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Evaluating the use of Narrative Therapy and Art Therapy among Women Who Have Experienced the Trauma of Domestic Violence

by

Cindy G. Bryant

A research paper presented to

Faculty of the Department of
Marital and Family Therapy
Loyola Marymount University

In partial fulfillment of the
Requirements for the Degree
Master of Arts in Marital and Family Therapy with Specialization in Art Therapy

May 2020

Signature Page



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Abstract

This research study is aimed at evaluating the artwork created by a woman who has experienced the trauma of domestic violence. A qualitative research approach was used to capture the phenomenological outcomes in the art created during art therapy sessions using the theoretical lens of narrative therapy to analyze the art. For this study the subject was a young woman from Central America who had come into therapy per court mandate to address the issues of domestic violence at a community-based mental health center where the researcher was conducting her second-year practicum. The data (art) was gathered after each art therapy session. Five sessions in total were conducted where the subject was given various art making directives. The subject created six total pieces of artwork during the five sessions. The researcher then analyzed the artwork created by the subject using a phenomenological approach while looking for common themes found in the artwork using a narrative therapy lens with which to view the artwork. Many themes uncovered in the artwork were parallel to narrative therapy theory such as resilience and empowerment and held the possibility of assisting the subject who experienced domestic violence in finding new outcomes.

Keywords: domestic violence, qualitative research approach, community-based mental health, trauma, narrative therapy, art therapy

Dedication

I dedicate this research project to Dr. Virginia W. Smith, my beautiful mother, mentor, and very best friend. Thank you for being such a wonderful role-model, for *always* believing in me, for inspiring me to grow past my challenges, and to follow my heart in pursuing this dream. Your legacy of love lives on! I *know* that you took this journey with me and that you are smiling down from heaven at the completion!

Acknowledgements

To my Heavenly Father for making this whole journey possible by leading me, ordering my footsteps and giving me the courage and strength to continue this journey, even when I thought I might not make it.

To Kevin, thank you for making this dream possible, for making so many sacrifices, for believing in me, giving me the space to actualize this dream, for holding me close and reassuring me while I grieved AND did homework and projects. This dream is for us! All my love!

To my sisters Rachel, Jackie, Yasmine, Marybeth, Jolie & Nicole! Thank you for literally having my back after I unexpectedly lost my mother at the beginning of this journey, for the meals you provided, the prayers, the distractions, the encouragement, the spontaneous get-togethers. I wouldn't have made it without you!

To Vince, you are the brother that I always needed. Thank you for being you!

To Ruth, thank you for your love, concern, prayers, fun conversations and care packages.....Here's to new beginnings!

To my Cali, Chattanooga and Memphis families thank you for all your prayers, love and support!

To my Ericka! How can I thank you for upholding me after I'd lost someone so precious to me.....you helped me to believe in myself when everything turned upside down and sideways in my life. Your constant encouragement, love and prayers have meant the world to me! You will never know how much your unconditional care has meant to me! I love you!

To my LMU cohort and friends, thank you for learning with me side-by-side, for allowing me to be vulnerable and accepting me anyway. Each of you has your own special place in my heart. It has been an incredible journey that has made an indelible mark on me!

To my LMU professors, thank you for your wisdom, knowledge and support. I have learned something from each of you that I will take with me into my career.

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Introduction

The Study Topic

This extended case study will use the methodology of Narrative Therapy as a lens to explore the art made during weekly art therapy sessions with women who have experienced the trauma of domestic violence. The modality of Art Therapy combined with Narrative Theory will be used in an exploratory manner as a way to more deeply understand the subjects' artistic works, local language, personal and political experiences.

Significance of Study

This topic is of great significance due to the rampant populations of women of all social stratas in society experiencing domestic violence. This indicates a need that can potentially be explored in the therapeutic setting. Art Therapy is shown in the research to have beneficial results with this population due to the non-threatening use of the art materials that are used to uproot many deeply buried thoughts and feelings that a client who is experiencing domestic violence may have. In addition, Narrative Therapy has also been shown to be a method that allows for the client who has been traumatized by the abuse of domestic violence to regain her voice in a safe, controlled manner that may have the potential to expedite the healing process. In this study however, I am specifically using a narrative lens to view the artwork that I collect from weekly art therapy sessions. It is anticipated that using a narrative therapy lens to explore the art made in individual sessions will deepen the researcher's case conceptualizations.

I am personally involved with a family friend that I have known for over five years who experienced a heartbreaking outcome as a result of domestic violence. My desire is to be part of the solution in understanding women in the earlier stages of treatment to find ways

to safely express their experiences, to explore alternate ways to reauthor their problem-saturated stories, to have others observe their process and be a part of their recovery in helping to reinforce a new narrative (story) with the combined use of Art Therapy and Narrative Therapy.

Background of the Study Topic

The following description offers a short synopsis of a more comprehensive literature review that is included in this body of work. The synopsis gives the reader a framework about this research topic. It is mentioned briefly in the following literature review that there appears to be limited existing research regarding the use of art therapy and narrative therapy used by therapists with victims of domestic violence as a means to assist the victims in their healing journey and to help move the therapeutic process along. More detailed information is provided in the literature review that is included in this proposal.

The existing research on the effects of domestic violence inflicted on the female or intimate partners is vast indicating the ongoing exploding epidemic of this occurrence in society. According to the U.S. Centers for Disease Control and Prevention “domestic violence is common and affects millions of people in the U.S. each year.” “One in four women currently experience IPV – Intimate Partner Violence or domestic violence by contact sexual violence, physical violence and/or stalking (www.cdc.gov)”. This accessible research delves into the minute details regarding the effects of domestic violence and the impacts that it has on women and their children. It is reported that “researchers consistently find a substantial link between women with histories of domestic violence and symptoms of depression, anxiety, posttraumatic stress disorder, suicidal ideation, general psychological distress and sleep disturbance”. Et al Loxton and (Rahman, 2013). This symptomology points to a need for interventions that will assist these fraught victims of society. Therapeutic interventions are one way to assist the victims in supportive ways that can enable them to regain a sense of empowerment and ownership of their lives.

One specific way to aid these victims of domestic violence is through the use of art therapy and narrative therapy used in the therapeutic setting. The use of art therapy allows for “an opportunity

for victims to express themselves and connect with others through arts-based interventions.” (Murray et al., 2017).

Narrative therapy is “a contextualized, emplotted or meaningful account or story told from a particular subjective view of the world.” (Oke, 2008). Using these methodologies, in a safe, controlled therapeutic space, subjects are invited to create art that is meaningful to them and recounts their unique story of abuse, and survival. In this research the subjects are not expected to use the narrative approach in therapy, but to create art that tells their stories in whatever way they want. The approach used in this proposal is for the therapist to view the art created in art therapy sessions through a narrative therapy lens searching for the phenomenological outcomes.

The use of these methodologies, namely using a narrative lens with which to view the subject’s artwork appears to be an area where there is scant research available discussing this type of work (narrative therapy) with subjects. Despite this information regarding lack of research in this area, this proposal seeks to bring new insights and understanding into this type of qualitative phenomenological process.

Literature Review

This literature review explores how the Narrative Therapy Modality can be utilized as a way to conceptualize the art made by women who have experienced the trauma of domestic Violence in their art therapy sessions at a community mental health setting. The review begins by exploring key terminology topic definitions of domestic violence and intimate partner violence, art therapy and narrative therapy. The literature review shows that there is not a lot in the body of research regarding the use of art therapy and narrative therapy with women who have experienced domestic violence. Then, the literature reviews how art therapy and narrative therapy are combined with

similar populations that have experienced traumatic effects of domestic violence. Next, we explore the effects of domestic violence and uncover what we need more of in the way of domestic violence research to aid the victims. Finally, we look at what research reveals in the use of creativity in treating victims of domestic violence, the use of narrative therapy in treating victims of domestic violence and the use of art therapy in treating victims of domestic violence.

An opportunity for women Domestic Violence survivors to retell their stories: An Overview

The trauma of Domestic Violence is prevalent in many communities, irrespective of age, race, socio-economic status, religious affiliation, gender/gender identity. The prevalence of this form of abuse appears to be rising and is common among the identified female population of various genders, as it appears that this population is often viewed as one that is vulnerable. When the topic of domestic violence trauma is not addressed in therapy in a way that makes sense of the client's lived experience, talk therapy alone may be a short-term solution. The combination of Narrative and Art Therapy allows space for the client to re-author a new outcome so that the client will not feel stuck physically, emotionally or metaphorically in the cycle of violence. It is also crucial for the client to have the opportunity to re-author a new outcome in the context of community, thus solidifying their gains and allowing others to witness and to be a part of their transformative healing. There appears to be limited research in this area regarding the use of Narrative and Art Therapy as a means for healing and restoration in this population.

Domestic Violence/Intimate Partner Violence (IPV): Background defined

Domestic Violence also called Intimate Partner Violence (IPV) is defined broadly "as any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members

regardless of gender or sexuality” (Bird, 2018). Thaggard and Montayre (2019) similarly concur with the definition of Domestic Violence and Intimate Partner Violence (IPV) stating that “intimate partner violence is physical, verbal and psychological mistreatment that occurs between people in an intimate relationship.” The authors further define this epidemic pattern of maltreatment “to include acts of violence (physical and sexual), emotional abuse and controlling behaviors, such as threats of harm, humiliation and isolating a person from family and friends.” Thaggard and Montayre go on to state that what distinguishes IPV from domestic violence is that it encompasses relationships of an intimate or personal nature. The Center for Disease Control (www.cdc.gov) outlines “an intimate partner as a person with whom one has a close personal relationship that may be characterized by the partners’ emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other’s lives.” The CDC further states “this includes heterosexual, cis-gender couples, same-sex couples, casual or committed couples, dating partners, sexual partners, and those in a terminated relationship.” In the literature both domestic violence and IPV are used interchangeably; however, for the purposes of this review I will use the more common term domestic violence.

