

LATINOS IN BEREAVEMENT

Understanding Needs, Barriers to Care, and Use of Art and
Imagery with Spanish-speaking Latinos in Bereavement Therapy


By

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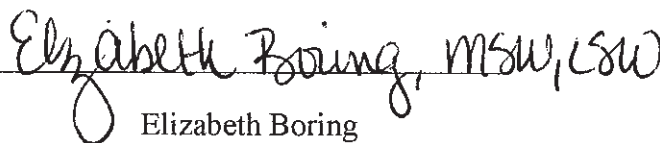
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Dedication

I dedicate this work to God with genuine gratitude and warm regard, who filled me with passion and strength. Also, my family and friends, who, although physically far away in this process, gave me support, encouraged, and motivated me to continue. To my husband Matt, who was there day after day by my side supporting me, being patient, and without whom this would not have been possible.

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Abstract

This study used a mixed-methods survey research design for bereavement counselors to identify the unique needs, barriers to care, and the use of art and imagery with Spanish-speaking Latino clients in therapy. The hypothesis was that art therapy helps address situations with language barriers between counselors and Spanish-speaking Latino clients. Furthermore, it was theorized that the results of this study could be used to help implement new programs for Spanish speakers or as a resource to inform those who are already working with Spanish-speaking clients. The survey results supported the findings of the literature review regarding needs, barriers to care, and usefulness of images and art in therapy with Spanish-speaking Latinos. They also validated the need to increase culturally compatible programs and further multiculturalism training for counselors.

Keywords: bereavement, grief, Latinos, Spanish speakers, art therapy, barriers, multiculturalism

Chapter I

Introduction

In 2019, the United States Census Bureau estimated that 60.5 million people, or 18.4% of the population of the United States, were Latinos. Around 71.1% of Latinos in the United States stated that they were not fluent in English and speak a language other than English at home. These language barriers, along with lack of access to preventive care and lack of health insurance, often shape the health outcomes of these individuals. In 2018, Latinos were 50 percent less likely to receive mental health treatment than non-Latino Whites. Poverty is also a major factor in mental health status, and Latinos living below the poverty level are twice as likely to report psychological distress than Latinos living at over twice the poverty level (U.S. Office of Minority Health, 2021).

Literature reports that for Latino clients in art therapy outpatient programs, the most common concerns are depression, low self-esteem, isolation, and loneliness. These are intensified by conflicts around cultural identity resulting from immigration (Bermudez & ter Maat, 2006). Results from a survey of therapists from large metropolitan areas about the use of art therapy with Latino clients revealed the following concerns, in order of importance: acculturation and minority status, mental illness, socialization, traumatic events, and abuse, language barriers, feelings of depression, self-expression and communication, and low self-esteem (Bermudez & ter Maat, 2006). Using multifamily group therapy with refugees from Central America, Kellogg and Volker (1993) also found cases of posttraumatic stress disorders, mood disorders, and grief from the loss of a loved one. A prominent pattern regarding feelings around the loss of a loved one and leaving home behind was also observed during art therapy sessions with Latino women with chronic mental illnesses in a day treatment program

(Bermudez & ter Maat, 2006). The level of a person's acculturation can affect an individual's mental health and access to care. Acculturation was identified as a predictor of the use of healthcare services, as those with higher levels of acculturation tend to utilize more services (National Alliance on Mental Illness, 2021). The Latino population is also at a higher risk of experiencing mental health issues due to stress arising from discrimination while attempting to navigate between different cultures (National Alliance on Mental Illness, 2021).

This study aims to survey bereavement counselors to identify the unique needs, barriers to care, and the use of art and imagery with Spanish-speaking Latinos in therapy. Calisch reported that "Art therapists from minority cultures are so few that they could not address the service needs of the populations they represent, even if their practices were solely restricted to their own cultures" (2003). In addition to limited options for providers, Latinos are more reluctant to attend traditional mental-health therapy and more likely to turn to family and close friends for support. (Martinez, 2019). Because of these factors and possible financial difficulties found in this population group, they may benefit from non-traditional therapy groups that encourage helping-seeking behaviors outside their immediate support group.

Operational Definitions

Acculturation - refers to changes that occur due to contact with culturally dissimilar individuals, groups, and social influences (Schwartz et al., 2010).

Assimilation - is abandoning one's culture of origin while embracing the dominant culture (Hocoy, 2002).

Bereavement - is the condition of having lost a loved one to death, and grief is "the anguish experienced after significant loss, usually the death of a beloved person" (APA Dictionary of Psychology, 2021).

Biculturalism - represents comfort and proficiency with both one's heritage culture and the culture of the country or region in which one has settled (Schwartz & Unger, 2010).

Familismo or familism in English: the concept of the centrality of the family and the idea that the family takes precedence over the individual, with family extending beyond the nuclear family to extended members and even close friends (Vazquez & Rosa, 2011).

Grief - in Spanish can be translated as *duelo*, which comes from the Spanish word *doler*, meaning to hurt or cause pain. Other common translations of grief into Spanish deal with mourning, losses, and sorrows, affliction (concerning physical pain and illness), and heaviness or burden (Vazquez & Rosa, 2011).

Integration - means maintenance of cultural integrity coupled with full participation in the dominant culture (Hocoy, 2002).

Marginalization - refers to the loss of identification with one's original culture or with the dominant culture (Hocoy, 2002).

Separation - means maintaining one's cultural identity while rejecting the dominant culture (Hocoy, 2002).

Cultural Humility - is a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture but starts with an examination of their own beliefs and cultural identities (Tervalon & Murray-García, 1998).

Chapter II

Literature Review

Population: Hispanic, Latino, or Latinx

Though the terms Hispanic and Latino are often used interchangeably, some have drawn distinctions between these terms. Those who view the terms as distinct purport that Hispanics are people from Spain or any Spanish-speaking countries in Latin America, whereas Latinos are people from Latin America regardless of their language (Noe-Bustamante et al., 2021). These terms are not universally embraced one way or the other, and a survey of Hispanic/Latino individuals by the Pew Research Center revealed that most (54%) of participants had no preference on which term they would prefer (Lopez et al., 2021). The remainder of the results showed that 27% preferred the term Hispanic and the other 18% Latino. Recently, the term Latinx has been used as an alternative to avoid representing a single-gender, though 76% of those surveyed had never heard the term, and 20% responded that they did not use the term (Lopez et al., 2021). For this study, the terms Hispanic and Latino will be used interchangeably, with the distinction of Spanish Speaking Latinos being made when referring to the specific group to be surveyed. As only 3% of respondents stated that they used the term Latinx, it will not be used in this study.

The 2019 U.S. Census Bureau estimated that 60.5 million Hispanics live in the United States, representing 18.4% of the country's total population (U.S. Office of Minority Health, 2021). Bermudez and ter Maat (2006) found that immigration has produced acculturative stress along with physiological comfort when an individual moves from one culture to another. This stress is not always purely negative but can spark positivity and creativity that motivates and

enhances psychological functioning. Vasquez (1997) identified the following impacts on the well-being of many Hispanic families: immigration, proficiency in the language of the dominant culture, the degree to which they have adapted to the new culture, stressors that may be derived from poverty, unemployment, inadequate housing, food insecurity, the bureaucratic nature of social services, and fear of deportation. Despite being such a significant and rapidly growing population in the United States, the available literature regarding Hispanics and art therapy has not been studied with larger samples and does not reflect a comprehensive account of the therapeutic needs of clients of this population and how art therapy can help (Bermudez & ter Maat, 2006).

