community Development Society. The Community Network spans across the state and was recognized in 2011 by the Ministry of Rural Development, Government of India. The project is aimed at economical empowerment and channelises livelihood programs at all levels by working on the Self-Help Group model inspired by the Grameen Bank model initiated by Mohammad Yunus in Bangladesh in the 1980s. (Extracted from State Poverty Eradication Mission, Govt. of Kerala, 2022)

³ Snehitha is a 24 Hours Gender Help Desk operated through the Kudumbashree structure. They provide counselling services for women, children and families, and short-stay homes are facilitated for women facing atrocities.

five to sixty years. Out of the 204 participants, 67 were residing in the government-run institutional care, 23 were single women staying with their maternal families or staying alone or with children while 10 were married and were living with the families. All participants were in the age group of 19-55 years and were from the state of Kerala.

Program objectives included providing issues-based group counselling, art facilitation for healing, enhancing resilience, and strengthening the psychological and social well-being of the beneficiaries. From the period of September 2020 to September 2021, there were 204 participants and there were an average of 60 sessions facilitated for each participant. Each session was for 50 minutes activity and 30 minutes of narrations and sharing by the participants and sharing by the facilitator. There were 1480 sessions in total and 204 participants continued the sessions for one full year while 16 participants discontinued after several months due to multiple factors. Out of the 1480 sessions, 567 sessions were held virtually due to the imperative need to maintain physical distancing during the COVID-19 pandemic. The therapeutic team included seven psychologists and one Social worker.

Review of literature

Literature relating to major key themes such as 'Gender', 'Women', 'Gender-based violence', 'Trauma', 'Art Therapy', 'Facilitative Arts Expression', 'abuse', 'Mutual-Aid' were searched through the databases, reviewed using the Boolean logic of 'AND' and 'OR'. Over 300 research articles identified and being reviewed to study the factors, determinants, impact of Facilitative Arts Therapy on the Healing of Trauma among Affected Women, out of which 124 were scanned for relevance to the key words and close to 50 were thoroughly reviewed based direct correlation to the themes of the research. PubMed, CINAHL, PsycNet, and Cochrane Collaboration were thoroughly searched for exploring the outcomes of the intervention among all contingent groups.

Therapeutic Art

Art therapy helps expressing emotions, thoughts and attitudes more clearly than any other medium, it provides a guided medium for individuals to share their suppressed emotions that are otherwise painful and disturbing for individuals to express (Malchiodi, 2002). Malchiodi (2002) asserts that artistic expression are capable of resolving emotional issues with guided interaction and reflection (McGregor,1989). Malchiodi (2002, 2008) located art therapy historically through landmark writings such as *The Discovery of the Art of the Insane* and *The Soul's Palette*,

connecting theories of psychology and art. Despite the literature indicating mental health or psychological implications of art therapy, systematic reviews were unable to establish a significant correlation (Regev & Cohen-Yatziv, 2018; Lith, 2016) due to lack of RCTs and large sample studies. The qualitative studies and case controls gave an insight into long term and gradual impact art expression in healing. A study in Italy showed that women's well-being is significantly related to social norms, women's roles in society, and especially religious culture (Bozzano, 2019).

Similarly, multiple studies from Asian and specifically Indian context indicate the same. Mindfulness-Based Art Therapies have been found to have effective influence on the psychological distress among women in Maharashtra, India (Joshi and Mehta et al., 2021). Iyer (2020) refers to Tadvalkar (2015) and Liane (2007) located the *Kolams* drawn by the women in household to be effective in personal well-being and artistic identity among Asian women in Singapore. Dilwarai and Tripathi (2014) further studied art therapy as a creative expressive process . These assertions indicate the need for realising psycho-social determinants to empowerment which is absent in the conventional understanding of empowerment of women, especially in terms of conceptualisation in the Global South. It can be discerned that mental health is a crucial determinant of empowerment and results in resilience and well-being which ripples in multiple directions.

Implications on mental health

There is ample literature suggesting the implications of IPV on mental health stemming from behavioural sciences (Jewles, 2002, Cocker and Smith et al. 2000, Pico-Alfonso, 2005; Ali and Naylor, 2013). The studies on health implications and art therapy focus on better psychosocial adjustment for women affected by cancer especially breast cancer, reproductive health issues, and mental health issues. The review throws light on literature in the Global South highlighting the direct impact of art therapy on women, violence, trauma, and healing, whilst intervention based studies are limited.