What is Art Therapy?

Art Therapy is an integrated mental health and human services profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory and human experience within a psychotherapeutic relationship. (AATA /arttherapy.org)

What is Narrative Therapy?

Narrative Therapy centers around psychoanalytic theory. Narrative therapy is “distinguished by its reliance on textual or narrative metaphor. Therapists use the rich lived experiences of people’s lives, their stories. The personal stories allow people to make sense of life experiences by storying their experiences sequentially across time thereby making meaning of these life events. The characteristics of the narrative, whether tragic or heroic, are determined by what is in a person’s narrative”. Other key components of this type of therapy that are utilized by the therapists are: “unique outcomes, dominant or subjugated (local) knowledges, use of a person’s language, the problem is the problem, politics, therapist positioning.” (Gehart & Tuttle, 2003). Another important aspect to note regarding this type of therapy is that clients are not given a mental health diagnosis when using this modality.

A simplified definition of Narrative Therapy is “a rich engagement of re-storying a client’s narrative.” (apa.org)

What occurs when Art Therapy & Narrative Therapy are combined?

Combining art therapy and narrative therapy can be done in many creative ways as demonstrated by the varieties in research. According to the qualitative research done by (Keeling & Nielson, 2005), narrative therapy was used along with artistic expression with a specific cultural group of Asian Indian women. This study focused on supporting “the structure and values of Indian family life and the effects of immigration and urbanization on those structures and values”. (Keeling & Nielson, 2005). Research indicated that in this study art therapy and narrative therapy came together to meet both client and culture. It is worth noting that the researchers were aware of many of the unique cultural mores of the Indian women and how they viewed therapy and the therapeutic

relationship, so they were able to factor these customs into the use of art and narrative therapy to meet the individualized needs of the participants. Four main tenets were posed as research questions for the participants: 1.) “what sort of problems are the participants experiencing, in what way are these problems manifesting? 2.) how do participants relate to their identified problems, if and when they have been externalized as narrative? 3.) what is the experience of participants when they have unique outcomes (times when the problem is less severe or absent? 4.) how do participants describe the overall outcome?” (Keeling & Nielson, 2005). Research indicated that the Indian women’s use of art images and corresponding narratives yielded a lot of useful information. The client’s *problem/s* that were externalized wrote a letter *to the client*. Research showed that this method allowed the *problem* “to have a dominant, authoritarian tone, the *problem* played on the insecurities of the client (ignored the client’s strengths and resources, focused on negatives), problems demanded time and attention, problems’ hypercritical influence increased the clients’ sense of isolation and powerlessness.” (Keeling & Nielson, 2005). Then, as a follow up, the clients *wrote letters in response to their problems* that allowed them to go deeper and to show more regarding their connection to their problems. Some of the responses to their problems were as follows: “Clients negotiated with their problem (participant as adult child, problem as an overly zealous parent/guardian) , pled with the problem to leave them alone (participant as child, problem as dominating parent or critic), embraced and reassured the problem (participant as parent, problem as child), rejected the problem forcefully (participant and problem as combatants)” (Keeling & Nielson, 2005). This research indicated that the participants of this study experienced unique outcomes socially, emotionally, cognitively and behaviorally. Clients reported some of the following outcomes as a result of this study: “feeling hopeful, in control, optimistic, confident, peaceful, supported by friends and family, receiving trustworthy advice and constructive criticism,

feeling loved, believing in one's responsibility and ability to change, concentrating on priorities, remembering hardships overcome and past successes, heightened awareness of problems' influences and tactics, helpful imagery (art work, imagined future); beliefs in personal strengths to include perseverance, determination, spiritual resources, mental strength, spent time with friends, and stayed busy (Keeling & Nielson, 2005)". Finally, clients indicated that their overall experience was as follows: "The project elicited personal strengths and resources, reduction in problem severity, helpfulness of focusing on the problem in a deliberate fashion, journaling was beneficial to help get problems out (internalized)." (Keeling & Nielson, 2005).

(Williams & Taylor, 2004) conducted another research project with incarcerated women who had experienced domestic violence using the combination of art, storytelling (narratives), music and journaling and support groups combined to form an arts narrative intervention program. In this 8-week study different themes were explored related to the underlying issues of domestic violence and trauma experienced by this population. Within a two-hour per week session the women were invited to use their journals to write in or to narrate their thoughts about the theme of the week and to answer related questions posed by the facilitators. In this safe environment, the women shared their thoughts about what they wrote in their journals within a group setting. In addition, the women listened to music (blues songs were chosen with empowering themes) and attention was given to themes in the music by the facilitators. The women were encouraged to write their thoughts and to use non-threatening collage materials that they chose over a four-week time period that they felt reflected their individuality, personal histories and their thoughts about being women. These women then combined the making of art pieces combined with their written thoughts and feelings in a collective way that formed a narrative of their current, past or present journeys. In this research study through the narrative art form, the use of local dominant knowledges (the prison

culture coupled with implicit societal norms), allowed some of the women to make vital connections between “their behavior and criminal thinking”. This research reveals that many of the incarcerated women who participated were able to utilize their “autobiographical collages” as a path to healing and self-discovery. (Williams & Taylor, 2004). “The collages created by the women were used as a narrative aid in storytelling”. (Williams & Taylor, 2004). As the women sorted through the pictures, by cutting and pasting and organizing pieces of their lives, they are allowed both ownership and authorship of their identities and their stories past, present and future. Research indicates that this use of art and narrative therapy (through making autobiographical collages), assists the participants in seeing recurrent relationship patterns in their lives. (Williams & Taylor, 2004). In addition, research revealed that these narratives assisted the women in seeing some constructive features related to their incarceration and assisted them in reducing the problem-saturated stories. Many women experienced “firsts” that may not have been afforded them had they not been imprisoned. Some of these “firsts” were being clean and sober, being safe, positive educational engagement, health. (Williams & Taylor, 2004). Based on this research this use of art and narrative therapy gave the incarcerated women a safe platform to discuss, process and to be witnessed in all of the facets of their art narratives. The women were able to build on this newfound confidence and to explore the possibilities for their futures through the narrative art.

What has domestic violence research taught us?

According to the Smith et al., 2017 research one in four women will be plagued by extreme domestic violence in their lifespan. The forceful physical acts, the emotional shaming, and the sexual control that are perpetrated on women are just the tip of the expansive iceberg in this cycle of violence meant to dismantle the overall psyche of women. There are many other concerning issues that women have to deal with including the oft ignored economic abuse as noted in research

conducted by (Adams & Beeble, 2018). These researchers feel that when perpetrators control a woman's economic power, they affect her quality of life. (Adams & Beeble, 2018) define economic abuse as "behaviors that control a woman's ability to acquire, use, and maintain economic resources, thus threatening her economic security and potential for self-sufficiency."

Research conducted by Stover (2005) examined the plethora of detrimental effects of domestic violence on victims beginning in childhood. This author reports that early exposure to domestic violence has far-reaching effects on the child's "emotional and behavioral development." This author states that this early exposure is a prescription for "psychiatric and behavioral problems". Further, this type of exposure can cause inhibition to normal "cognition, personality style, self-esteem, motivation, and impulse control." This early exposure to violence as a child increases the likelihood of the child" being a victim or perpetrator of domestic violence as an adult". This research appears to point to or demonstrate the need for a foundation of safety for the victim/s and their offspring, improved treatment modalities for addressing this type of trauma domestic violence, more improved and stringent treatment requirements for the perpetrators as well as varied modes of domestic violence research are needed.

Domestic violence research- what do we need more of?

According to the research of Baragatti, Carlos, Leitao, Ferriani and Silva (2018), women who experience domestic violence have an inferior quality of life and thus may compromise their immune systems and become susceptible to diseases and illness. These researchers note that it is important to connect these victims not only with methodologies to help change their thinking and mental health status, but it is equally vital to offer supportive services to address the victims' physiological well-being. The researchers are concerned about missing links in the clients care and they term the steps taken to deal with the abuse endured by a domestic violence victim and the

assistance provided to the victim to secure help is termed “critical path”. This concept is being observed in Brazil and in South America. These same challenges can be observed in the United States in finding and accessing critical care and help to restore a woman who experienced domestic violence.

The research conducted by Allen and Wozniak (2011) similarly supports the above ideas that not only do victims need to have a “critical path” to address all the facets of the violence that they have endured, but there needs to be a holistic approach in order to access the necessary healing needed. Allen and Wozniak assert that shelter-based treatment is incomplete and does not provide the comprehensive care that these victims require. These researchers found that “healing from relationship violence is a social, spiritual, cultural and psychological process”. These researchers designed a model of healing that includes “holistic, integrative, and alternative healing methods like prayer, meditation, yoga, creative visualization, art therapy”.

The Use of Creativity in Treating Victims of Domestic Violence

Why use Creativity (art, collage, music, skits/acting) in treating clients? Binkley (2013) found in her research that domestic violence is increasing every year in occurrence. The emotional and physical bearing coupled with the stigma of this type of violence increases the likelihood that victims will not share the trauma that they endured, but instead will suffer in silence. This research explores the value of creative arts activities in working with victims of domestic violence and suggests that creative arts will assist in this process.