The United States Census Bureau defines the Hispanic population as "any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race" (U.S. Office of Minority Health, 2021). The largest groups among this population were Mexicans (61.4%), Puerto Ricans (9.6%), Central Americans (9.8%), South Americans (6.4%), and Cubans (3.9%). The Census Bureau also reports that the states with the largest Hispanic populations in 2019 were California, Texas, Florida, New York, Arizona, Illinois, New Jersey, Colorado, Georgia, and New Mexico. They also highlight that in the same year, 30.8% of Hispanics were under the age of 18 compared to 18.6% of non-Hispanic whites who are under 18. Language fluency among Hispanic subgroups living in the United States varies, with 2019 census data showing that 71.1% of Hispanics speak a language other than English at home (70.4% of Mexicans, 58.9% of Puerto Ricans, 77.7% of Cubans, 86.2% of Central Americans) (U.S. Office of Minority Health, 2021). The U.S. Office of Minority Health (2021) also reported that 28.4 percent of Hispanics state that they are not fluent in English.

Needs Hispanic/Latino Population

Literature has shown that the most common concerns of Hispanic clients in art therapy outpatient programs are "depression, low self-esteem, isolation, and loneliness," and that "these are exacerbated by cultural and identity conflicts resulting from immigration." (Bermudez & ter Maat, 2006, p. 166) In a study conducted by Bermudez and ter Maat (2006), 27 art therapists from large metropolitan areas were surveyed about their perceptions regarding the use of art therapy with Hispanic clients. The results in order of importance were issues of acculturation and minority status, mental illness, socialization (lack of support and isolation), traumatic events and abuse, language barriers, feelings of depression, self-expression and communication, and low self-esteem. Additionally, Bermudez and ter Maat (2006) noted another prevalent need of Hispanic clients in psychiatric hospitals is integrating bicultural identity.

Furthermore, through multifamily group therapy with Central American refugees, Kellogg and Volker (1993) found cases of posttraumatic stress disorder, mood disorders, psychosomatic disorders, and grief from the loss of a loved one. A prominent pattern regarding feelings around the loss of a loved one and leaving home behind was also observed during art therapy sessions with chronically mentally ill Hispanic women in a day treatment program (Bermudez & ter Maat, 2006).

Barriers

Language and cultural barriers, lack of access to preventative care, and lack of health insurance often shape the state of Hispanic health. "Hispanics have the highest uninsured rates of any racial or ethnic group within the United States," and 18.7% of the Hispanic population was uninsured in 2019 compared to 6.3% of the non-Hispanic white population (U.S. Office of

Minority Health, 2021). In the same year, the United States Department of Health and Human Services also reported that 17.2% of Hispanics were living below the poverty line, nearly double the 9.0% figure for non-Hispanic whites (U.S. Office of Minority Health, 2021).

Barriers to Mental Health Treatment

Stigmas Around Mental Health. Latino individuals may not seek mental health treatment because they may not recognize the signs and symptoms of mental health conditions or know where to find help. Members of the Latino community may not want to publicly discuss challenges at home, as they can often be very private. This can result in a lack of information and a perpetuated stigma around mental health within the community, as discussing it can be viewed as taboo. Many Latinos are familiar with “la ropa sucia se lava en casa,” which translates similarly to “don't air your dirty laundry in public,” demonstrating a reluctance to discuss challenges in their lives. Some Latinos do not seek treatment for fear of being labeled loco or crazy or bringing shame or unwanted attention to their families. When mental health is not commonly or openly discussed, as is the case here, individuals seeking treatment may have little knowledge and comfort with different types of therapy and psychiatric medicines. As a result, providers should be compassionate and collaborative with individuals in treatment planning. Incorporating education, symptom monitoring, and community resources can be important in supporting the individual's decision to start therapy or medication (National Alliance on Mental Illness, 2021).

Treatment Resistance. Key treatment issues and resistance to bereavement care are intertwined. For example, a recent study by Lenferink et al. found that the strongest predictor of bereavement care needs and use after a loss was the use of psychological support before the loss, indicating that those who had sought treatment before the loss was more likely to do so again in response to this, which was said to be in line with prior research (2021). Furthermore, the study identified and confirmed the treatment gap found in other research, showing that one in five bereaved people did not use any of the services offered. It also revealed that the most frequently mentioned barriers to bereavement care for individuals with unmet needs were beliefs that professional support is not needed, that problems will go away on their own, that no one can offer the right help, and that similar barriers were identified in prior research (Lenferink et al., 2021) To remedy this, the authors suggest the use of online grief treatment, as this increase in accessibility, could potentially reduce this treatment gap. They also report that despite evidence of the effectiveness of this treatment, more than half of the participants were not open to online treatment, further demonstrating treatment resistance (Lenferink et al., 2021).

Acculturation

Acculturation refers to changes due to contact with culturally dissimilar individuals, groups, and social influences. Research in this area focuses on immigrants, refugees, and asylum seekers who permanently relocate to another country (Schwartz et al., 2010). In the Hispanic immigrant population, acculturation involves changes and adaptations in gender roles where the father, who traditionally has the role of the provider in his culture of origin, must share this position with his wife because of economic pressures, and consequently, the mother must share the role as primary caretaker with an aunt or a grandmother (Moreno & Wadson, 1986). Even

children are criticized by their peers for behaviors that seem to be dependent, and the phenomenon creates a domino effect where the entire family must readjust and take on a new role (Moreno & Wadson, 1986). A study by Linesch et al. (2012) revealed that the consequences of these role changes resulted in sustained stress levels and ambivalence in fathers and an enormous sense of loss in mothers.

The prevailing framework of acculturating that considers the relationship of an individual to the dominant culture and their culture of origin is taken from the work of J.W. Berry (Hocoy, 2002). This framework is composed of four modes of acculturation (integration, assimilation, separation, and marginalization) based on both the extent to which an individual maintains their cultural identity and their relationship with the dominant culture. Integration refers to the maintenance of cultural integrity coupled with full participation in the dominant culture, while assimilation involves abandoning one's culture of origin while embracing the dominant culture. Hocoy describes the third mode, separation, as maintaining one's cultural identity while rejecting the dominant culture. Finally, marginalization is a loss of identification with one's original culture or with the dominant culture. Each of these four modes of acculturation "has different implications for art therapy's appropriateness and potential efficacy for an individual" (Hocoy, 2002, p. 143).

According to Rivera-Santiago (1996), it is widely accepted that acculturation plays a major role in the psychological adjustment of Latinos, which has been defined as a process of change in behavior and attitude in individuals who live in multicultural societies or who come into contact with a new culture through colonization, invasion, or other political changes. They also speculated that acculturation affects not only how much an individual adheres to cultural values and practices but also a lifelong dynamic process that influences a person's ethnic identity,

with individuals moving towards a self-identification of bi-ethnic as they acculturate (Rivera-Santiago, 1996). The level of a person's acculturation can affect both the mental health of the individual and their access to care. Acculturation was a predictor of the use of health care services, with higher levels of acculturation correlating to an increase in utilization. Latino communities have a higher risk of experiencing mental health issues because of the stress of facing discrimination while attempting to navigate between different cultures (National Alliance on Mental Illness, 2021)

Biculturalism

Biculturalism has been defined as a unique blending of two cultures, which suggests that there is also a connection to acculturation (Rivera-Santiago, 1996). According to Rivera-Santiago (1996), one dimension of biculturalism could be the extent to which a person preserves the Spanish language. Even within the process of acculturation, it may be possible to maintain values and norms while losing the ability to speak fluent Spanish.

Familism

For Latinos living in the United States, the family is a central pillar that orients daily life (Sircar et al., 2021). The Spanish term *familismo* or *familism* in English is the concept of the centrality of the family and the idea that the family takes precedence over the individual, with family extending beyond the nuclear family to extended members and even close friends (Vazquez & Rosa, 2011). This concept arises in group therapy with Latinos, as they express a sense of guilt and isolation when they feel that they cannot travel back to see their families (Vazquez & Rosa, 2011). In the event of death in a Latino family, a disruption and imbalance are created in the family system. Other family members try to fill in the void in the role of the lost

one, often involving extended family members (Vazquez & Rosa, 2011). Beyond this restoration of balance, the family also provides emotional care and stability, often extending beyond close friends to include fellow church members in families with religious affiliations (Vazquez & Rosa, 2011).