Theoretical underpinnings of violence, women, and art

Haraway (1985), Butler (2012) & Lepowsky (1990, 1993) spoke about women and the body, and that patriarchy influenced construction and perception about the body which is the object of violence and through the body, it targets the emotions. However essentially Dutton (2006)

proposes the ecological model to explain IPV, he also attributes social and environmental factors contributing towards violence in intimate relationships, this closely aligns with the family systems theory but also accounts for the macro factors in resorting to violence and acknowledges the role of masculinity, whilst it does not delve in to the impact of the violence on the survivors. There are dwellings on strengthening protective factors such as spirituality, social support, community cohesion and ethnic identity for reinforcing resilience, Crann & Barata (2016) focus on the same. The healing and recovery engages with the resilience theory. Rak and Paterson (1996) and Hawley and De Haan (1996) have highlighted the focus on trips in the face of adversity to highlight the resilience. Kaplan's individual resilience is core in this case:

Resilience is primarily defined in terms of the 'presence of protective factors (personal, social, familial, and institutional safety nets)' which enable individuals to resist life stress (Kaplan et al., 1996, p. 158, 2002)

Methods and materials

The study employs an explanatory research design of mixed-method, involving all the participants with direct beneficiaries of the program and are enrolled in the facilitative Arts Therapy conducted by TAOS. The study followed a structured interview with Malayalam translated version the Depression, Anxiety, and Stress Scale (DASS-21) (Lovibond & Lovibond, 1995) was administered to all 204 participants and three Focus Group Discussions (FGDs) for further explication and clarification of the findings of the quantitative study (Creswell, 2003). The DASS-21 has sub-scales for measuring Depression, Anxiety and Stress and higher scores indicate higher levels of depression, anxiety and stress for respondents. The Pearson's correlations value of Malayalam translated version of DASS-21, $r(204)=.92$, $p<.01$ and showed high validity of the tool. The Malayalam translated version of the instrument was previously used by Silvy & Vargas (2016) and Neelankavil & De Guzman (2020) and Vithya, P.S and Sudarshan (2002). There were pre-tests with 218 participants and post-test with 204 after 12 participants were excluded due to low attendance in the sessions.

The unit of analysis is each woman who participated in the year-long sessions of Art Therapy. The participants attending all the sessions were included in the study. The interviews were held in Malayalam and translated to English, the verbatim were transcribed and translated to English for analysis. The data obtained through DASS-21 and FGD were subjected to quantitative and qualitative analysis (thematic analysis) respectively. The FGDs included 10 participants each

with a total coverage of 30 participants selected purposively for the study based on responsiveness and ability to respond. Some of the questions that emerged in the FGD are as given:

- What were your thoughts before attending the sessions?
- What was the nature of the sessions you attend?
- What are your opinion so the group sessions?
- How do you relate to the art forms ?
- What were your experiences while undergoing the process of facilitative arts engagement?
- What were your takeaways from various sessions?

Ethical considerations: The participants were assured of confidentiality, complete debriefing was ensured by the researchers, and written informed consent was obtained after the same.

Limitations of the study: The study is limited to the women participants residing in two shelter homes in Ernakulam district of Kerala and generalisations for wider participants are limited. Also, some of the sessions were held in virtual modality due to the lockdown during COVID-19.

Demographic details

Most beneficiaries belonged to the age group of 30-65, while there were a substantial number of women in the age band of 25-30 followed by 16-25. Out of 204, 118 were Hindu women, while 45 were Muslim and 41 were Christian, among them 156 were married and were either separated, divorced, or contemplating the same. Only 28 were employed, while others were either dependent on the families or were residing in government-run shelter homes. The analysed sample of n=204 had mean age of 43.5 years.

Findings

The data shows that almost half of the women suffered from mild or free-floating depression at least once in their lifetime, more than half suffered from mild anxiety and one-fourth suffered from at least a mild level of stress on an everyday basis. The results show a significant decrease in the stress and anxiety levels and several participants reporting scores within the normal range. Recovery is visible in the Mild range than the Moderate, Severe or Extreme levels.