The use of Narrative Therapy with the Domestic Violence Victim

Research appears to indicate a variety of ways that domestic violence survivors can benefit from the use of the narrative alone and coupled with other forms of expression. Frohmann (2005) illustrates this technique in “The Framing Safety Project” “which combines narratives of domestic violence victims with photographs. Oke (2008) explores the use of narrative with two distinct but separate cultures i.e. Mongolian and Australian women who have suffered from domestic violence. In a smaller case study utilizing creative journal arts therapy researchers Ikonomopoulos, Cavazos-Vela, Vela, Sanchez, Schmidt and Catchings (2017) had mixed results in using the creative journal (narrative) arts therapy with their participants. Another interesting research study conducted by Tani, Peterson and Smorti (2016) explored the use of autobiographical narratives of women who were abused and those who suffered domestic violence and compared the two groups’ narratives. The women who had been in domestic violence relationships for greater amounts of time appeared to lessen their use of words like “fear, anxiety, which the researchers felt demonstrated their adaptation to violence over time”. This was in contrast to the victims who experienced general violence seemed to write more in their narratives and to use stronger emotion words.

The use of Art Therapy with Domestic Violence Victims

In a particular study by Bird (2018), this art therapist sought to utilize “arts-based methods to better understand and to decipher women’s responses to their lived reality of domestic violence and also as a way to visualize their lives after the abuse.” The researcher notes that there is not much overall research in this area in utilizing arts-based methods with women who have experienced domestic violence. Bird’s (2018) research sought to combine client’s domestic violence stories of “the past, present and future” that are termed “transitional”. In this study, both

created art images along with verbal recitations make up these stories that take the domestic violence victim away from the abuse and help them to “metaphorically create and become a vessel for a sound and whole future”. According to the research by Murray, Moore Spencer, Stickl, Crowe (2017), similarly the use of the arts created in See the Triumph Healing Arts Workshops provide a safe place for domestic violence survivors to create meaningful art as well as a platform where survivors can be witnessed in public and share openly their victories as survivors of abuse thus deepening the healing that was gaining in the creating of the art.

Conclusions and Future Study

In conclusion, research appears to confirm that domestic violence is a wide-spread occurrence in almost every community touching the vast majority of women regardless of their age, race, religion, cultural backgrounds, gender/gender identity or socio-economic status. According to AATA, the use of Art Therapy strategically encompasses mental health and human services in an effort to enhance the lives of individuals, families, and communities through active art making and the creative process, along with applied psychological theory and human experience within a psychotherapeutic relationship. The research confirms that the use of this modality is freeing and allows for the domestic violence victim to heal in a unique way that encourages depth of experience through combined use of the senses. Narrative Therapy also encourages the use of senses otherwise not utilized, people's lives through storytelling and the natural way that people make meaning of their lived history. These personal stories allow people to make sense of life experiences by storying their experiences sequentially across time thereby making meaning of these life events.

The research demonstrates that there are many ways to combine the use of Art Therapy and Narrative Therapy and these various combinations support and aid in the pathway to healing for these victims. Domestic violence research explored the prominence of this specific type of abuse for women and its detrimental and long-lasting effects. Research also showed that we need to conduct more research in this area in different studies capturing the effects of domestic violence and providing ways to provide more holistic types of treatment for victims. Research with the domestic violence victim further substantiated the need for the use of creativity in the general healing and recovery of victims. Research also seemed to demonstrate the effectiveness in the use of Narrative Therapy as a stand-alone way for domestic violence victims to give voice through the art process to their pain and at the same time to allow them to narrate new outcomes through

this process. Art Therapy was also found to be useful in the research and to afford victims a way to process the extreme trauma and to find safety and containment in the creation of art within the therapeutic relationship. The researcher's personal proposal is to combine the use of Narrative Therapy and Art Therapy with women who have experienced the trauma of domestic violence and to observe the phenomena that presents itself during this process.

Research Approach

The approach utilized for this research is a qualitative method. This excerpt attempts to define and provide more clearly how the qualitative framework is used in this research. Banister et al., (1994) found the following to be true:

Qualitative research is part of a debate, not a fixed truth, an attempt to capture the sense that lies within, an exploration, and systemization of the significance of an identified phenomenon, the illuminative representation of the meaning of a delimited issue or problem. (p. 3)

The qualitative process is used in this research as a tool in which to explore the art that is made in relation to the subject of the domestic violence that is being experienced or has been experienced. To do this the researcher must become an observer of the art. By paying close attention to the themes in the art using a narrative lens much useful information can be gathered.

The term observation derives from Latin, meaning to watch, to attend to. Dictionary definitions (Oxford English Dictionary, 1989) tend to stress that it is concerned with the accurate watching and noting of phenomenon as they occur in nature, with regard to cause and effect or mutual relations. Banister, et al.(1994), noted “in nature”, as opposed to an experiment, which concentrates on the manipulation of conditions, often in artificial conditions.” (p.18).

Methodology

Definition of Terms

Narrative Therapy is “distinguished by its reliance on textual or narrative metaphor. Therapists use the rich lived experiences of people’s lives, their stories. The personal stories allow people to make sense of life experiences by storying their experiences sequentially across time thereby making meaning of these life events. The characteristics of the narrative, whether tragic or heroic, are determined by what is in a person’s narrative”. Other key components of this type of therapy that are utilized by the therapists are: “unique outcomes, dominant or subjugated (local) knowledges, use of a person’s language, the problem is the problem, politics, therapist positioning.” (Gehart & Tuttle, 2003).

Art Therapy is an integrated mental health and human services profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory and human experience within a psychotherapeutic relationship. (AATA /arttherapy.org)

Domestic Violence/ Intimate Partner Violence (IPV) also called Intimate Partner Violence (IPV) is defined broadly “as any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality” (Bird, 2018).

Design of Study

The design of the researcher's study is using qualitative exploration of the phenomenological outcomes of art created by women who have experienced the trauma of domestic violence. The concept of epoche is a main tenet of this research, "that is in where the researcher brackets her preconceived ideas regarding the phenomenon in order to experience it through the voice of the subject/s" Creswell, J. (1998). In the case of this research study the phenomena observed will be observed through the subject's artwork.

Sampling

The subjects for this study will be females between the ages of 20 to 45 years old who are currently receiving individual therapy and possibly other services from The Ness Counseling Center. The subjects will be directly chosen from the researcher's caseload based on their willingness and understanding of the research project aimed at subjects who have experienced the trauma of domestic violence. The subjects will be informed of the researcher's status as a graduate student at Loyola Marymount University conducting her masters research project by observing the art that subjects make in individual therapy sessions through a Narrative Therapy lens. The subjects will be informed of the voluntary nature of their participation as well as the confidentiality in all aspects of the research.

Gathering

The researcher will subsequently obtain permission from subjects for their research involvement. Once permission is given to proceed with the research project the following will occur: 1) Subject will create art during 45- 60 minute art therapy sessions with the emphasis being on the client processing an aspect/s of their story or an aspect of their life in the art therapy session. 2) The researcher will gather the artwork at the end of the session. 3) The researcher will de-

identify the artwork by cutting out the subject's name and adding a pseudonym affixed to the artwork in the place of the name for identification purposes. 4) Artwork will be stored in a designated folder in locked storage space for safekeeping when not being viewed. Only the researcher and the researcher's supervisors will have access to the subject's artwork.

Analysis of Data

The collected data in the form of subject art will be analyzed through an Art Therapy/ Narrative Therapy lens. The researcher will be used as part of the investigative course by looking for the phenomenon in the subject's artwork. Specifically, the use of art therapy combined with a narrative therapy lens used when evaluating identified client cases will be beneficial in allowing the researcher greater clarity in conceptualizing the clinical work of subjects in this agency in order to provide for and communicate more effective treatment.

Results

Presentation of Data

The presentation of the data will begin with a brief description of the subject and why she began to seek Art Therapy services.

In each subsequent section the researcher will present the data chronologically occurring on a weekly basis unless otherwise specified. These presentations will be organized in the following way:

- 1) Art directive**
- 2) The objective**
- 3) The presentation of the client**
- 4) The client's initial response to the directive**
- 5) A description of the art and the client's reaction to it**
- 6) Image/s of the art**
- 7) Clinical reflections.**

Brief description of client and why she is seeking services

Sallie is a 26 - year-old mother from Central America who came to my agency seeking services due to being court ordered to do so via court involvement with the Department of Children and Family Services (DCFS). Sallie reported a one-time incident of Domestic Violence perpetrated by her spouse in their home. Sallie is a dedicated mother of three children, two of which are under the age of 3 years old. Sallie reports this being a one-time incident which she self- reported by calling 911 in order to protect herself and her children. Sallie then reported that after the police

arrived at her home, subsequent involvement occurred with DCFS. Sallie also shared that she was motivated to be proactive in her own family.

Session 1:

Directive: Shout It Out! Or whisper softly...

Part 1: Create a declarative object that you can use to proclaim this important message that you will post on a letter board related to your DV experience. Consider if you would use Facebook to let the masses know, or use a megaphone to inform the neighborhood or will you create an object to proclaim your message more quietly, perhaps with a slight shoulder tap to an anonymous person.....either way, create this object in a way that is meaningful to you.