A study conducted by Sircar et al. (2021) examined whether familism pride, defined as positive emotions stemming from achievements on behalf of one's family, was related to family cohesion and conflict between parents in children. A total of 718 Latino students living in the United States were surveyed, and moderation analyses suggested that familism pride was linked to increased family cohesion only in participants who highly endorsed familism pride and that the propensity to experience familism pride was related to perceived family cohesion for Latinos (Sircar et al., 2021). This demonstrates that there are also protective factors that arise from familism in Latinos.

To explore the caregiving expectations of Spanish-Speaking Latino families living in a westernized society, Cordella and Rojas-Lizana (2019) conducted interviews with 19 older members of this population. The results showed that individualistic orientations of the host country that favor self-reliance challenges familism and cause unease and concerns for their futures. As a result, they report lowering family care expectations to decrease the burden on their "westernized" children while maintaining close family ties (Cordella & Rojas-Lizana, 2019). Other significant common themes included fear of ending up in assisted living facilities and the importance of religion in coping with the uncertainty of future care arrangements (Cordella & Rojas-Lizana, 2019).

Bereavement and Latinos/Hispanics

Bereavement is the condition of having lost a loved one to death, and grief is "the anguish experienced after significant loss, usually the death of a beloved person" (American Psychological Association, 2021). It also clarifies that grief is often distinguished from mourning and that not all bereavement results in a strong grief response. On the contrary, Vazquez and Rosa (2011) purport that grief and bereavement can be used interchangeably, referring to bereavement as the behavior observed in the expression of grief after a death. These authors also provide a window into the understanding of the expression of grief in Latinos from a linguistic point of view, explaining that the word for grief in Spanish can be translated as *duelo*, which comes from the Spanish word *doler* meaning to hurt or cause pain. Other common translations of grief into Spanish reflect mourning, losses, and sorrows, affliction (concerning physical pain and illness), and heaviness or burden (Vazquez & Rosa, 2011). Latinos often use these terms to refer to both physical and psychological pain, which is consistent with a lack of distinction between the emotional and the somatic in Latinos. They tend to view mental and physical illnesses as the same (Vazquez & Rosa, 2011).

Further insights into bereavement in Latinos were revealed through a study conducted by Grabowski and Frantz (1993), where grief experiences of a population of 50 Latino and 50 Anglo Americans were examined following both expected and unexpected deaths. The participants were given the Texas Revised Inventory of Grief, which revealed that Latino participants showed more intensity in their grieving process than their Anglo counterparts. Furthermore, this study demonstrated the severity of bereavement and the need for support for the Latino population during this process.

Spirituality in Bereavement

Religion is very important to the Latino population in the United States, as corroborated by a survey performed by The Pew Research center (2014), in which 91% of a population of 3,814 Latino participants living in the United States reported that religion was of some importance to them. Furthermore, 77% of these participants identified as Christian, and 3% as other faiths (Pew Research Center, 2014). Although 20% of the respondents reported no religious affiliations, 7% of this group expressed that religion was important to them, and only 4% identified as atheist or agnostic (Pew Research Center, 2014). Vazquez and Rosa (2011) purport that if treatment is provided by professionals who are not adequately familiar with the spiritual and religious affiliations of a Latino patient, they run the risk of providing treatment in a manner that is not culturally competent. This could result in a violation of the guiding ethics that strongly encourage the incorporation of religion and spirituality in grief therapy to provide help in a cross-cultural perspective to aid the differentiation between religious and spiritual beliefs or delusions (Vazquez & Rosa, 2011).

Furthermore, Vazquez and Rosa (2011) note that dismissing culturally relevant behaviors and treating religious beliefs as though they were illnesses can lead to an unclear diagnosis, unnecessary medications, and poor engagement in treatment. The North Carolina Healthy Start Foundation (2008) reinforces this by citing that many Latinos believe in a spiritual and psychological continuity between the living and the dead, demonstrated through wakes and yearly celebrations to reinforce relationships. As a result, it is often wrongly assumed that these individuals cannot move on from their loss when their continued relationship with the deceased is a matter of cultural norms. While the need for adaptation of psychotherapy in general for treating Latinos has been addressed in the literature (Bernal & Scharro-del-Rio, 2001), there is

still a lack of research focusing specifically on the effects and manifestations of religion and grief therapy with the Latino population of the United States (Vazquez & Rosa, 2011).

Furthermore, the few writings found regarding this have been primarily focused on the Mexican population, causing great difficulties for clinicians seeking guidance on incorporating religion and spirituality in grief therapy with other Hispanic groups (Vazquez & Rosa, 2011).

Diversity in Cultural Manifestations of Grief

Cultural expressions concerning death are diverse. A study by Aláez García (2001) addressed mourning in Andean Chilean communities by elaborating funerary customs throughout five stages: vigil, burial, commemoration, church service, and remembrance of the new souls. This process was identified as being very similar to what occurs in Colombia. Further funerary ritualization was observed throughout the expression of music, food preparation, and the presence of the community. These findings strengthened the search for a connection between social rituals, cultural practices, and emotional expressions.

Furthermore, they reveal different cultural views across Latino communities from country to country while presenting an overlap across political borders in the Andean geographical region. A study conducted in Colombia by Diaz et al. (2015) analyzed the grief of those affected by armed conflict. Both physical loss from death and symbolic losses involving loss of identity in the community and one's family were identified. The most common manifestation of grief was isolation, in addition to distrust, fear, and the expression of sadness through crying. Furthermore, the loss of a mother or father due to old age can make the grieving process more bearable for an individual when compared to the loss of a son or daughter or early

death (Palacio & Bernal, 2020). This reveals that differences in grieving vary across cultures and can depend greatly on the nature of the loss.

Culturally Informed Care

Cultural competence is an ongoing process where an individual works towards the ability to engage in activities or create an environment that maximizes the optimal development of the client (Sue & Torino, 2005). Culturally competent practice, at minimum, requires the development of four core competencies, 1) awareness of self, 2) awareness of others, 3) knowledge of cultural beliefs and behaviors of the other person, 4) awareness and knowledge of cultural dynamics and interactions between the client and the art therapist, and 5) ethical skills and interventions that are appropriate for clients with backgrounds that are different from the art therapist's (ter Maat, 2011). Awareness is the first step against any form of imposition of values and methods of the dominant culture and in developing the sensitivity and conscientiousness that is vital for socially responsible practice (Hocoy, 2002). Further steps include continual professional development in multicultural development, such as reading, attending workshops, or consulting with community members. Furthermore, establishing rapport and trust involves learning aspects such as the language and the historical relationship between the client's culture and the dominant culture (Hocoy, 2002). For effective intervention, it is essential to understand the community where the client lives, its resources, and the impinging issues (Hocoy, 2002).

Cultural Humility

Cultural humility is necessary for providing quality care. It is defined as the lifelong process of self-reflection that results in an individual not only learning about the culture of another but also examining their own beliefs and cultural identities (Tervalon & Murray-García,

1998). This process expresses awareness, knowledge, and skills and is a key component of cultural competence (Sue et al., 2019). Exploring cultural identity may provide important information for mental health providers to tailor their treatment for Latino clients. A provider who understands a patient's culture will know culturally specific information. For example:

...someone might describe what they are feeling with a phrase like *Me duele el corazón*.

While this means *my heart hurts*, it expresses emotional distress — not a sign of chest pain. A culturally sensitive provider would be aware of this and ask for more information without assuming that the issue is purely physical (National Alliance on Mental Illness, 2021).