Table 1: Performance of Participants on DASS-21 Before and After therapeutic intervention

Severity	DASS 21-D- Before	DASS 21-D- After	DASS 21-A- Before	DASS 21-D- After	DASS-21-D- Before	DASS 21-S- After
Normal	90	101	50	64	103	140
Mild	40	30	112	98	61	56
Moderate	41	40	20	20	12	4
Severe	30	30	8	8	16	-
Extremely severe	3	3	4	4	8	4

Discussion

The data was coded using the statistical application SPSS 25. Descriptive statistics such as frequency, percentage, mean and standard deviation were conducted for demographic details. The data were normally distributed on a Q-Q plot and histogram. Hence, the hypothesis testing was conducted using ANOVA to check if there is any relationship between total stress scores, total depression scores, total anxiety scores, and duration of the art therapeutic intervention.

An independent sample t-test was used to check if there is any difference between the scores in the Depression, Stress, and Anxiety after and the Art Therapeutic intervention. The significant level was measured at 0.05. The p-value is found to be significant at $p < 0.05$ for all three categories post interventions, while the value is significant for Depression and Anxiety, it is significantly higher for stress scores post-intervention. Similar results in recovery of milder depression patients were demonstrated by Blomdahl & Guregard (2022) for manual Phenomenological Art based Therapies for patients with depression where there was gradual increase observed in the mild cases of depression through the targeted therapeutic art.

The significant change in anxiety and stress levels was visible for mild as well as moderate categories, whilst post-test for severe and extremely severe were not found to increase due to the severity of the symptoms and absence of drug therapy to complement the facilitative arts therapy.

Emergent themes from the FGD

Fear

The women reported experiencing a high level of anxiety concerning facing the perpetrator as it instigated memories of violent episodes, the women said they were 're-living the trauma' that had previously occurred. This anticipation is shared to have created physical issues among the respondents, these issues were listed as ulcers, increased blood pressure, extensive sweating, and lack of sleep. The women reported a lack of sleep due to the flashing of episodes of violence. Moussion-Esteve (2022) highlights the fear and its recurring nature impacting the well-being of survivors of IPV and their children. The fear of rejection was also outlined by the women before participating in the intervention sessions.

Beatings

Several women shared to have undergone physical violence, and most women in the category have reported having faced beatings regularly. Pain and scars were found to be associated with beating. The former is mentioned in the context of psychological scars and pain and several women reported crying profusely in the initial days of the physical pain inflicted on them. The beatings represented the array of violence inflicted upon the survivors. Campbell & Jones et al (2002) discuss a list of physical issues that are consequences to the beatings, this includes headache, back pain, abdominal pain, pelvic pain etc. in a session on body and pain specifically. A participant represented her body as white and empty, where the white symbolised absence of any sensation as a result of years of beatings culminating numbness and perceived insensitivity to pain

Violation of the Consent

Incidence of marital rape was reported by almost every participant where the nature of violence was always found to be sexually offensive. Married women often reported marital rape as part of expressing anger or disagreement by the male partner. Several young women also reported that their lovers cajoled or manufactured their consent them to believe that they will marry them and were in this pretext subjugating them to sex. The scars as shared by the women ranged from psychological to physical as a result of the sexual abuse. A woman shared to have been raped by her partner for the sake of 'teaching the lesson'. In such cases, the scars are deeper than those of physical violence.

Profanities and verbal abuse

Abusive words were found to be hurled as verbal violence and aggression by the perpetrators. The women have also shared that they have engaged in verbal violence concerning the expression of anger and guilt. The women shared that several were sexual in nature and indicated women being immoral in nature. The women found it difficult to share the profanities but during a vocal exercise, they shouted those profanities as a symbolic act of resonating the same on their violators.

Self-doubt

Forty-two years old participants reported a lack of confidence, self-doubt, low self-worth after she experienced years of domestic abuse from her married spouse. She said,

'The continuous criticism from my husband and in-laws has left a deeper impact on me, I don't feel confident enough to do anything.'

The facilitators said that her lack of confidence was changed by taking steps like initiating conversations in the group. The selective abstraction was changed with the help of self-awareness activities. The team reported that she was assertive and vocal about her thoughts and there was gradual healing and recovery which she experienced as sessions advanced.