Part 2: Create a sign (letter board) saying what you feel comfortable sharing with others as it relates to your DV experience.

Finished session w a grounding exercise. Researcher and client used deep breathing exercises.

Objective: The objective of this directive is to assist the client in identifying and finding her voice as she is navigating through or right in the middle of her DV experience.

Presentation: Sallie arrived on time for this session with her young baby. Sallie was neatly dressed in casual sweat clothing (sweatpants and sweatshirt, sandals) and she presented with an open affect that demonstrated that she was ready to begin. Sallie smiled and demonstrated open body language and giving direct eye contact, warmly greeting the researcher and making small talk indicating that she was feeling better (from previously being ill). Sallie stated that she was ready and excited to begin making art.

Client's initial response to Directive: Sallie appeared to be thoughtful about this directive as evidenced by her silence and concentration in deciding what she wanted to create as well as selecting materials and beginning to use the materials. The researcher was present and held space for the Sallie as she began the process of creating the declarative art object first. Sallie appeared to be decisive in creating her first piece as evidenced by the way that she located found materials (cardboard pieces) among a box of items and then gathered and began to manipulate the materials. Sallie seemed to be reflective and very focused in her art making. Sallie worked fairly quickly, stopping only to briefly share her intention to create what appeared to be an original (old-fashioned) telephone as her declarative object using recycled cardboard materials, duct tape and scissors and string covered with duct tape to create the cord. Sallie worked steadily, stopping only to reposition her young baby in his carrier and or to check in with him. Sallie appeared to gain momentum in her process by attending to her young baby as evidenced by her facial expressions and easy return to her art making task.

Sallie then began to work swiftly on the second part of the art directive of creating a sign/letter board that emphatically stated what she wanted others to know about her experience with DV. Sallie took her time to survey options of precut sticky letters available in several different colors and sizes. Sallie decided to use red sparkly letters that were precut and sticky. Sallie also chose to use a black felt piece as the backdrop for her sign. Sallie observed that the letters, even though pre-glued, did not stick as well to the felt. Sallie reinforced the letters with white glue. Sallie then created a sign with a mouth and blue indicators of a message coming out of the mouth to indicate that the mouth was talking. Sallie completed her sign and waited for the researcher.

Describe the art and client's reaction to it:

Sallie appeared to be satisfied with her work initially as evidenced by her facial expression, posture and body language. Sallie looked over both of her creations- the telephone and her sign and she began to share with the researcher. Sallie noted that while she wanted to share a message of empowerment, and although she felt strongly about this, she felt like she could best convey this message on a letter board and via a telephone. Sallie described that she made an old-fashioned telephone using cardboard and duct tape and letter board. Sallie shared that the floral duct tape was perfect for feminizing the telephone and making it her own. Sallie also shared that the letter board could be a bit impersonal in stating her message, but she felt like sometimes this message of empowerment needs to be impersonal. Sallie elaborated that she sought to make the message more personal but using sparkly red letters and the image of the mouth speaking. She continued by sharing that these elements allowed her message to be shared on a personal level but not in an aggressive way.

Figure 1

Old-fashioned telephone



Figure 1:1

Old-fashioned telephone off the hook



Figure 2*Letter board***Clinical Reflections:**

Client appeared to be fully engaged in this directive and to understand the importance of using the art to process the depth of emotion that she had in speaking out against violence among women. According to the client, unfortunately, DV is a big part of her culture and one that often has terrible consequences. With this understanding, perhaps the client chose to create an old-fashioned telephone, a declarative object that was often used a generation or more ago. The decision to use a once customary way to tell other women that would not stand out too much is perhaps the message here, a way of speaking that is older, more culturally acceptable may feel right to Sallie

in sharing this bold message. The telephone feels decidedly feminine and the cord is long perhaps indicating that this message has a long way to travel to reach the intended women.

The second part, the letter board, feels like it is neatly contained within the borders of the square on which it is created. The color and size of the letters make the sign stand out. The added figure of the mouth with the lines coming out of the mouth indicate perhaps, another cultural indication that clarifies for women of Sallie's culture that something important is being verbalized. In addition, the exclamation points seem to show the urgency of the messages. The client's misspellings of two words indicate her level of education and may add to the contained urgency of the message and the need to empower other women like herself to value themselves and to not stay silent if they are victims of abuse.

Session 2: Trauma Figure - Three days after first session with Sallie

Directive: Create a drawing of your body and indicate a time when you had an experience and felt trauma. Draw where the trauma affected you in your body and use a color/s that show where the trauma occurred.

Objective: The objective of this directive is to begin to become mindful of how trauma impacts the whole person and is stored in the body.

Presentation: Sallie arrived on time for this session with her young baby. Sallie was dressed in clean workout pants and a tee shirt with tennis shoes. Sallie presented with a normal affect, steady eye contact while calmly and pleasantly greeted the researcher demonstrating that she was ready to begin as evidenced by her attentiveness and posturing. Sallie positioned her baby in his carrier and checked to make sure that he was comfortable prior to beginning with the directive.

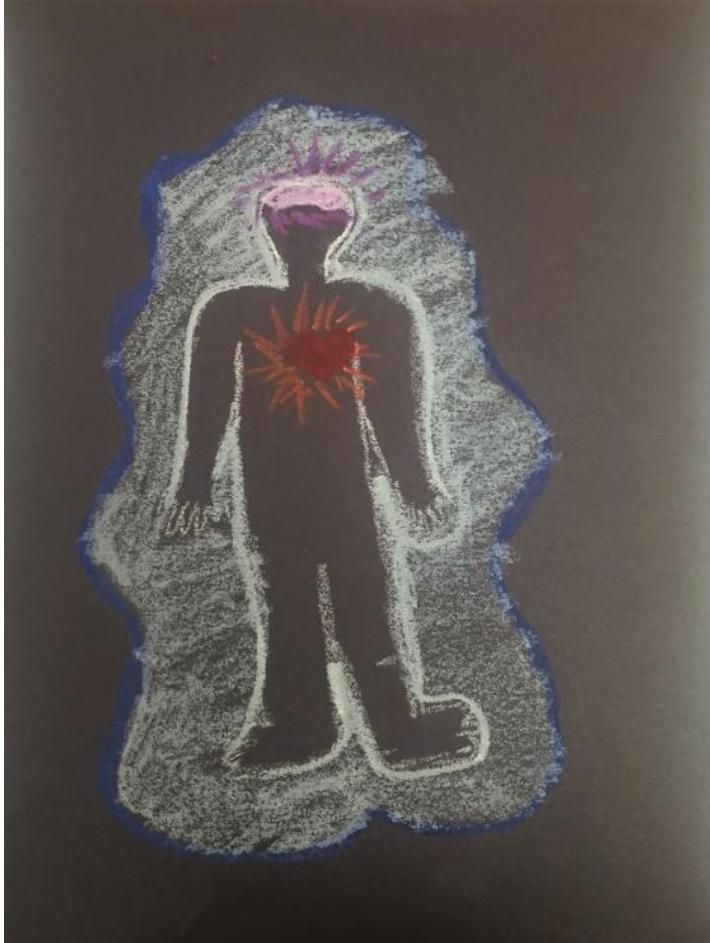
Client's initial response to Directive: Sallie appeared to be enthusiastic about creating art with a different medium (oil pastels) than she was used to working with. Sallie asked the researcher how the pastels were different from regular crayons. Sallie participated in a discussion with the researcher about pastels. Sallie then leafed through the choices of colored and white paper and finally chose a black sheet of paper. Sallie was also offered oil pastels with which to draw. Sallie chose the following pastel colors: dark blue, white, red, pink, orange and purple. Sallie then began to draw a careful outline of a body image with the white pastel. Then Sallie focused on filling in the head area with a pink pastel. Sallie remained busy on the top portion of her body image. Then Sallie moved to selecting a dark blue pastel and she carefully drew an outline around the body image. Then, Sallie moved to the chest area and drew what appeared to be a red heart, she then drew lines emanating from the heart. Last Sallie filled in the dark blue outlined area with a white colored pastel. Sallie carefully colored deliberately and evenly in the blue outlined area until all of the spaces were filled in.

Describe the art and client's reaction to it:

Sallie seemed like she had a release after completing her drawing. The oil pastels seemed to move the Sallie along in her process. Sallie seemed like she was moving a bit while she was drawing. In addition, Sallie was deliberate and decisive in her drawing of her body image. After completing her drawing Sallie shared with the researcher that the areas that were affected most in her body when reflecting on her DV incident that she experienced were her head and her heart. Sallie further shared that not only did she have a major headache, but her heart felt like it was literally aching. Sallie shared that during this experience she felt like she was in a tunnel surrounded by darkness.

Figure 3

Trauma figure



Clinical Reflections:

During this directive the client appeared to move rather quickly in identifying where the pain/trauma lie in her body. Sallie shared that she knew and that this was an experience that she would never forget. The line quality of the body drawn showed thickness, consistency and

intention of placement. The client seemed to have a lighter drawing of hands, fingers and toes drawn inside the darker white lines that outline the body. The decisive line quality of the body may be an indication that Sallie felt numb in her body during this experience. The image drawn of the body is decisive but feels stiff and not completely human-like. The hands and feet that are drawn lightly inside show more movement or realism. This may indicate Sallie having some of her humanity on reserve during this experience where she could do something about what was happening to her. Maybe her body was immobilized, her heart was aching, her head was pounding but she could use her fingers to dial 911 during this traumatic experience. This experience feels like it was in a vacuum from looking at this picture. It feels like a lonely, isolated place. The chalkiness of the white pastel on the black paper evokes a feeling of barrenness. The red heart image is vivid and feels like it is affected the most in this experience. Lack of features again remind the researcher of the client disassociating from this painful place.