Research has shown that cultural humility results in better treatment prognosis and a higher retention rate for clients seeking treatment (Keselman & Awais, 2018). In Keselman and Awais's 2018 study, six professional art therapists completed a semi-structured interview including a visual elicitation to explore the participant's practices of cultural humility within their work. This study reflected that the therapists primarily learned about cultures directly from their clients (Keselman & Awais, 2018). While it is necessary to invite multicultural clients to participate in a collaborative therapeutic relationship to provide education for the art therapist, this is insufficient. Even when based on openness, sincerity, and goodwill, it minimizes the magnitude of differences in worldview and the amount of training and experience required to provide culturally competent information (Calisch, 2003). Calisch (2003) also denoted that art therapy professional providers and educators must be familiar with the worldview of their culture and its effects on interactions with people from other cultures. Furthermore, it is necessary to learn more about the impact of reality from the point of view of one's own culture and its effects on research, assessment and therapy, training, and ethical considerations (Calisch, 2003).

A Culturally Compatible Approach to Art Therapy

A culturally compatible approach to therapy involves clients working with therapists who share their culture and language. However, minorities are relatively underrepresented within the profession of art therapy in the United States (Calisch, 2003). Calisch reported that "Art therapists from minority cultures are so few that they could not address the service needs of the populations they represent, even if their practices were solely restricted to their own cultures" (p. 12). A report of the AATA membership community showing data collected through February 2021 reflected small increases in diversity by race and ethnicity. It showed only a 2.9% to 5.9% increase in Hispanic or Latino representation (The American Art Therapy Association, 2021).

Issues in Clinical Training

There is a significant hindrance in providing appropriate treatment due to the lack of bicultural therapists who are sensitive to the needs of a particular group. Even if the therapist speaks Spanish but cannot relate to the client's issues for a lack of knowledge about their culture in connection with the presenting problems, the client is not likely to confidently engage in a therapeutic relationship (Moreno & Wadson, 1986). Clinicians also must consider the validity of tests for Hispanic clients as well as influences from cultural and social factors, language barriers, discrimination, immigration stress, and poverty, as the lack of bilingual counselors can lead to misdiagnoses of individuals who are not proficient in English (Sue et al., 2019). Furthermore, Santiago-Rivera and Altarriba (2002) purport that most training programs for clinical and counseling psychology "do not adequately address the role of language in working with bilingual clients." Bermudez and ter Maat (2018) similarly cited that with Hispanic clients who do decide to participate in art therapy, there are often limitations due to linguistic and

cultural barriers, resistance to art and therapy, inability to communicate therapeutic goals and directives, lack of Spanish proficiency in the therapist, lack of English proficiency in the client.

Advocacy

In advocating for clients, it is recommended that art therapists engage on both individual and systemic levels. The previously mentioned study by Keselman and Awais (2018) showed that all participants discussed awareness of structural barriers that their clients faced. However, few expressed that they had personally engaged in advocacy to support their clients. A conceptual report performed by Bailey et al. (2017) demonstrated that structural inequalities in healthcare disproportionately affect the psychological and medical care received by minority patients of lower socioeconomic classes, demonstrating why Keselman and Awais (2018) voice that art therapists should engage in advocacy on both systematic and individual levels. Consequently, there must be a balance between a therapist's roles as a clinician and advocate. This need for balance is also specifically listed in the code of ethics for art therapists (Art Therapy Credentials Board, 2021). Although these roles may conflict, they can serve to inform one another (Keselman & Awais, 2018). Supporting these findings, Hocoy (2002) purports that art therapy across cultures should be considered a research priority to further knowledge and create resource guides for practice in minority communities. Specifically suggesting alternatives to art therapy interventions and assessments that could be considered assimilationist or ethnocentric. Hocoy (2002) does point out that it is necessary to be open to potential criticisms of political correctness and censorship to prevent cultural considerations from being tyrannical, but that this should not impede efforts to make art therapy an ethical practice.

Benefits and Limitations of Art Therapy with Latinos/Hispanics

Benefits

Art therapy has been shown to help Hispanic clients in forming cultural identity, integrating traditional values from Hispanic cultures with values from the United States, and gaining self-understanding and insight into personal problems, as well as integrating experiences and present reality, bereavement for multiple losses, and processing trauma stemming from immigration and domestic violence (Bermudez & ter Maat, 2006). For example, Puerto Rican immigrants in an adult psychiatric hospital create pictures of their country of origin; this process allows them to remain connected to their culture and feel a sense of relief regarding difficulties encountered in the United States (Bermudez & ter Maat, 2006). The authors also cite Wong-Valle's use of collages to integrate the bicultural realities of clients, as well as ter Maat's sessions with groups of Hispanic immigrants in a public middle school - where they found relief, a sense of community, and grieved the loss of their homelands - have shown significant benefits to members of the Hispanic community through art therapy (Bermudez & ter Maat, 2006). These benefits included self-expression and communication, assistance with language and cultural barriers, help with socialization, help developing trust and understanding in the therapeutic relationship, connecting clients with their own culture, and aid in assessment and diagnosis. (Bermudez & ter Maat, 2006). Alders and Levine-Madori (2010) conducted a study to investigate the effectiveness of art therapy in boosting cognitive performance in a sample of 24 Elderly Hispanic members of a community center who participated in a 12-week therapeutic arts program combined with pretest/posttest evaluated outcomes using the Clock Drawing Test as well as the Cognitive Failures Questionnaire. The results revealed that the participants who attended the art therapy sessions performed better on both cognitive evaluation tests than those

who did not participate in sessions (Alders & Levine-Madori, 2010). These findings suggested that attending sessions may be most beneficial for improving an individual's perception of cognitive ability, which may consequently have a positive effect on overall cognitive performance, and that beyond these quantitative measures, a higher level of intimacy between group members was observed through a pattern of emotional disclosures during the sessions (Alders & Levine-Madori, 2010).

In a literature review by Weiskittle and Gramling (2018) that included 27 studies, the authors reported that the therapeutic application of visual art was linked to positive changes such as maintaining bonds with the deceased and meaning-making. These authors also cited modest and conflicting preliminary evidence that supported effectiveness in treating and alleviating negative symptoms of grief such as functional impairment, general distress, and symptoms of depression and anxiety (Weiskittle & Gramling, 2018). Similarly, Bat-Or and Garti (2018) conducted a study where eight art therapists who work with bereaved clients were given an art-based task and a semi-structured interview, and through qualitative analysis were able to confirm other art-therapy literature about the therapeutic advantages of working with lost, broken, fragmented, and found objects in treatment for trauma and loss.

Effective Art Therapy Directives

The use of specific materials and activities used in treating the bereaved through art therapy has been explored and documented in the literature such as textile collage, altered books, body tracings, photos, and dolls (Brandoff et al., 2018). Textile collages and altered books have links to transformation. Altered book-making allows clients to "...gain insight, harness control, face obstacles, and narrate their own story. Rewriting a book in the context of therapy, as one

would do in creating an altered book, —symbolizes the parallel possibilities that clients have to reauthor their own lives," effectively addressing the primary goal in the treatment of helping clients with a persistent complex bereavement-related disorder to integrate their experience of grief (Brandoff et al., 2018, p. 58). The most cited media that allows the client to tell their loss story is the use of photos, which also provides a visual source for further reflection (Beaumont, 2013). The use of dollmaking has also been successful at treating grief as it facilitates the coherent representation of self and others, and the doll can reflect something deeply satisfying and nourishing back to its creator and may provide a healthy mirroring (Feen-Calligan et al., 2009). Dolls have been considered in art therapy and throughout history to be "symbols for ourselves or something greater than ourselves, they teach and have power, they stimulate the imagination, and they have the potential to speak and to provide companionship," which are very important factors in treating those who are grieving (Feen-Calligan et al., 2009, p. 172).

Limitations

There are limitations of art therapy in its application to the Hispanic community. A study by Bermudez and ter Maat (2006) revealed that the least successful art therapy techniques and themes with Hispanic clients were complicated directives with directions of two or more steps or directives that relied on verbal language. Some examples of these least beneficial techniques and themes included the Personal Picking an Apple from a Tree Assessment, military themes, Diagnostic Drawing Series, boxes of containers, free or abstract expression, and techniques involving words. Although art therapy is understood to be non-verbal, art and the artmaking process are considered the primary means of communicating feelings and emotions that may not yet manifest in the spoken language. The concepts of language and language proficiency carry other implications in the therapeutic process as simple communication issues (Thomas &

Schwarzbaum, 2005). Furthermore, because language is deeply tied to culture, it is also connected to a person's identity and sense of self (Thomas & Schwarzbaum, 2005).