Grief

In the case of a respondent, the grief of the death of her children had '*consumed*' her. She said that over some time she was able to talk about her grief, she said that she was taking only '*small steps at a time*' by recollected her hobby of collecting pieces of fabric and used it as a coping mechanism, she also said, '*seeking validation became important for me and that was something I did not receive, the therapy sessions provided me that reassurance.*' There was an improvement in her decision-making skills and she gained better clarity on prioritising her needs. This participant was also found to be journaling regularly as it helped her to stay in touch with her thoughts and initiated embroidery business for livelihood. Riley (1997) in this content highlighted the importance of free line drawing, doodling and journaling as crucial coping strategies.

Messing and Mohr et al. (2015) refer to grief as a common factor among several women survivors of IPV, it was shared as a key word among several participants used '*grief*', '*feeling heavy*' and '*missing*' their family and in some cases grief attributing to their perpetrator partners. Grief is seen as an obstacle to resilience forging but targeting efforts at grid counselling can help in recovery better.

Expressing and speaking-up

The respondents often referred to the lack of voice because of the agency of being a woman. Stemming from the fear of the perpetrator and the fear of rejection from the family, it was found that they were exploring, searching for mediums to speak up and a safe place. The women attending the Art Therapy sessions felt that it was a safe space to express and talk through their artwork, and post-session narration in a judgment-free arena. It was also viewed as a platform for vicarious learning. The facilitators and all the participants shared that there were a significant number of participants beginning to express their emotions, fears, anxiety, irrational thoughts, and trauma. The expressions were simulated through art and moved to verbal with ample scaffolding and reassurance from the facilitators. Anger and frustration were common, and recurrent dimensions were seen across emotions expressed. Huss (2009) has asserted the use of symbolic self-expression that Art Therapy provides to individuals with diverse mental health issues, and he calls the same as 'intensifying the interpretive voice'. The session base spaces for the facilitators to forge resilience through both situational and relational patterns (Polk, 1997).

Assertiveness

Contreras-Pezzotti and Arteaga-Medina et al. (2010) are of the view that social balance and the need to balance care for others are the major driving force behind developing assertion. The assertiveness here is based on the confidence to 'Say No' to Violence'. Several women said that the realisation and confidence to say no to abuse and to 'stand up to it developed only after half the day into sessions, i.e. after six months.

Recovery and Healing

The innate resilience was involved and instigated spiral recovery in terms of both physical and mental trauma. The physical trauma was stimulated through Recovery and Healing. The facilitators and the design of the session were such that it paved the way for resilience and healing. The group format of the session helped me understand the SEL vicariously through social learning. A participant remarked:

'In the activity of pairing and drawing helped me understand that the problems, my list were similar to my partner's. However she seemed more confident in resolving the issue, despite

support, I was unsure of how to leverage the same. During the activity I gained trust in myself, my recovery started after the trust I gained.'

The participants were found to have heightened levels of self-awareness with activities such as '*Knitting my Emotions*', which are primary activities in controlling negative behaviour thoughts, and feelings.

A participant aged twenty-three shared in an activity titled '*Paint your Dream*' that she dreamt of getting ready to travel with her family in an airplane and the residents of the shelter home where the participant resided were found bidding her goodbye. She shared that the dream could be symbolic of her yearning to return home which is projected through her dream. Several women spoke about recovery as a slower process, but most were capacitated to initiate healing. Another woman who experienced family violence shared:

'I have never experienced a stable functioning family as my parents always used to argue with each other and I never received much love and care from them. The sessions made me let go of the past. It was difficult for me to detach myself from the world I created because of anxiety. Through sessions, I realised I'm strong inside, and now I don't have the fear of people judging me. I'm glad I'm healing.'

The women who were not sharing the physical space with their partners shared to be recovering at a faster rate. The '*letting-go*' was symbolic of healing, especially concerning forgiveness.

Managing emotions

The self-management component of SEL was very evident in the narratives of the participants towards the end of the project. One of the women shared to have become responsible towards economic and vocational responsibility, specifically saving money, using resources judiciously, etc. This reflects the improvement in the socio-emotional learning of the children across all the competencies, especially the aspect of self-management. Leadership, which is a combination of self-management competency and decision-making skills, was found to be a recurrent theme in the narrative as well as the behaviour of the children in the activity center. The sense of responsibility and accountability ensured through participation and forged this competency in the children. In another example of managing emotion, another respondents shared,

'Being an orphan, anger was always part of my life, and I was pretty obstinate. The therapy sessions gave me an insight into my personality, and now I have control over my anger. I'm more engaged.'