Session 3: Safe Vessel - One week after second session with Sallie

Directive: Using wet/dry clay Sallie is invited to make a safe container or vessel where she can imagine tucking herself away from the world when needed.

Objective: The objective of this directive is for the client to use the properties of the clay medium to provide a sense of control and safety that she can create for herself.

Presentation: Sallie arrived on time for this session with her young baby and two-year old son after finishing a couple's session with her husband. Sallie was neatly dressed for this session in a print top and pants with sandals. Sallie appeared to be enthusiastic about this session as evidenced by her focused attention-span, warm smile and her preparedness for beginning art making. Initially Sallie's baby seemed to be fidgety in his car seat once Sallie set his seat down. After Sallie and the researcher moved to the art room, Sallie worked to help situate her youngest son. Then, as Sallie

got her youngest son situated, her 2-year old son became agitated and the mother worked to settle him down with some toys and to meet his needs prior to beginning the session. Sallie waited attentively until the researcher began to introduce the directive for this session.

Client's initial response to Directive: Sallie appeared to be very thoughtful and focused during the first part of this session. Sallie dove right into beginning to work with the wet/dry clay and to fully immerse her hands and fingers into the clay without hesitation. While Sallie was rolling the clay and shaping it, her 2-year old son came over to her and began to fidget and to ask for his mother's assistance. Sallie lovingly attended to her son and seamlessly got back to working with the clay. The room was silent except for the children's movements and light talking from the 2-year old son. Sallie continued to work purposely with the clay making an indentation and creating what looked like an inner "pot". Sallie stopped to attend to her young baby who became fussy. Sallie carefully rocked the baby carrier with her left foot while continuing to work with the clay. Sallie exchanged a smile and encouraging statement to the baby. Sallie remained focused but began to immediately return to working with the clay as if determined to complete her work. Sallie worked the "pot" portion of the vessel until she seemed to get the vessel the way that seemed to satisfy her. Sallie looked at the vessel and seemed pleased setting this portion aside. Then, Sallie's baby began to cry and then Sallie wiped her hands off, taking her son in her arms in order to soothe him. Once her son was soothed, Sallie put a blanket down and allowed the baby to have some tummy time. Sallie then returned to the clay quickly rolling out some long strips which the mother formed into rounded handles. Just as Sallie was about to attach the handles to the vessel, then the 2-year old began to cry as he was reaching for some clay. The researcher asked Sallie if she needed help with anything and assisted the mother in distracting the 2-year old as best as she could. After Sallie settled the 2-year old by giving him a toy, she quickly finished the handles for the vessel

and attached them right before both children began to cry simultaneously. Sallie took a quick moment to look at her completed vessel before switching into full mother mode attending to both children one at a time. The researcher assisted the mother in helping her to clean up before ending the session.

Describe the art and client's reaction to it:

Sallie ended this session by having only a few minutes to focus on describing her art. Sallie shared that she created a vessel that was deep enough to provide a safe place of refuge and had handles that could be used to carry the vessel if needed. Sallie also shared that she really enjoyed the medium of the clay as it (the medium alone) made her feel like she could create whatever she needed to make her feel safe. Sallie was unable to take more time to process her art because both children were now screaming and crying loudly. Sallie stated that the children were both coming down with colds and were not feeling well.

Figure 4

Inside image of vessel



Figure 4:1

Outside image of vessel



Clinical Reflections:

The Researcher praised the client for her determination to finish this session even with her children having a tough day. In watching Sallie create her vessel, the researcher observed Sallie's handling of the material and the way she created depth in the vessel it almost appeared to be a cocoon-like sanctuary. The movements that the client made that were connected with adding depth and width to the basket-like piece seemed to reflect an ordinary piece with an uncommon use which seemed to signify safety and containment. The handles seemed to indicate that help and assistance were also a part of finding and securing safety. The imperfections in the piece add to the beauty and perhaps signify that the vessel doesn't need to be perfect to be a safe haven but just sturdy and adequate.

Session 4: Mosaic Me - One week after session three with Sallie

Directive: Mosaic Me.....Using acrylic paint and water (if desired) to create artwork that reflects the different parts of your emotional self as you recall the experience that you were a part of during your DV incident.

Objective: The objective of this directive is to gain awareness of the integral parts of self and to understand the vastness of the impact that this experience had on the client.

Part 1: Create a personal image of yourself using paint allowing the fluidity of the paint to help you reflect the different parts of your emotional self as you recall the experience that you survived during your DV incident.

Part 2: Cut up your painting any way that you want and piece it together creating a mosaic of the pieces in a way that makes sense to you by combining the pieces. dressed in casual clothing (jeans and casual long-sleeved tee shirt) and she presented with an open affect, direct eye contact

and a warm greeting to the researcher. Sallie made small talk with the researcher about how her week went since the last time we met as well as sharing that her anticipated closing court date was fast-approaching. Sallie stated that she was hopeful about her case terminating in court.

The researcher offered the client to finish the session with a grounding exercise.

Presentation: Sallie arrived on time for this session with her young baby and 2- year old son. The children also appeared to be in good spirits as indicated by their smiles and contentment. Sallie was neatly dressed in jeans and a floral top with sandals and stated that she was ready and excited to begin making art today and was anxious to see what the directive was for this session.

Client's initial response to Directive: Sallie appeared to be curious about the materials that were set out for today's session. After being given the directive, the client chose a piece of white mixed-media paper and she took the researcher's suggestion to put drops of all of the paint colors on the piece of disposable palette paper so that she could begin working. Sallie listened intently as the researcher gave the client a brief psycho-education regarding paint mixing. Sallie immediately dove into the directive after making sure both of her children were settled. Sallie began mixing paint colors and she seemed to be contemplative at the same time. Sallie began by mixing a gray color and then vigorously painting gray on the right side of the page. Then Sallie began painting blue in the upper left side of the page. The researcher was unable to see what Sallie was doing for a portion of this session due to her positioning herself as she was trying to block her 2-year old from getting to the paint. Sallie appeared to have painted a lot of details at the top of the painting and then moved to the middle where she was now finishing painting a white area. Sallie moved to the lower area where she seemed to intensely paint what looked to be trees and an object that was not apparent in the lower left corner that seemed to be square in shape. Sallie added more details to her painting after having to attend to her 2- year old for a brief moment. Sallie appeared to be

pleased as the researcher assisted Sallie in setting up a fan to dry her work while she took a quick break to see about her children before starting the second part of the directive. After the painting was dry Sallie chose a yellow piece of paper to mount the painting on. Sallie followed up with cutting up her now dry painting and arranging and gluing the pieces down on the yellow paper. Sallie broke into the overall silence in the room by saying how much she enjoyed the painting process. Sallie finished up her work by gluing the last piece onto the yellow paper.

Describe the art and client's reaction to it:

Sallie seemed to be completely content while painting (this included mixing the paint to make colors, using the paint on the white paper to create her actual painting, and dipping the brushes in both paint and into water). Sallie seemed to be in another place as she created and even when she had to reposition herself to avoid allowing her 2-year old to get into the paint (even as she appeared to be protecting her space and savoring these moments in time for herself), she stayed focused and immersed in her work. Sallie was decisive about her subject matter for her painting and she stuck with it and did not allow herself to get side-tracked. Sallie appeared to allow the fluidity of the paint to move her along in her process of creating the scene of what appeared to be a house, trees, a strong storm that was blowing everything about in her painting. As Sallie worked on the second part of cutting the painting apart and putting it back together, she shared that she felt like this visual assignment helped her internally too as this was exactly what she did with her life. She shared that she felt like she mostly repositioned everything in her painting as she originally painted it but she said that she discovered that although this was her intention, things in her life had strongly shifted. She reported that she was not in control of how things were now repositioned. She stated that she learned that and she felt like her art spoke about this shaking up of things, this blowing about when her life was caught in a severe storm but that she felt empowered because her art reflected that

although she wanted to give up, the sun was still shining in her life and that there was still hope for her and her family's future.

Figure 5

Mosaic Me



Clinical Reflections:

Sallie's choice of colors – her use of grays, blues, greens and white really added to this powerful scene of a home and yard with trees being blown about everywhere. No people are visible in the scene which adds to the mystery and perhaps intentionally implies that the people are not safe in this storm. The house (which at first, I wasn't sure that this was a house in the lower left portion of the painting), is perhaps boarded up with no visible doors or windows. This may suggest the people in the house are stuck and can't get out or stuck and they can't go in because it's not safe.

Things seem to have a horizon line, but the rearranging of the piece shows that things may still be “crooked” and continue to need straightening out. One tree is uprooted completely, and one tree survives but is blown about along with the debris and dark skies. It seems that the whole painting speaks to the client’s experience of being in a storm and uprooted from her familiar home life. It also seems that this painting not showing any people or family members may suggest that client did not want to include her children because it was not safe and that she would not allow them to stay in this storm as her initial actions to call 911.

Session 5: Chimera - Occurred Two weeks after session 4 - with Sallie

Directive: Create a Chimera that represents the various parts of how you see yourself as you are at the end of this therapeutic process which will be constructed from three animal parts- head, body (mid-section), legs (hindquarters). Using collage images found in magazines provided, scissors, glue and choice of multi-colored paper or white paper to assemble the Chimera.