Does Art Therapy Help Overcome A Language Barrier?

Although it is believed that art therapy has universal qualities that can be adapted to any culture, it has been shown that there are some significant limitations of this form of therapy with Hispanic clients, such as cultural and language barriers and the inability to verbally communicate therapeutic goals and directives (Bermudez & ter Maat, 2006). The non-verbal nature of art therapy can aid communication between clients and therapists who speak different languages but may be insufficient when directives and processing require verbal language (Bermudez & ter Maat, 2006). It is important to understand that interpretation is never free of culture and that there is always "...the imposition of a set of meaning structures that derive from a particular cultural context." (Hocoy, 2002) This means that the correspondence between the assumptions of the therapist and the events and behaviors of the client cannot be assumed (Hocoy, 2002). To overcome differences in origin, culture, and native language, a good client-therapist relationship is crucial (Jimenez, 2004).

Chapter III

Methods

Design of the Study

This study used a mixed-methods survey research (MMR) design. This is defined as a methodology where combined quantitative and qualitative data are collected, integrated, and interpreted in the same study (Betts & Deaver, 2019). The basic explanatory sequential model of MMR will be implemented, meaning that the quantitative data will be collected, followed by the qualitative. The analysis includes comparing, relating, and merging the responses to interpret their meaning. This study aimed to survey bereavement counselors to identify the unique needs, barriers to care, and use of art and imagery with Spanish-speaking Latinos in therapy.

Location of the study

This study was conducted virtually via Qualtrics using a survey expected to take approximately 10 minutes to complete.

Time Period for Study

The time period for this study was from January 24, 2022, to February 12, 2022.

Enrollment Information, Subject Type, and Subject Source

A total of 110 individuals were invited to participate. Participants were mental health providers who work in the community, specifically master-level clinicians working in

bereavement. These individuals were recruited from existing grief counseling organizations, including professional consultation groups and national associations (see Appendix D).

Recruitment

An email (Appendix C) invitation was used to recruit these participants.

Investigational Methods, Procedures, and Instrumentation

Qualtrics was chosen as a data collection method as it gives data in real-time for researchers to analyze. There are a total of 26 questions in the survey. The first 23 questions are multiple-choice and quantitative. The first five of these are demographic questions. Fourteen quantitative questions provide frequency and quality choices from the Likert scale for responses.

Informed Consent

The informed consent form (Appendix B) was attached to the Qualtrics survey (Appendix C), and an additional copy of this form was also included in the recruitment email. Upon receipt of this email, participants were given two weeks to complete the survey. A reminder to complete the survey was sent exactly one week after the initial recruitment email. There were no written or paper records containing identifiable information.

Data Collection

Participants completed an online survey through Qualtrics Forms estimated to take 10 minutes. Upon receiving the recruitment email, they were given two weeks to complete the study. A reminder of the survey was sent one week after the recruitment email.

Data Analysis

The analysis compares, relates, and merges responses from surveys to interpret their meaning. Quantitative data was combined automatically by Qualtrics, and the resultant report was used to perform further analysis. Qualitative data were analyzed by comparing and contrasting responses among participants and identifying emerging themes and similar and differing views. Using a social justice or transformative philosophical lens, the resultant information from the quantitative and qualitative analyses was used to identify the unique needs, barriers to care, and use of art and imagery with Spanish-speaking Latinos in therapy.

Possible Risks and Special Precautions

Participants could be uncomfortable answering one or more questions on the survey. To remedy this, options were provided that were designed to be minimally invasive (e.g., "other"). There is also a risk that someone outside the study team could gain access to the research information from this study. Every effort was made to keep personal information confidential, but absolute confidentiality cannot be guaranteed. Also, no information was shared in publications about this study that could identify the participants. However, if required by law, a participant's personal information may be shared outside the research study. Information regarding these risks was provided in the informed consent form.

Chapter IV

Results

This study aimed to identify unique needs, barriers to care, and the use of art and imagery with Spanish-speaking Latinos in therapy. The hypothesis was that art therapy helps address situations with language barriers between the counselors and Spanish-speaking Latinos but does not solve overall communication issues. It was also anticipated that the results of this study could be used as a tool to implement new programs for Spanish speakers or as an informative resource for those who already work with Spanish-speaking clients.

Survey Results

Nine individuals completed the study questions, and not all questions were answered by all participants. Total participant responses will be noted below each question. The quantitative survey results are organized and displayed in the tables below. Responses from the qualitative section of the survey were compiled in the list below, as the results were all short answers and provided individual insight with little to no overlap.

Table 1

Question 3: Participant's profession

Nursing	Social Work	Mental health counseling	Marriage and Family Therapist	Art Therapy	Music therapy	Psychologist	Other
0	3	3	2	4	0	0	4

Note: 16 participants began the survey, but only 9 completed it.

Table 2

Question 4: What city and state do you practice in?

City and State
Geneva, IL
Fairport, NY
Plano, TX
Fort Wayne, IN
California
Houston, TX
Tucson, AZ
Portland, OR
Indianapolis, IN

Table 3

Question 5: What is your race/ethnicity?

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino
0	0	1	0	5	3

Table 4

Question 6: How long have you been a bereavement counselor?

0 - 1 year	1 - 2 years	3 -5 years	5 -10 years	10+
3	1	0	4	1

Table 5

Question 7: How would you describe your Spanish level?

Native speaker	Fluent	Conversational	I know a few words	None
3	1	0	4	1

Table 6

Question 8: In total how many Spanish speaker Latinos clients have you had since becoming a bereavement counselor?

0	1-5	6-10	11-20	20+
1	0	1	4	3

Table 7

Question 9: Approximately how consistently do Spanish-speaking Latinos attend scheduled sessions?

0% - 1 time and do not return	25%	50%	75%	100%
1	3	1	4	0

Table 8

Question 10: How would you describe your level of comfort when working with a client from a different culture than yours?

Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable	Neutral
4	5	0	0	0

Table 9

Question 11: How frequently do you switch from English to Spanish to better explain something?

Very often	Sometimes	Not often	Never
0	2	3	3

Note: 8 out of 9 completed this question

Table 10

Question 12: How frequently do your clients switch from English to Spanish to better explain something?

Very often	Sometimes	Not often	Never
0	5	2	1

Note: 8 out of 9 completed this question

Table 11

Question 13: Do you think you could build rapport with clients despite cultural and linguistic differences:

Definitely not	Probably not	Unsure	Probably yes	Definitely yes
0	0	0	5	4

Table 12

Question 14: How easy is it to find bereavement resources for your Spanish-speaking Latino clients in your current city?

Difficult	Somewhat Difficult	Somewhat easy	Easy
2	4	1	1

Note: 8 out of 9 completed this question

Table 13

Question 17: On average how important is family to your Spanish-speaking Latino clients?

Not at all important	Slightly important	Moderately important	Very important	Extremely important
0	0	0	4	5

Table 14

Question 18: For your Spanish-speaking Latino clients, how important is religion in their perspective of death and the process of grief?

Not at all important	Slightly important	Moderately important	Very important	Extremely important
0	0	4	2	2

Note: 8 out of 9 completed this question

Table 15

Question 19: What services are Spanish-speaking clients more willing to participate in?

Individual counseling	Group counseling	Family therapy	Other: Please specify
4	5	2	0

Note: Participants were asked to select all that apply. participants completed this question.

Table 16

Question 20: Do you find it helpful to use images in sessions with Spanish-speaking Latino clients?

Not helpful at all	Minimally helpful	Somewhat helpful	Very helpful
0	1	5	1

Note: 7 out of 9 completed this question

Table 17

Question 21: How frequently do Spanish-speaking clients make art or mementos in session?