Motivation

The respondents during the FGD recollected a session on sharing their progress, where they reported that they all made their figures as *standing-upright*. The aspect of '*standing-upright*' symbolised empowerment and self-confidence, and it was evident in several art outputs by the women. The inertia attributed to fear of negative consequences stemming from the traumatic experiences was said to be a causality of lack of motivation. The frequent reference to the inability to wake up can be attributed to the same determinant. Here, waking up is the act of gathering the momentum to initiate a new day and related work. A participant shared,

'It helped me find my inner capacities and I started looking into other possibilities. The activities brought me happiness, and they helped me express my thoughts through art. Now, I have a sense of hope and a feeling that I can retrieve all that I had lost in my life.'

There is an overall increased motivation among the participants, this is concerning seeking opportunities to self-care, manage one's daily tasks, manage relationships and even seek livelihood opportunities for themselves. There is a difference in terms of the intensity of intrinsic motivation. It was found that those living with the family were more receptive to motivational enhancement than those living in shelter homes. This could be determined by the intensity of trauma, support from significant others, etc.

Mutual aid

The group activities aimed at forging several components of the SEL were held in a group format and the participants were able to view them as contributing towards sisterhood, support, and collective well-being. *'She was a stranger when she spoke about how I should be more confident about my looks. Later we became good friends, I realised she was going through the same issues as I was.'* The facilitators reported that the women were found to be meeting even when the sessions were not scheduled. It was evident in this situation that they found support, mutual respect, dignity,

and happiness in each other's company, and the traumatic position of each member was diluted with this mutual aid.

Gratitude

The shared feeling of gratitude is also evident among the participants towards each other and towards all the support systems which played a great role in the situation of crisis. Peers, distant family members, police, NGO workers, lawyers, and mental health workers were listed as support systems by the participants. A twenty-three-year-old abuse victim, reported issues of waking up during sleep, reported to have improved her health during the course of Art Therapy. The theme of family and home is depicted by the symbol '*crying eye*'. This symbol was found to be recurrent in her narrative and all her art output. She said,

'My biggest dream is to take care of my family as they have, no one else but me. I want to support them the way they supported me while growing up. I also want to help other people who are in need. The therapy sessions helped me become more focused on my desire and goals in life.'

The respondent further said,

'I'm glad that I got a platform to discuss the issue of grief that I was struggling with for a few years, as I was not even able to communicate with my family members. I am happy that I finally got a job offer after months of waiting. I know I can face the outside world, especially my workplace with confidence because of all the lessons I have learned through the art therapy sessions which boosted my self-esteem. The girl stepping into the sea is symbolic of the anxiety I have while I 'return' to the world, but you can see that the girl is happy.'

Here she was found expressing her desire to the project team while conveying gratitude for her recovery and resilience which she gathered from different people and circumstances.

Implications for Social Work :

The interventions involving 204 women indicate the need for adoption in mainstream clinical and community practice and guide the related practice of social work . In the context of working with women, who are associated with subaltern identity, art provides a judgment-free, open non-threatening space to speak. Based on the analysis of the data, some implications for the practice are synthesised, which are as follows:

a. Women-Centred Social Work deconstructs gendered roles and power relations, the creation through artistic engagement attempted to provide the women with authority and reclaiming of the lost 'power' or attainment of power through that creative space. Especially the characteristic of no-judgemental space. Huss (2009) repeatedly introduces the gendered notions reinforced in women, especially through the case of Bedouin women, which they deconstruct through Expressive Art. The picture of the police officer which a participant has created and pasted near her bed was indicative of the reclaiming and aspiration of being in 'power' and 'control'. This paves the way for the application of Art Therapy and facilitative artistic expression with marginalised gender groups as a key component of women-centered social work .

