

Art Therapy in Venezuela: A Developing Field in the Developing World

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ABSTRACT

Art Therapy in Venezuela: A Developing Field in the Developing World

Micheala C. Slipp

This qualitative research project is a preliminary investigation into some of the key mental health issues and the services currently available to children in Caracas, Venezuela. It attempts to identify potential links between mental health practice and issues in Venezuela and the field of creative arts therapies. This line of inquiry was addressed through semi-structured interviews with mental health professionals in Caracas from March through to July of 2005. The subsequent data analysis was informed by phenomenological theory as developed by J.A. Smith and Giorgi & Giorgi (2003). Given the highly preliminary nature of this inquiry, the phenomenological orientation has been chosen for its inclination towards discovery rather than explanation (Giorgi & Giorgi, 2003). This manuscript summarizes some of the principal themes that emerged from interviews across the public, private and non-profit mental health service sectors. This includes summary of the main issues that present for treatment and some of the services currently available in Caracas. Treatment programs featuring creative arts treatment modalities and several socio-political factors affecting mental health are also highlighted.

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Por ultimo me gustaria agradecerle a todos mis panas y amigos que siempre me apoyaron en este proyecto como haci tambien darle gracias a mi familia en Venezuela incluyendo a el senor Amilcar, Margarita, Luisana y a mi vida Amilcar E. por todo su amor y su apoyo incondicional.

DEDICATION

This work is for Evelyn and Cheryl Ann.

It is also dedicated to the people of Venezuela whose strength and resilience amaze me.

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PURPOSE & METHODS

Statement of Purpose

This study seeks to explore the existence of possible links between the practice of art therapy and mental health practices in Venezuela. It explores the nature of professional practice within this cultural milieu and seeks to understand whether or not there might be a place for creative modalities within it. This line of inquiry naturally generates specific subsidiary questions pertaining to the professional climate within contemporary Venezuela: What are the most prevalent clinical issues? What services exist to meet these needs? What kinds of interventions or programs are present that might favour creative modalities? More generally, what is the larger socio-political context within Venezuela and how does this affect the etiology of mental health issues and the delivery of services?

Venezuela is a culture in which this researcher and creative arts therapist has had the good fortune to know from a personal perspective over the last few years. It is also a country with a rich tradition for appreciation of the arts yet very little is published or known about the existence of creative arts therapies within this region. Recently, Venezuela's political difficulties and activities around its petroleum reserves have contributed to its increasingly stronger presence in international media. Yet, at the international level little is published or known about the life of its people and how they are coping with these issues on a daily basis. Even less information can be found about the health of this nation and its perspective on mental health issues. For all of these reasons this researcher has chosen Venezuelan culture for this inquiry. It is this researcher's hope that this work will bring more international attention to the plights and

successes of Venezuela's people. It is also hoped that this survey may serve and be of use to mental health professionals in Venezuela, given the scarcity of epidemiological research in this region.

Procedures

In an effort to respond to this line of inquiry, this researcher chose to engage Venezuelan mental health professionals in a series of semi-structured face-to-face interviews. The sample was limited to mental health practitioners in the Capitol City of Caracas. It was further narrowed to focus solely on services offered to children. Where logistics prevented face-to-face interviews, but interest was expressed, informants were interviewed via email questionnaires. Potential informants were referred to the researcher through word-of-mouth. They were also approached during the researcher's visits to health facilities throughout Caracas. Facility tours and face-to-face interviews were conducted from May through July of 2005. Email interviews were collected from August through December 2005.

During the face-to-face interviews, respondents were encouraged to engage in their first language for ease of expression. A native Venezuelan interpreter facilitated the interview process when necessary. The same interpreter was used throughout to ensure consistency across interviews. Email respondents were also encouraged to respond in their first language. All interviews occurred in English, Spanish or a mixture of the two. Some respondents chose to interview in dyads or groups.

All interviews were audio taped and later transcribed into written format. The transcriptions along with the email texts remained in their original language for data analysis. They were coded in order to maintain anonymity of respondents. Two email

transcripts and 12 verbatim interview transcripts were analyzed. Word processing software was utilized for the breakdown and analysis of the transcripts. The analysis was completed through a phenomenological orientation as described by Smith (1995; 2003) and Giorgi & Giorgi (2003) and was chosen for its inclination towards discovery rather than explanation (Giorgi & Giorgi, 2003). However, unlike most phenomenological methodologies the analysis here tends towards a very general presentation and description of respondents comments, rather than an in-depth interpretative analysis. Due to the preliminary nature of this inquiry it was decided that treatment of the data in a more descriptive fashion was a better fit. The cognitive mind mapping technique (Hycner, 1985; Ryan & Bernard, 2003) was also utilized in order to garner a broader visual understanding of relationships between meaning units.