Objective: The objective of this directive is to allow the client to integrate her own understanding and building insights into the therapeutic experience and to have a clear image of herself and her own characteristics.

Presentation: Sallie arrived on time for this session with her young baby and 2- year old son after having attended Couples therapy prior to this final individual session. Sallie was dressed in a long sleeve tee shirt and jeans with sandals. Sallie made small talk with the researcher prior to the directive being given stating that she was weaning her youngest child from breastfeeding. Sallie shared that she was pleased that her child seemed to be content with now taking a bottle and that this would afford her a bit more freedom if her son was able to tolerate the bottle. Sallie stated that she was pleased that this transition was working so far and that she felt it was an indication that it was time for a change. Sallie continued to report how the roles would soon be shifting in her

household with the father caring for the children during the evening while she works and cares for the children during the daytime. Although this would present challenges, Sallie reports being excited about the new opportunities that having her youngest weaned from breastfeeding will afford her. Sallie appeared to be enthusiastic to begin art making as evidenced by her facial expression, relaxed body language and direct eye contact toward the researcher. Sallie then took her seat in the chair where the art making would occur while awaiting the researcher's instructions.

Client's initial response to Directive: Sallie got to work on sorting through the magazines provided by the researcher. Sallie busily sorted and thumbed through the images looking determinedly for images that provided what she had in mind as stated in the directive regarding herself and her current character traits. Sallie advocated for herself and asked for the large plastic container of pre-cut images and National Geographic magazines so that she could find more of a variety. Sallie continued to search for images that were meaningful and that were representative of traits of herself. Sallie placed several images in a pile to the side, often looking up to ensure that her images were safe from the grip of her two-year old who needed frequent check-ins as Sallie allowed him to watch a children's interactive music video on her phone.

Describe the art and client's reaction to it:

Sallie seemed to achieve some satisfaction in her work as Sallie's body language (less erect, more relaxed), conveyed what seemed to be a cathartic release and a sense of completion. Sallie then also announced that she was done with her artwork followed with a broad smile. Sallie held her artwork in her hand and appeared to sit with what she had created prior to talking or sharing anything about her artwork. Sallie sat with her last piece of artwork with what seemed to be two minutes of silence along with the researcher. The room was silent as if Sallie was digesting what this last piece of art represented about her and her internal journey. Sallie broke the silence by

stating that she was ready to share her thoughts about her artwork. Sallie shared that throughout this process she felt like she has become a buffalo because she felt strong and tough, and maybe even a bit stubborn in her beliefs. Sallie shared that she was not afraid to fight (figuratively speaking) for her beliefs. Sallie went on to share that she usually felt like an octopus with her arms extended everywhere with two young children and one school-age child at home with ongoing needs that needed to be met. Lastly Sallie describes her hind portion as the legs of a deer. Sallie stated that the deer has sturdy legs that are strong and able to move quickly and get from place to place.

Figure 6

Chimera



Clinical Reflections and Closing Summary:

Sallie and the researcher finished the session reviewing clients progress in the prior months and the researcher allowed the client to share what she felt she had learned in sessions as well as in the comprehensive program at the center (Parent Training, Individual therapy, Couples Counseling). The researcher also shared her thoughts about the client's progress, increased awareness of self, understanding of the DV cycle as well as discussing resources for the future.

Analysis of Data

The following analysis was conducted by organizing the data; clinical notes and client art, through the lens of Narrative Therapy with the purpose to more deeply understand the client's inner experiences. The analysis began first with a brief preliminary analysis of the data, the result being that five key Narrative Therapy terms emerged as evident in the data (both clinical notes and client art). Here are the five terms that the researcher uncovered and that which will further organize the analysis:

The problem is the problem: Problems are given personal effects so that they are detached and living outside of the client and viewed for what they are- intruders in the life of the client. Example: what does “Fear” say to you when it speaks?

Enacting the preferred narrative: This term signifies personal choices for the client. The client can choose to act out the events of their story in light of their preferences (instead of being a “victim”, they can choose the preferred narrative of “having a strong voice” or “making themselves heard”).

Re-membering conversations: Specifically, this term refers to “members” or other people who are involved in our client’s daily path of life. The re- membered conversation helps to bring forward significant people in the lives of the client who are (living or dead, real or imaginary, past or present) in efforts to gain knowledge about the client’s history.

Thickening the Plot: The client begins to add more mass and breadth to their story, in their preferred, new narrative, in order to keep it in the forefront of their consciousness. One way is to find supporters in the person’s life who will be witnesses to this new narrative. The therapist often assists in this process by supporting the client in thickening the plot and in finding supporters.

Unique outcomes: Unique outcomes are just that, exceptional times when the problem had less, none or very little influence on the client.

After identifying the five key terms in the brief preliminary analysis, the researcher further analyzed data by organizing the data (both visual components of client art and clinical reflections) now with these five terms as a framework. This is what emerged:

The Problem is the Problem

Sallie was able to place the problem of DV outside of herself when creating a letterboard that either shouted or softly stated her message (Session 1; part 2) related to her DV experience.

Figure 2

Letter board



In Sallie's letterboard, she showcases the "problem" in a different light. The featured problem is not a problem, it came externalized as a message that testifies of a problem that has been addressed. The problem appears to not sit on the shoulders of Sallie, as merely a DV victim exposing her pain. The problem seemingly comes instead as a messenger, a messenger of hope to others who are facing similar circumstances. (Paraphrased In the researcher's words- Listen up!

Tell someone about your experience, have love for yourself). The message appears visibly and unashamedly proclaimed in Sallie's art with red sparkly letters, neatly arranged on a black background which promotes a nice contrast. The message feels like a cheerleader's message – "Go Tigers!" The art feels contained, encapsulated for anyone to see. The message is straightforward, except for Sallie's typo's, which may indicate her level of education, these seem to make the art stronger, the message clearer and less pretentious. Lastly, in this sense the art speaks- literally with a mouth symbol- the problem is clearly delivered, messenger style, to someone else who has the same problem, Sallie owns it, but only in a way that shows she has moved past the guilt and regret of asking for help.

During Session 4:

Figure 5

Mosaic Me



In Mosaic Me, Sallie carefully painted her life as she knew it following the DV incident, which centered around her home, children and husband. Although not pictured Sallie indicated many

times to the researcher that her children and family life are at the center of her existence. They are not seen in this painting/mosaic scene which adds depth to the inference that what once was is no more. The mosaic pieces that make up Sallie's home and front yard scene feel disrupted, trees are blown about, one tree is completely uprooted, tree limbs, leaves and twigs are blown about. The windows are dark, the door is dark with no visible doorknob letting anyone in or out. This may have indicated the initial doubts Sallie had of repairing this breach. Sallie's use of the paint thickens and gains in intensity through her use of texture the higher up in the picture your eye follows. This use of texture seems to intensify the subject matter. The problem- the complete disruption of this family's home (life) is the focal point. The outer damage is visible for all to see, the inner damage is unknown. If there was any question, the large gray cloud looming above the home and trees further reinforces that this problem, the home environment is situated in the midst of a storm.

The omission of Sallie or her family members gives further evidence that she is not the problem but clearly it seems that Sallie processed this event (after some time passed) as something external that happened to her home and life. She was seemingly able to remove herself/her husband from this scene perhaps as a way of coping. Although this home scene is focused on a serious subject matter, however, the researcher is able to see the thread of empowerment that runs through this artwork. In the top left portion of the mosaic picture, there is a blue sky and what appears to be a sun peeking through juxtaposed right next to the gray looming cloud. This aspect of the artwork really brings a different tone to this picture. If this intentional feature does not assist in changing the tone, Sallie's intentional choice of yellow background paper that she affixed her mosaic painting to seems to brighten the mood of the subject matter. The overall feel of the artwork is one of hope and optimism despite the storm that is ensuing in this scene where everything is blown

about. The feeling is one that leaves the viewer with hope for the future, that this scene is temporary and offers hope for change.

Figure 4:1

Outside image of vessel



Figure 4

Inside image of vessel



Enacting Preferred Narratives

In Session 3 where Sallie was invited to create a safe vessel using wet/dry clay, Sallie's creation of a traditional basket type of vessel may have ties to traditional vessels used in Sallie's country of origin. Perhaps Sallie envisioned this type of vessel as both functional and one that has the ability to provide safety and comfort for its functionality and multi-purpose use. As the researcher reviewed clinical notes regarding Sallie's progress and recovery from DV, the researcher recalled asking Sallie many questions that would thicken the plot of her preferred narrative (Morgan, 2000). The researcher asked about people who knew her well and would be able to talk about or speak about her history or who she is as a person. In this way the use of re-membering conversations (Morgan, 2000), Sallie identified her ten-year old daughter who she described as a "go-getter" and a determined person who was quite autonomous and was achieving many goals at school and in her personal life as a young girl. The researcher was unable to interview Sallie's daughter in person, but many conversations were had about her daughter and how she emulates her mother's qualities of "persistence, determination and being a fighter". Sallie shared that her daughter was a witness to her own qualities of strength, persistence and that of being a fighter in their family life. Sallie was able to re-member these conversations and identify them separate from the "problem", which in this case is the DV experience. As seen in Sallie's art depicts "a safe place" or a "refuge" where the researcher can envision (if larger) someone crawling into and hiding. The vessel can be carried away to safety, to a new place where no harm can come to the person hiding inside of the vessel. The vessel is without a lid, thereby allowing the person to be seen or discovered. Sallie was able to name that she could "create a world (vessel) where she and her children would be safe" by using her hands and her mouth. In this description the researcher

understood by further conversation that Sallie meant, in this session/outside of this session she could create a safe world by using her voice and her hands.