b. Huss (2009), Graham and Fabricius (2018), Yadav (2019), and Khademi and Rassouli et al, (2021) point towards decolonisation the practice of interventions with IPV. Huss (2009) through his analogy of Bedouin women point towards the interventions of decolonising perspectives ignorer empower individual and groups. While some of the techniques were culturally located such as mandalas, murals, etc, most therapeutic activities conducted by the professionals in this context were drawn from western practices. Although the sessions were engaging, culturally rooted techniques would lend more involved efforts to empower women. While the narratives used Malayalam, the interpretation and analogy were drawn from western authors, social workers , and clinical practices. Nagarajan (1998) study the influence of Kolam in Tamil women's rituals, power and well-being and the *kolam* art forms as '*ubiquitously creative*' art forms emerging as Tamizh women's voice. Cole (1996) describes artifacts as culturally located, accordingly it is important to locate the activities through contextual aspects. Here translating Bakhtin's neologism, the 'social' person is also a 'speaking' person for decolonisation of social work practice especially in women-centred development is a crucial element.

c. Mainstreaming '*allied*' therapies in clinical practice is another learning from the intervention, the practitioner's dilemma and judgment are also seen in global and Indian practice. Rubin (2011) asserts the need for studio spaces in hospitals, considering the evidence of Art based Therapies in all spheres of recovery, not just mental health (Lachman-Chapin, 2009).

Conclusion

The study reviews the interventions from the perspective of women facing the trauma of violence and is an outcome of the gestation of thoughts on its effectiveness from the first day of the project. The intervention with 204 women with the 'alternative' mediums are an effective tool for helping the pulverised women, *the subaltern to speak*. The findings reflect changes in the mild levels of depression, stress and anxiety among the respondents. The art forms and outputs conceived by the women link to folklore, narratives and visual discourses that capture and release the fears and anxiety entrapped in the silence. The study provides implications for culturally rooted methods and techniques to work with IPV trauma survivors. The learning from such interventions vehement the need for including participatory techniques, and directs the partitioner to be located in the same cultural and social space as the participants.

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ACADEMIC RESEARCH POSTER

WHAT WORKS GLOBAL SUMMIT 2022: RECOVERY AND RESILIENCE IN CRISIS
18-20 OCT 2022

Pain, Paint and Healing: A Study of the Effectiveness of Facilitative Arts Interventions with Women Survivors of Violence in Kerala by Reena Merin Cherian

AUTHOR

Reena Merin Cherian, Assistant Professor of Social Work
Department of Sociology and Social Work
CHRIST (Deemed to be) University
Bengaluru

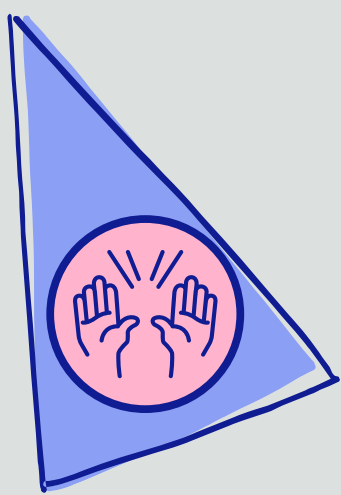
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Web of Science ResearcherID: ABD-3673-2021
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Introduction

Gender-Based Violence (GBV) captures a spectrum of violations of the rights of gender groups. Intimate Partner Violence (IPV) in a micro-space invites the attention of development practitioners to intervene at the micro to macro-level, especially in the case of marginalised women. Here, Visual Arts Therapy is a culturally located instrument to impact and mobilise individuals; for constructing resilience and deconstructing stress. The paper analyses such an intervention and the resultant change in 204 women violated by GBV. It employs mixed-method using structured interviewing through DASS-21 and Focused Group Discussions. The findings reveal reduced anxiety, stress, and depression in the women after interventions; emergent themes include enhanced self-esteem, body positivity, reduced fear, resilience, and mutual aid. The implications affirm Women-Centered development practice and the resilience is an exemplar for global connectedness and therefore for ubuntu social work practitioners.
Keywords: Facilitative Arts Therapy, Visual Arts, Women, Violence, Expression, Healing, Resilience, Mixed Method, Body

Objective

1. To study the psycho-social implications of IPV on women in Kerala
2. To study the effect of Facilitative Arts Therapies on psycho-social well being of women survivors of IPV



RELATED LITERATURE

Art therapy uses artistic and creative expressions of a spectrum of emotions that are otherwise conflicting or difficult for individuals to encounter and express (Malchiodi, 2002). She asserts that artistic expression has the inherent capacity to resolve issues. McGregor (1989) Malchiodi (2002, 2008), located art therapy historically through landmark writings such as The Discovery of the Art of the Insane and The Soul's Palette, connecting theories of psychology and art. Although in the rehabilitation literature, the impact of Art Therapy is unclear and systematic reviews were unable to establish a significant correlation (Regev & Cohen-Yatziv, 2018; Lith, 2016) due to lack of RCTs and large sample studies; the qualitative studies and case controls gave an insight into long term and gradual impact art expression in healing.