Never	Not often	Sometimes	Often	Almost always
0	1	3	4	1

Table 18

Question 22: What needs in addition to bereavement do your Spanish Speaking Latino clients have?

Acculturation	Monetary stressors	Depression	Isolation and loneliness	Language barrier	Other
4	7	4	7	6	1

Note: Participants were asked to select all that apply.

Table 19

Question 23: What techniques, directives, or approaches have you found to be beneficial knowledge for working with Spanish-speaking Latino clients?

Techniques, directives, or approaches

A greater emphasis on family.

Fiber Arts

using spirituality

Crisis intervention (possibly because I work at a crisis center), art therapy, family therapy, not being afraid to ask questions about culture/religions, with youth and their parents-communication styles

Peer support

Reading books they can identify with.

Understanding how the cultural values impact the grief journey

Understanding their familial culture, understanding rituals, understanding how they honor and recognize death and grief

Note: 8 out of 9 completed this question

Table 20

Question 24: What have you found to be limitations of working with Spanish-speaking Latino clients in your practice?

<p>Limitations</p> <p>Cultural beliefs around outward expression of emotions, family attitudes toward LGBTQ+ identity.</p> <p>attendance, comfort level</p> <p>Language (but having Spanish speaking coworkers/ interpreters helps)</p> <p>At present, the isolation that taking COVID precautions has caused is a tremendous problem, and they are unable to be with others.</p> <p>Lack/limited of resources in Spanish.</p> <p>Resources</p> <p>Not fully understanding their culture, there are even small nuances from region to region to learn.</p>
--

Note: 7 out of 9 completed this question

Table 21

Question 25: Are you an art therapist? Art therapists hold a master's degree in art therapy.

Yes	No
2	6

Note: 8 out of 9 completed this question

Table 22

Question 26: Does art therapy help to overcome the language barrier between the client and therapist?

No	Sometimes	Yes	Does not apply
0	0	3	0

Table 23

Question 27: What materials and/or directives do you use with your Spanish-speaking Latino clients?

Materials and/or directives
Fiber Arts
All! Collage (but making sure I have inclusive magazines; however I do not have any Spanish magazines/ most of my clients are bilingual), paint, paper and pencil, music, clay, fidget toys, Memory making items

Chapter V

Discussion

Overview

The data collected from the literature review and survey provided insights into the current needs and barriers to treatment for Spanish-speaking Latinos in bereavement care. A mixed-methods research design was implemented using a survey including quantitative and qualitative questions. This allowed for certain questions to elicit given responses that were then quantified open-ended short answer questions intended for participants to provide information from their personal experiences and opinions. As only nine of the 110 invited participants responded, the qualitative data was best represented as a list rather than an analysis of emergent themes.

Survey Developments and Outcomes

Limitations to Services

It has been identified that Latinos may not seek mental health treatment because of stigmas and difficulty recognizing symptoms of mental health conditions (National Alliance on Mental Illness, 2021). This population, which accounts for 18.4% of the population of the United States, is 50% less likely than non-Hispanic Whites to have received mental health care (U.S. Office of Minority Health, 2021). Furthermore, Lenferink et al. found that the strongest predictor of bereavement care needs and use after a loss was psychological support before the loss (2021). Six respondents selected that they had little or no experience working with the target population. As only 9 out of the 110 individuals invited to participate in the study completed the survey, others may not have responded for similar reasons. Seven of the nine responses received were

from Arizona, California, Illinois, New York, and Texas, six of the ten states with the highest percentage of Latino populations in the United States (Pew Research Center, 2019). Eight participants expressed a need for special services for Spanish-speaking Latinos in their city, and the others were unsure. This need for special services and the resistance and barriers to care identified in the literature reflect both a limitation of services available and a limitation of individuals seeking services.

Limitations Working with the Population

When asked to identify limitations when working with Spanish-speaking Latinos, participants reported the following: cultural beliefs about the outward expression of emotions; not fully understanding nuances of culture and religion; family attitudes towards LGBTQ+ identity; language barrier; lack of resources in Spanish (mentioned twice); and the isolation caused by the response to COVID. All of these responses refer to language and culture as limitations or barriers, which supports the findings of Bermudez and ter Maat (2006) on acculturative stress. Additionally, participants identified acculturation (4), language barrier (6), and isolation (7) as needs of the population which Vasquez (1997) found to have a negative impact on the well-being of many Latino families.

Cultural Barriers

It has been demonstrated that there are so few art therapists from minority cultures that they cannot address the service needs of the populations they represent (Calisch, 2003). In their demographics report, the Art Therapy Association stated that only 47 of their 800 (or 5.9%) respondent members were Hispanic or Latino, compared to the 644 respondents who identified as White (2021). It has also been shown that those with higher acculturation tend to utilize more

mental health services (National Alliance on Mental Illness, 2021). Three of the nine participants in this study identified as Hispanic or Latino, one as Black or African American, and the remaining five as White. When asked about their comfort level working with other cultures, four participants responded with very comfortable, and the other five with somewhat comfortable. Regarding demographics, three of the four participants stated that they were very comfortable working with clients from cultures different their own identified as minorities (Hispanic: 2, Black or African American: 1), while four of the five individuals who marked somewhat comfortable identified as White. Each person who marked that they were very comfortable also responded that they believed that they could establish rapport with clients despite cultural and linguistic differences. In contrast, those who marked somewhat comfortable expressed that they could probably build rapport in this case.

The small percentage of respondents that completed the survey, and approximately half of whom only feel somewhat comfortable working and establishing rapport with clients from other cultures, reveal a great need for more training in cultural sensitivity. Hocoy (2002) demonstrated that awareness is the first step in preventing the imposition of the dominant culture and developing the sensitivity and conscientiousness necessary for socially responsible practice. Furthermore, providers must be familiar with not only the worldview of their culture and its effects on interactions with people from other cultures but also the impact of reality from the point of view of their own culture and its effects on research, assessment, and therapy, training, and ethical considerations (Calisch, 2003). Providers should learn about a client's culture through a collaborative therapeutic relationship, as it has shown to be insufficient and minimize the magnitude of differences in worldview and the amount of training and experience required to provide culturally competent information (Calisch, 2003).

The online career resource site Zippia reported over 4,799 art therapy specialists currently employed in the United States and that 12.3% of them are Hispanic or Latino (2021). This is just over double the number of Hispanic or Latino therapists reported by the AATA (2021). The differences in numbers reported by the AATA and Zippia could be in part because the American Art Therapy Association only includes members of their association in their reports, while Zippia also takes into consideration art therapists who do not belong to the AATA. This corroborates the findings of Calisch (2003) that, although the number of art Latino art therapists in the United States has increased, there are still not enough professionals to provide a culturally compatible approach. Thus, the need to continue lobbying for access to programs where individuals who are not fluent in English feel safe and comfortable attending counseling regardless of whether the therapist speaks their language or if interpreters are utilized.