Unique Outcomes

Sallie was able to create a unique outcome as observed in her art from Session 5.

Create a chimera that represents the various parts of how you see yourself using three animal parts-head, body, legs. Since this was Sallie's final art therapy session, she shared that she thought that this was a fitting ending to our research. Sallie's artwork focuses on unique outcomes depicting herself as not a victim, but a uniquely fashioned person combined with the characteristics of three animals- a bison, octopus and deer. In seeing herself as a uniquely equipped person, Sallie reflected on how she now is not the same person that she was prior to when she had this DV experience.

Figure 6

Chimera figure



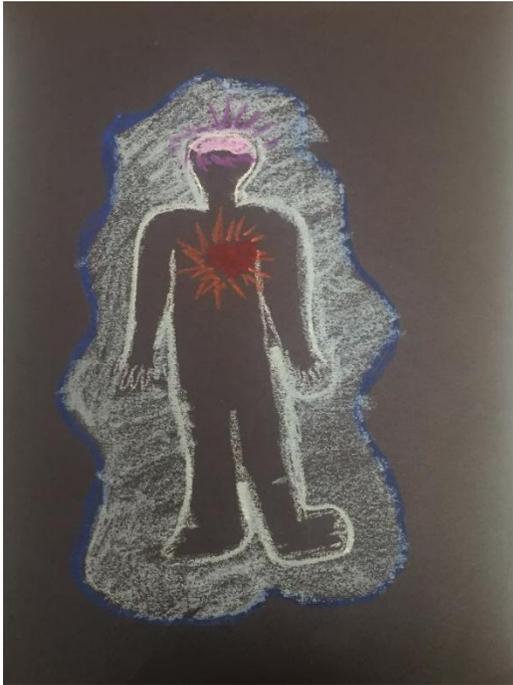
During Session 1; part 1- Sallie was invited to create a declarative object that she could use to proclaim her important message. Sallie created an old-fashioned telephone decorated overall with a feminine pattern. The fact that Sallie created an old-fashioned landline telephone is a unique outcome to solving a problem of how to communicate an important message.

Figure 1

Old fashioned telephone



During Session 2 Sallie created a figure that represents her body and indicated a time when she felt trauma in her body. Although Sallie's body image is carefully drawn, it appears to be a non-gendered figure. This fact, along with the figure being drawn on black paper, and outlined in white with a thicker white line and then further isolated with white shading around the figure gives a strong feel of isolation.

Figure 3*Trauma Figure*

Perhaps Sallie's body is a mere shell during this memory. Her body may be the holder of her trauma at this time and serve no other purpose. Sallie gave precious few details about her survivor story during this time unlike the rest of our sessions. The researcher did not observe a narrative theme during this session.

Findings

The purpose of this qualitative research study was focused on gaining a deeper understanding of a client who had experienced Domestic Violence by evaluating data in the form of clinical notes and client art through the lens of Narrative Therapy. Selected key topics found in Narrative Therapy provided the structure from which the researcher further evaluated the data in order to identify emergent themes. The researcher aimed to become an investigator with the intention to uncover phenomenological outcomes as relevant to Narrative Therapy. These phenomenological outcomes surfaced in the data and produced the following emergent themes related to the Narrative Therapy theories: Self-Awareness, Resilience and Self- Empowerment.

Self- Awareness

The researcher defines Self-Awareness as learning more about oneself and the inherent strengths that lie within during the process of working through the pain and enroute to subsequent healing. Using a narrative lens, it is the beginning stage of creating a new landscape, a new identity that deconstructs the old problem-laden narrative and is tied into the alternate story plot that the person is crafting for themselves.

In Figure 1 and figure 1:1 Sallie created a declarative object (old- fashioned telephone) that she could use to proclaim her important message to other women who are also victims of Domestic Violence. In doing so in this manner, Sallie demonstrated her own awareness of who she is as she adopts her new identity as a messenger. The researcher gathered that the inference is that Sallie wanted to proclaim her message in a civilized, controlled way by use of an in-home landline telephone. Normally people don't generally shout their conversations over an in-home telephone, nor do they whisper them, they generally talk at a normal volume. The caller is aware that the

recipient is able to receive the message without shouting or whispering. Extremes do not seem to be needed to convey this message. Under normal circumstances the message is transmitted with no problems using this form of communication. The feeling is that a feminine person owns this telephone given the decorative features, the long cord appears to convey the idea that the message has some distance to travel, so the message can be transmitted to those who live far off or perhaps those who live nearby as well.

Sallie could have chosen many different means of spreading her message to other women. Part of the enticement is Sallie's sense of confidence that her form of transmission is enough for this season of her journey. Sallie, as shared during many sessions, clearly is invested in helping other women, in her own way, to stay safe and to avoid the effects of DV. Perhaps if Sallie can have normal conversations with women like herself, at the supermarket, at the laundromat, while walking their children to school, communicating in a modest, everyday, unsuspecting manner, perhaps Sallie can get the word out.....one woman at a time. It appears that part of the uniqueness of Sallie's method is the "how". Sallie's specific, thoughtful choice of how to convey her message seems to be as important as the content of her message. (Oke, 2008) shares that in communicating the "narrative metaphor represents a fluid self" which encompasses many aspects of the person including "relational, cultural and historical contexts". In this way Sallie demonstrates how she has become self-aware by the way she has internalized the important next steps to emerging victoriously, post DV, and that is in helping others in small, consistent, but unassuming ways that will ensure the woman's safety and plant seeds of enlightenment. Sallie's artwork is telling both symbolically and figuratively.

In Figure 6 when Sallie created a chimera that represents the various parts of how she sees herself. This directive deals with identity and personhood. By creating a unique outcome through

the art, Sallie was looking toward the future and to who she is becoming, to who she has become since she emerged on the other side of her traumatic experience. As a tenet of Narrative Therapy, the researcher had ongoing conversations with Sallie during our art therapy session, that assisted Sallie in forming a new identity that is far away from the problems' influence in her life.

Sallie described having gained “the strength of a bison”, outwardly “appearing calm but inwardly having an attack temperament if needed to defend herself or her children”. She states that she is not afraid to get “dusty” to fend off any “parasites” that come her way. Sallie also describes having gained the wisdom of an octopus with her now keen eyesight (which enables her to see red flags or warnings in her relationships), her intelligence in her parenting and personal situation, as well as the ability to alter and adapt to various situations “with her many arms” of strength that she has developed. Finally, Sallie describes the sturdy legs of a deer that are able to “hold her up in this situation and in future situations” that she will encounter. Similarly (Bird, 2018) discusses how transitional stories of women who have survived DV using art making as a construct to weave together the diverse elements that make up the totality of their person thus personal insights and self-awareness over the span of time. Sallie appears to have truly had a metamorphosis as a result of her tunnel of pain. She has built awareness around how she is not the same person that she used to be; she has begun to see herself as a stronger sum of many parts.

Resilience

The researcher defines Resilience as grit, determination, a quality of being able to deal with adverse or unedifying circumstances. The quality of resilience is an aspect of Narrative Therapy as it is a unique outcome, something that deviates from the problem. The demonstration of this quality or character trait can be observed as a “sparkling event” that stands alone, a distinct

occurrence from the dominant story. In observing the art, the researcher highlights Sallie's art in direct contrast to a Narrative Therapy lens.

In Figure 3 Sallie created a figure that represents her body and indicates a time when she felt trauma in her body. This trauma, which Sallie reported occurred during the DV incident, appeared to immobilize her mind and her body. The non-gendered figure seems to indicate to the viewer that this person is perhaps disassociating from herself as a woman. Maybe Sallie possibly felt.....inhuman; not as a woman, not as a man, but just violated beyond words. Sallie shared that the areas that she could identify in her body that were most affected were her head and especially her heart. Sallie went on to share that when the DV incident occurred, it produced trauma, not just in her body but in her emotions and in her overall psychological being. She showed resilience to make a 911 call and to advocate for herself and her children and ultimately for her family when the risk factors were high. Sallie captured this moment in time in her artwork. The researcher acknowledges that Sallie does emerge from the blackness that she found herself alone in on that dreadful day. Sallie's resilience and determination kept her going, as well as the lives and futures of herself and her three children.

In stark contrast to the other images described and reflected upon in Sallie's other art work (Williams & Taylor, 2004) point out that "The construction of any form of identity will always be circumscribed by the specific elements that imbue any event or episode with its distinctive intensity or relevance. There are multiple possibilities of self-definition (in the art), which reflect the diverse influences at work". During this moment in time, Sallie is enmeshed in the incident that is occurring. She is a victim, fully trapped in mind and body, whether intentional or not.

In this second session, the researcher does not observe any emergent narrative therapy themes in the artwork, only in the conversation that followed this session. The narrative themes lie only

in the latent content during this session. It seems apparent that Sallie emerges, strong, resilient, and decisive about her future and that of her children after going through a very dark and scary time in her life. She is unwilling to abandon her family without asking for help, doing whatever it takes to fight to get to the other side of the adversity that she is facing.