Results

H1: The women experienced reduced levels of depression after participating in Facilitative Expressive Arts Sessions
H2: The women experienced reduced levels of anxiety after participating in Facilitative Expressive Arts Sessions
H3: The women experienced significantly reduced levels of depression after participating in Facilitative Expressive Arts Sessions.

Categories	Themes
Physical harassment	Beatings
Psychological harassment	Violation of Consent Profanities and verbal abuses
Building resilience	Expressing and speaking-up Assertiveness and confidence Resilience and recovery Mutual-aid Motivation
Effects of Intimate Partner violence	Void and vacuum Self-doubt Fear

Analysis

Statistical analysis
An independent sample t-test was used to check if there is any difference between the scores in the Depression, Stress, and Anxiety after and the Art Therapeutic intervention. The significant level was measured at 0.05. The p-value is found to be significant at $p < 0.05$ for all the three categories post the interventions, while the value is significant for Depression and Anxiety, it is significantly higher for stress scores post the intervention.

Thematic analysis
The narratives were subjected to thematic analysis through codes, and the grouped codes were reduced to themes such as beatings, fear, profanities, colour, speaking up etc

Methodology

Ontology:
Social
Constructivist
Epistemology:
Interpretivist
and pragmatic

Sequential Exploratory Mixed Method Design

Theoretical engagement
Theory of Social Control
Feminist theories

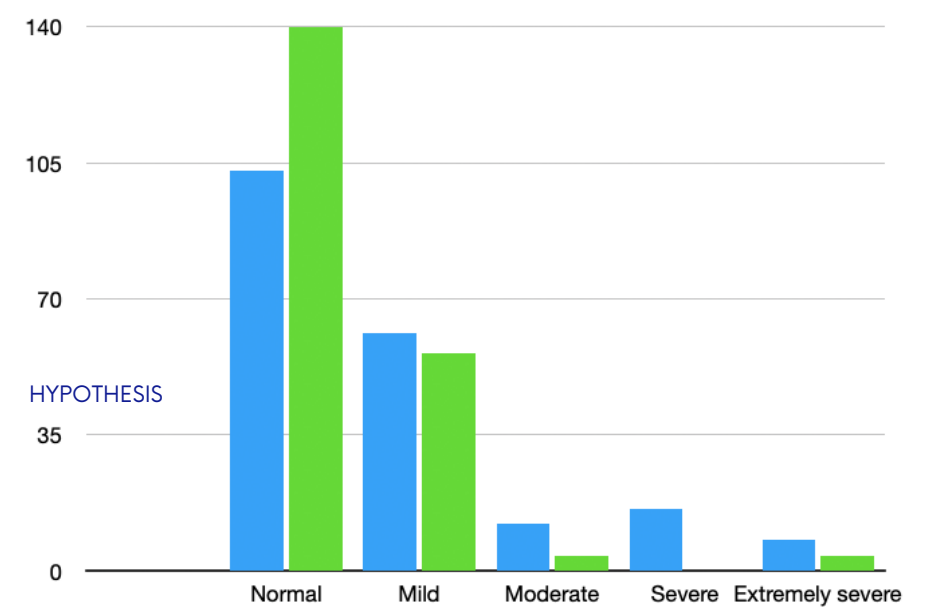
Quantitative-
DASS 21 administered to women (n=204)

Qualitative-
Thematic Analysis of verbatim from 5 FGDs (n=50)

Conclusion

The study reviews the interventions from the perspective of women facing the trauma of violence and is an outcome of the gestation of thoughts on its effectiveness from the first day of the project. The intervention with 204 women with the 'alternative' mediums are an effective tool for helping the pulverised women, the subaltern to speak. The art forms and outputs conceived by the women links to folklore, narratives and visual discourses that capture and release the fears and anxiety entrapped in the silence.

Stress levels among women survivors of IPV before and after interventions measured with DASS-21



Depression levels among women survivors of IPV before and after interventions