Linguistic Barriers

Thomas and Schwarzbaum indicated that language and language proficiency carry other implications in the therapeutic process as communication issues (2005), and concepts such as pain have different words but vary in meaning across cultures (National Alliance on Mental Health, 2021). It has also been shown that 28.4% of Latinos in the United States report that they are not fluent in English (U.S. Office of Minority Health Center, 2021), accounting for nearly 17.2 of the 60.5 million Hispanics living in the United States reported by the United States Census Bureau for that same year. When asked about their Spanish proficiency, three participants stated that they were native Speakers, one that they were fluent, and three others responded that they knew a few words in Spanish. Only one of the nine participants answered that they spoke no Spanish. All but one participant indicated that their site had Spanish-speaking counselors or interpreters. When asked if they thought they could build rapport with clients

despite cultural and linguistic differences, all responses fell into the categories of sometimes (5), not often (2), and never (1). Two of the participants stated that they were art therapists. All participants responded that images were helpful to some degree for use in sessions with the target population (very: 1, somewhat: 5, minimally: 1). Although seven of the nine participants came from states with the top 10 highest Latino populations, only two participants reported that it was somewhat easy (1) or easy (1) to find bereavement resources for their Spanish-Speaking Latino clients in their current city. It was reported that to explain themselves better, participants switched from English to Spanish sometimes (2), not often (3), or never (3), and their clients did so sometimes (5), not often (2), or never (1). Neither group made the switch very often. The number of participants who reported being native or fluent Spanish speakers (4) corresponds closely with the number of these providers who did indeed switch to Spanish at times for clients (5). This frequency of both groups sometimes switching or not often, in conjunction with the native or fluent Spanish skills of the provider, may indicate that these clients were somewhat fluent in English or that interpretation services were used. These results support the findings of Santiago-Rivera and Altarriba (2002) that most training programs for clinical and counseling psychology do not adequately address the role of language in working with bilingual clients and corroborate the results of the study by Bermudez and ter Maat (2018) regarding limitations with Latino clients in art therapy due to linguistic and cultural barriers.

Spirituality

When asked about the importance of religion to Spanish-speaking Latino clients and their perspective of death and the process of grief, all participants expressed at least moderate importance. Four participants chose moderately important, and extremely important and very important were each selected two times. Thus, four of the eight participants who answered this

question expressed that religion was at least very important for their clients in this population. The Pew Research Center (2014) found that religion was very important in the lives of 59% of its 3,814 survey participants and somewhat important for another 25%, accounting for an overwhelming majority of 84%. Furthermore, 77% of these participants identified as Christian, and 3% as other faiths (Pew Research Center, 2014). Although 20% of the respondents reported no religious affiliations, 7% of this group expressed that religion was important to them, and only 4% identified as atheist or agnostic (Pew Research Center, 2014). Despite the evident importance of spirituality to Latinos in the United States, there is still a lack of research regarding the effects of religion and grief therapy on this population (Vazquez & Rosa, 2011). These results support the literature in that spirituality is important to most Latinos and that, for most, churches serve as part of their social support system.

Familism

Sircar et al. (2021) demonstrated protective factors stemming from familism pride in the Latino population in the United States. Vazquez and Rosa (2011) also elaborated on the importance of familism in this population and its benefits specifically in the grieving process. The prevalence of familism in Spanish-speaking Latino clients was corroborated by all participants in this study, with five expressing that family is "extremely important" and four that family is "very important" to their clients who belong to this population group. When asked what techniques they found beneficial knowledge when working with Spanish-speaking Latino clients, three of the eight participants mentioned themes of family or peers. Two of the eight participants also stated that their clients were more willing to participate in family therapy. The second most common response to this question was group counseling (5), followed by individual counseling (4). Although individual counseling seems like a sizable portion of the responses, compared to

the combination of group and family therapy options, totaling seven, the data showed that nearly twice as many participants felt that their clients would prefer to be in therapy with at least one other person.

Needs of the Hispanic/Latino Population

It has been shown that depression, low self-esteem, isolation, and loneliness are the most common concerns of Hispanic clients in art therapy outpatient programs. These are intensified by conflicts of cultural and cultural identity stemming from immigration (Bermudez & ter Maat, 2006). When asked what needs, in addition to bereavement, their Spanish-speaking Latino clients have, all the concerns noted by Bermudez and ter Maat were selected at least once. Financial stressors and isolation and loneliness were the most frequently selected concerns, with seven responses, followed by language barrier (6), acculturation (4), and depression (4). One participant, who reported working with 11-20 Spanish-speaking Latino clients since becoming a bereavement counselor, listed LGBTQ+, family stressors, religious stressors, bullying as other needs in this population. It is important for clinicians to consider these needs in conjunction with the client's culture for effective engagement in the therapeutic relationship (Moreno & Wadeson, 1986) and to prevent misdiagnoses of individuals who are not proficient in English (Sue et al., 2019).

Art Therapy

Three of the participants in this study indicated that they were art therapists: one identified as Black/African American and reported that they did not speak Spanish. The two others identified as White and reported knowing a few words in Spanish. All nine indicated that art therapy helps overcome the language barrier between the client and therapist. The first

individual reported no switches from English to Spanish by the clients, and the others reported not often and sometimes, respectively. All nine participants reported that their clients make art or mementos in session. One individual noted that their clients almost always create during sessions and counts of the responses from the others were often (4), sometimes (3), not often (1). The two participants who indicated the highest (almost always) and lowest (not often) frequencies were not art therapists, and both reported being native speakers of Spanish. Five of the participants reported that using images in sessions with this population was somewhat helpful, while one found it very helpful and another minimally.

It should be noted that all art therapists who participated in the survey reported that art therapy helps overcome language barriers with clients and that all participants reported using art with their clients. Furthermore, all participants found images useful during sessions to some degree. This corroborates what Bermudez and ter Maat found to be benefits of art therapy, namely self-expression and communication, assistance with language and cultural barriers, help with socialization, help developing trust and understanding in the therapeutic relationship, connecting clients with their own culture, and aid in assessment and diagnosis through art therapy (2006).

Conclusion

The survey results were in line with the information found in the literature review regarding the unique needs and barriers to treatment for Spanish-speaking Latinos in bereavement care. Few individuals invited to take the survey felt that their experiences with this population were sufficient to participate. Those who did participate seem to be working with clients who have some degree of fluency in English. There appears to be a need for a significant

increase in special services for this population, including culturally informed care, language interpretation services, and materials in Spanish. Other important aspects to consider when working with this population include spirituality and familism. Bullying and LGBTQ+ issues were two stressors that emerged from the survey results that were not found in the literature. The findings indicated that Art therapy helped communication across languages, as did the use of images. They do not, however, eliminate the language barrier.

Chapter VI

Conclusions and Recommendations

This study was conducted to identify the unique needs and barriers to care and the use of art and imagery with Spanish-speaking Latinos in bereavement therapy. Both quantitative and qualitative data were collected from bereavement counselors via a mixed-methods survey and analyzed using a social justice or transformative philosophical lens. There is a shortage of therapists from minority cultures and not enough to address the needs of the populations they represent (Calisch, 2003). Furthermore, Latinos, who accounted for 18.4% of the population in the United States in 2019 (U.S. Census Bureau), are more reluctant to attend traditional mental health therapy (National Alliance on Mental Illness, 2021). The study also confirms that Language plays a vital role in building rapport and being able to access the same resources as those who are fluent in English. Language barriers, along with lack of access to preventive care and lack of health insurance, often shape the health outcomes for Latinos. In 2018, Latinos were 50 percent less likely to receive mental health treatment than non-Hispanic Whites (U.S. Census Bureau, 2021).

Recommendations

In the survey design, the first recommendation would be to change how the questions are asked. One of the reasons that various individuals invited to participate in this study chose not to respond was that they had to answer certain initial questions before seeing the others. It would be beneficial to adjust the survey to allow participants to see all the questions from the start to better understand the context and what the survey entails.

The next recommendation would be to perform a similar study with Spanish-speaking Latino clients as the participants. This study was completed to understand the needs of this population from the point of view of the mental health providers who work in the field of grief and bereavement and who may have had clients who speak Spanish. Currently, due to the lack of research available about this topic, it would be valuable to conduct a similar study from the point of view of Spanish-speaking Latino clients to better understand their concept of mental health, what prevents them from accessing services, and how comfortable they feel with a therapist who speaks a language other than theirs, how images help them to communicate better, how open they would be to participate in art therapy, what the grieving process is like from their personal experiences and other related insights.

It is also recommended that training programs continue to emphasize multiculturalism and how the use of language can affect the client-patient relationship and egalitarian access to mental health services. As the number of Latino immigrants continues to rise (U.S. Office of Minority Health, 2021), more therapists will likely have contact with Spanish-speaking Latino clients. As the number of therapists from minority cultures cannot cover the number of patients from their own cultures (Calisch, 2003), therapists must be trained in cultural humility to meet the needs of this population. It is impossible for an individual to learn everything about the culture, though therapists will need to make it a point to work towards being able to provide culturally informed care.