In Figure 5 Sallie created Mosaic Me which speaks of the destruction of her home and family life during the storm that was created as a result of the DV. After the destruction that Sallie detailed in her home scene, with the wind blowing, twigs flying by and one uprooted tree that is fully toppled over on its side. Sallie's message appears to be clear, her home, with darkened windows and doors, emits an eerie feel of loneliness and isolation. No one appears to be living in this scene. Sallie shared that her unspoken intent was to show "No one is safe in THIS storm?" The dark gray cloud that looms above in the sky takes up about one quarter of the upper right corner of the page. Although rain is not pouring from the cloud, the swirls in the cloud, the textured effect of the paint, demonstrated in the paint itself and also shown in Sallie's body language as she painted this scene, make an impact. Equally impactful was the way Sallie pieced the scene back together after the paint dried. The researcher intently observed the quiet and resolute way that Sallie deliberately and carefully arranged each piece together, momentarily ignoring her baby's quest for her attention, suggesting perhaps, a vivid recall of how she has put her life back together- one piece at a time. Sallie's deliberate choice of two yellow pieces of paper as the backdrop for her art, after rejecting and thoughtfully sifting through several darker, less vivid shades of paper. When asked "why yellow paper?" by the researcher, Sallie smiled and stated that "we have hope now". Sallie's process seemed private at times, the researcher seemingly viewing Sallie's processing wheels turning in her head. At other times Sallie was quite verbal about her choices and planning in her art. The sun peeking out, which was also textured from her process of using a thicker application

of the paint, is juxtaposed next to the large dark cloud. Sallie shared how the paint “was easy to work with and was a good choice for this piece”. Sallie’s art conveys the dichotomy of her expressed pain during the DV incident and equally compelling her process of the sun peeking through from behind the dark cloud of chaos as hope emerges. (Allen & Wozniak, 2010) support the belief that women who have experienced the traumatic effects of DV gain healing in a holistic and supportive environment that includes many forms of therapy including narrative therapy, art therapy that help the victim to formulate a different outcome from that which they have experienced. Sallie’s creative decisions made in this art piece (choice of bright yellow paper for a background, the use of the sun peeking through the clouds, the scene juxtaposed next to a partial blue sky) seem to show Sallie’s resilience and to demonstrate that she can envision a different future for herself and her family as the literature suggests.

Empowerment

Empowerment is defined as a form of self- nurturance, an influence that adds power to self or others. Narrative Therapy empowerment involves re-authoring or telling a life story in a different way that is not focused on the problem, but instead focuses on a new script.

Sallie’s art in Figure 2 where she created a letter board seemed to reflect not only a message that is neatly encapsulated within the borders of the material, but also appears to be reflected neatly within the borders of Sallie’s own remembrance. Sallie is not only a spokeswoman for others as someone who has moved past her trauma and is now standing on the other side of it, she is a witness to the lesson learned from this experience. The art has provided a safe vehicle for Sallie to share her own empowered stance. Sallie reflected that for a moment she felt “like a cheerleader” when creating this piece of artwork. Sallie’s inference was that she now lives in a much happier space and is free to share. (Tani et al., 2016, as cited in Ireland et al., 2011; Pasupathi, 2007, p.

887) suggests that this prerogative is due largely in part to the “creation of a coherent space-time organization in Sallie’s narrative, which then allowed her emotions to catch up with the event” that she was depicting in her art.

In Figures 4 and 4:1 Sallie was invited to create a safe vessel using wet/dry clay. Sallie demonstrated both a sense of comfort in the way that she manipulated the material (that she said she had not used before) with her hands as well as a sense of confidence and decisiveness in what she wanted to create. Sallie’s choice of a traditional, functional vessel seems to speak to her values of creating something that is known and perhaps therefore reliable. It is in this context perhaps that she feels most secure.

Similarly Keeling & Nelson, (2004) align with the idea that art used in narrative approach “helps clients to externalize problems, gain insight, promote catalysts for change” (p. 437). Sallie was empowered to create via the art, her own container where she felt safety in either being hidden or visible if she chose to. Her creation allows her to reflect on the outcome that is preferred, one which speaks of openness, safety and options. Her art allowed for Sallie to express her need for safety in a way that she had control of and that demonstrated parts of herself that had nothing to do with her original problem of DV.

Conclusions

The use of art therapy as seen through a narrative therapy lens was utilized in this research study to evaluate the phenomenological outcomes observed in the art made by a young woman who experienced the trauma of domestic violence. In a series of five art therapy sessions the client created six pieces of artwork. The researcher was able to deepen her connection with the client by observing and uncovering prevalent themes found in the artwork that were aligned with narrative therapy theory such as self-awareness, resilience and empowerment. These emergent themes were used by the client to assist her in conceptualizing a different outcome for herself and her family. Although each of the art directives that the client participated in were different, and a variety of art media was used, there were no set outcomes communicated to the client. Since the client had to bring her two children to sessions, there was a sense of distraction during the sessions, however, the client was extremely dedicated to her artmaking, in spite of some interruptions, she remained focused until completion of her artwork in each session. The use of art therapy seemed to have a positive benefit on this woman that experienced the trauma of domestic violence because it provided a creative outlet to share the trauma that was endured and the opportunity to process and reframe the abuse and to provide direction for her future.

This type of theoretical approach using a narrative therapy lens to view the artwork was extremely empowering for the researcher to observe the growth and insight of the client over a series of sessions. A drawback to the research was that there was only one client, as the second client had to drop out. Future research that might benefit DV victims might include conducting research in an art therapy group setting with other victims using the narrative therapy approach for a longer period of time to see what evolves. Also encouraging the clients to witness each other's

triumphs and challenges through the process of narrative art therapy has the potential to be life changing.

Appendices

IRB Approval/Bryant .

Paterson, Julie <Julianne.Paterson@lmu.edu>

Wed 12/11/2019 8:25 AM

To: Bryant, Cindy <cbryant9@lion.lmu.edu>

Cc: Bianchi, Jessica <Jessica.Bianchi@lmu.edu>; Moffet, David <David.Moffet@lmu.edu>; Paterson, Julie <Julianne.Paterson@lmu.edu>

Dear Ms. Bryant,

Thank you for submitting your IRB application for your protocol titled **Through a Narrative Therapy Lens**. All documents have been received and reviewed, and I am pleased to inform you that your study has been approved.

The effective date of your approval is **December 11, 2019**. Please note that if there are any changes to your protocol, you are required to submit an addendum application to the IRB.

For any further communication regarding your approved study, please reference your **new IRB protocol number: LMU IRB 2019 FA 51 -R**.

Best wishes for a successful research project.

Sincerely,

Julie Paterson

Julianne Paterson
Research Compliance Specialist
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Los Angeles, CA 90045
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LMIJ logo

Loyola Marymount University Informed Consent Form

TITLE: Through a Narrative Therapy Lens

INVESTIGATOR: Cindy Bryant, Department of Marital and Family Therapy and Clinical Art Therapy, (310) 338-2700.

ADVISOR: Jessica Bianchi, EdD LMFT ATR-BC, Department of Marital and Family Therapy/Art Therapy, Loyola Marymount University, (310) 338-2700

PURPOSE: You are being asked to participate in a research project that seeks to investigate the phenomenological outcomes of individual art therapy sessions with women who have experienced the trauma of domestic violence. You will be asked to meet with the researcher on a weekly basis for 45-60 minute individual art therapy sessions at the Ness Counseling Center site. During individual sessions, the researcher will gather data, such as your artwork made in session and observation notes taken during therapy sessions.

RISKS: There are no known risks associated with this study. However, you might experience discomfort, inconvenience, embarrassment, nervousness, and feelings of over-exposure. The researcher will attempt to minimize these risks by providing consistency and structure in therapy sessions. The researcher will also uphold your right to confidentiality in order to maintain feelings of safety and privacy in the therapeutic environment.

BENEFITS: Benefits to you may include increased self-awareness, increased emotional awareness, increased ability to self-regulate, decreased adverse coping skills and behaviors, decreased feelings of isolation, increased capacity for autonomous and creative thinking, and improvement in overall social interactions and relationships. The process of creating art may have a profound impact on you and/or others who share your experience.

INCENTIVES: You will receive no gifts/incentives for this study aside from the remedial benefits of individual therapy. Participation in the project will require no monetary cost to you.

CONFIDENTIALITY: Your name and other identifying information in connection with the data will not be collected by the researcher. All research materials and consent forms will be stored on an electronic device with encryption capabilities, as well as stored in a locked cabinet in a secure location. The data will only be accessible by the researcher and her supervisors. When the research study ends, any identifying information will be removed from the data, or it will be destroyed. All of the information you provide will be kept confidential. The exception is if the researcher learns that you intend to harm yourself or others, the authorities must be contacted.

RIGHT TO WITHDRAW: Your participation in this study is *voluntary*. You may withdraw your consent to participate at any time without penalty. Your withdrawal will not influence any other services to which you may be otherwise entitled, your standing or relationship with The Ness Counseling Center.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request. Please contact Researcher Cindy Bryant via email: cbryant9@lion.lmu.edu. The summary of results will be available to participants approximately three weeks after the research is completed.

VOLUNTARY CONSENT: I have read the above statements and understand what is being asked of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason, without penalty. If the study design or use of the information is changed, I will be informed and my consent reobtained. On these terms, I certify that I am willing to participate in this research project.

I understand that if I have any further questions, comments or concerns about the study or the informed consent process, I may contact Dr. David Moffet, Chair, Institutional Review Board,
Loyola Marymount University, 1 LMU Drive, Los Angeles, CA 90045-2659 or by email at
David.Moffet@lmu.edu.

Participant's Signature

Date

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