The final recommendation is to create awareness of the importance of creating new programs specifically for this population or to promote these services in areas that already have them. As found in this study, one of the problems is that people do not generally access mental health services. One of the causes is a lack of knowledge that these programs exist or that they

are available to the individual. Sharing this information in areas where immigrants seek help could be key for informing them of the possibility of accessing these services regardless of immigration status or English proficiency. In Indianapolis, places frequented by immigrants who are not fluent in English include the Immigrant Welcome Center, immigration lawyers' offices, Exodus Refugee Immigration, and institutions that provide English classes.

Chapter VII**References**

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Appendix A

Indiana University Informed Consent Statement for Research

[Understanding needs, barriers to care, and use of art and imagery with Spanish-speaking Latinos in Bereavement therapy]

[IRB: #13742]

Herron School Art and Design IUPIU

You are being asked to participate in a research study. Scientists do research to answer important questions that might help change or improve the way we do things in the future. This consent form will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

All research is voluntary. You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later.

The purpose of this study is to survey bereavement counselors to identify the unique needs, barriers to care, and use of art and imagery with Spanish-speaking Latinos in therapy.

We are asking you if you want to be in this study because you are a mental health provider who works in the community. The study is being conducted by July Alejandra Rubiano Madrid, graduate student, and Eileen Misluk, Assistant Professor of the Art Therapy program at Herron School of Art and Design, IUPUI.

If you agree to be in the study, you will do the following things.

If you agree to be in the study, you will do the following things:

Receive a survey link via email.

Complete an online survey through Qualtrics Forms that is estimated to take 10 minutes.

Before agreeing to participate, please consider the risks and potential benefits of taking part in this study.

You may be uncomfortable while answering the survey questions. While completing the survey, you can skip any questions that make you uncomfortable or that you do not want to answer.

There is a risk someone outside the study team could get access to your research information from this study. More information about how we will protect your information to reduce this risk is below.

We don't think you will have any personal benefits from taking part in this study, but we hope to learn things that will help researchers in the future.

You will not be paid for participating in this study. There is no cost to participate in the study.

We will protect your information and make every effort to keep your personal information confidential, but we cannot guarantee absolute confidentiality. No information which could identify you will be shared in publications about this study.

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

If you have questions about the study or encounter a problem with the research, contact the researcher, July Rubiano, at 207 805 829, jrubiano@iu.edu.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the I.U. Human Research Protection Program office at 800-696-2949 or at irb@iu.edu.

If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future.

Appendix B**Survey**

Spanish-speaking Clients

Q1 If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future.

I consent (1)

I do not consent (2)

Q2 If you are interested in the results of my study, please include your email address below.

Q3 What is your current job? Click all that apply.

Nursing (1)

Social Work (2)

Mental health counseling (3)

Marriage and Family Therapist (5)

Art Therapy (4)

Music therapy (7)

Psychologist (8)

Other (6)

Q4 What city and state do you practice in?

Q5 What is your race/ethnicity?

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Native Hawaiian or Other Pacific Islander (4)
- White (5)
- Hispanic or Latino (6)

Q6 How long have you been a bereavement counselor?

- 0 - 1 year (1)
- 1 - 2 years (2)
- 3 -5 years (3)
- 5 -10 years (4)
- 10+ (5)

Q7 How would you describe your Spanish level?

- Native speaker (1)
- Fluent (2)
- Conversational (3)
- I know a few words (4)
- None (5)

Q8 In total, how many Spanish-speaking Latino clients have you had since becoming a bereavement counselor?

- 0 (1)
- 1-5 (2)
- 6-10 (3)
- 11-20 (4)
- 20+ (5)

Q9 Approximately how consistently do Spanish-speaking Latinos attend scheduled sessions?

- 0% - 1 time and do not return (1)
- 25% (2)
- 50% (3)
- 75% (4)
- 100% (5)

Q10 How would you describe your level of comfort when working with a client from a different culture than yours?

- Very comfortable (1)
- Somewhat comfortable (2)
- Neutral (5)
- Somewhat uncomfortable (3)
- Very uncomfortable (4)

Q11 How frequently do you switch from English to Spanish to better explain something?

- Very often (1)
- Sometimes (2)
- Not often (3)
- Never (4)

Q12 How frequently do your clients switch from English to Spanish to better explain something?

- Very often (1)
- Sometimes (2)
- Not often (3)
- Never (4)

Q13 Do you think you could build rapport with clients despite cultural and linguistic differences

- Definitely yes (5)
- Probably yes (4)
- Unsure (3)
- Probably not (2)
- Definitely not (1)

Q14 How easy is it to find bereavement resources for your Spanish-speaking Latino clients in your current city?

- Easy (4)
- Somewhat easy (3)
- Somewhat Difficult (2)

Difficult (1)

Q15 Does your site have Spanish-Speaking counselors or interpreters?

Yes (1)

No (2)

Q16 Do you think there is a need for special services for Spanish-speaking Latinos in your city?

Definitely yes (5)

Probably yes (4)

Unsure (3)

Probably not (2)

Definitely not (1)

Q17 On average, how important is family to your Spanish-speaking Latino clients?

Extremely important (5)

Very important (4)

Moderately important (3)

Slightly important (2)

Not at all important (1)

Q18 For your Spanish-speaking Latino clients, how important is religion in their perspective of death and the process of grief?

Extremely important (14)

Very important (15)

Moderately important (16)

Slightly important (17)

Not at all important (18)

Q19 What services are Spanish-speaking clients more willing to participate in?

Individual counseling (1)

Group counseling (2)

Family therapy (3)

Other: Please specify (4)

Q20 Do you find it helpful to use images in sessions with Spanish-speaking Latinos clients?

Very helpful (4)

Somewhat helpful (3)

Minimally helpful (2)

Not helpful at all (1)

Q21 How frequently do Spanish-speaking clients make art or mementos in session?

Almost always (5)

Often (4)

Sometimes (3)

Not often (2)

Never (1)

Q22

Click all that apply: What needs in addition to bereavement do your Spanish Speaking Latino clients have?

- Acculturation (1)
 - Monetary stressors (2)
 - Depression (3)
 - Isolation and loneliness (4)
 - Language barrier (5)
 - Other: Please specify (6)
-

Q23 What techniques, directives, or approaches have you found to be beneficial knowledge for working with Spanish-speaking Latino clients?

Q24 What have you found to be limitations of working with Spanish-speaking Latino clients in your practice?

Q25 Are you an art therapist? Art therapists hold a master's degree in art therapy.

- Yes (1)
- No (2)

Skip To: End of Survey If Are you an art therapist? Art therapists hold a master's degree in art therapy. = No

Q26 Does art therapy help to overcome the language barrier between the client and therapist?

- Yes (3)
- Sometimes (2)
- No (1)
- Does not apply (4)

Q27 What materials and/or directives do you use with your Spanish-speaking Latino clients?

Appendix C

E-mail template

Hello, my name is July Rubiano, and I am a graduate student in art therapy. Together with Eileen Misluk, Assistant Professor of the Art Therapy program at Herron School of Art and Design at IUPUI, I will be conducting a study related to Latinos in bereavement. The purpose of this study is to survey bereavement counselors to identify the unique needs, barriers to care, and use of art and imagery with Spanish-speaking Latinos in therapy.

We are asking you if you would like to participate in this study because you are a mental health provider who works in the community. After the first invitation to participate in the study, you will have two weeks to complete the study. A reminder of the survey will be sent at the beginning of the second week after the original invitation is sent.

If you agree to be in the study, please complete the following:

- Thoroughly review the attached consent form
- Click the link and complete an online survey through Qualtrics Forms.
- The survey must be completed in one session and is estimated to take 10 minutes.

Thank you for your consideration.

July Rubiano Madrid

Second-Year Art Therapy Master's Student

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