Sample Characteristics

The total population sample size was 19. A broad range of mental health professions was represented including psychologists, psychiatrists, guidance counselors, psychoeducators and facility directors. Respondents had received their clinical training in a wide range of geographic regions including Europe, the United States, Venezuelan universities and other universities throughout Latin America. One respondent, who was employed as a psychologist, had completed graduate Art Therapy training in Spain. The group represents a vast range in work experience including new clinicians, workers in mid-career and those approaching retirement. Respondents also comprised diverse ethnic and cultural backgrounds that included Venezuelan citizens as well as ex-patriots from other North and South American countries.

Limitations

As stated above, this research is intended to be a preliminary inquiry into the links between the field of art therapy and Venezuelan mental healthcare. This study is small in scale relative to the questions it seeks to address and therefore, it naturally succumbs to many limitations. The sample size is quite small and was non-randomized, thus limiting possibility for generalization to the population at large. Also of note is the fact that only practitioners in the city of Caracas were sampled. To gain a fuller sense of healthcare in the Venezuela, other urban and rural centers throughout the country should be included. It is likely that the needs in other areas, such as the Venezuela's rural interior, would be different than those in Capitol City.

Other limitations exist in the study's use of both email and face-to-face interviews as each of these methods tend to yield different types of data. Specifically, the author observed that the responses sent via email tended to be much more elaborate likely because the informant had more time to consider the questionnaire and formulate answers at their leisure. However, some literature on qualitative research finds use of multiple methods as a strength that ultimately lends validity to the results (Smith, 1995; Denizen & Lincoln, 2003).

Literature surrounding the technique of qualitative interviewing itself suggests that this methodology includes its own unique considerations, most notably, the difficulty in building respondent's trust given the short term nature of the contact (Giorgi & Giorgi, 2003). Research in drama therapy also emphasizes the importance of considering what might *not* have been stated during the interview, simply because it's taken for granted as a given part of the informant's everyday life (Doktor, 1993). The latter is particularly relevant when interviewer and interviewee are from differing cultural groups. Important

arguments have also been made around non-neutrality of the interview process which is essentially co-created and constructed by all of its participants (Fontana & Frey, 2003) whose individual race, gender, and class will each play integral roles (Denizen & Lincoln, 2003).

Another very important limitation with respect to art therapy is that this study is focused solely on activities in the mental health sector and does not take into account the history or role of fine arts and the artist in Venezuelan society. Venezuela has a rich cultural heritage, which varies throughout its many regions. This artistic and cultural backdrop would require careful consideration in order to gain a more comprehensive understanding of the potential relationship between the field of therapy and mental health practice throughout this country.

Finally, it should be noted that this study was engineered and authored by a Canadian under the direction of an American supervisor: both are Caucasian females who have lived and were trained in North America. It is critical to note, especially in a research inquiry as subjective as this, that the findings authored here are filtered through this very specific lens.

VENEZUELAN SOCIETY:
PRINCIPAL ISSUES & LITERATURE

Socio-Political Context

The Bolivarian Republic of Venezuela is a developing nation in South America. It sits at the Southern most point of the Caribbean Sea with the Atlantic Ocean to its East. It shares borders with Columbia, Brazil and Guyana. In 2003, Venezuela's total population was estimated at 25.5 million while its Capitol City, Caracas, comprised 3.45 million people (Government of Canada, 2004). Venezuela's total landmass measures 912,050 km² (Government of Canada, 2004), slightly more than twice the size of the state of California (CIA, 2005). It is renowned for its profound geological diversity and includes the Eastern Andean region, the Northern coastal Caribbean regions, the Orinoco Delta wetlands to the West, interior regions including the Llanos and Gran Sabana plains, and Amazonian rain forests bordering Brazil. Venezuela is divided into 23 states, with a capitol district and federal dependencies consisting of islands off the northern coast.

Among Venezuela's principal industries are tourism and petroleum production. The latter is especially significant as this country is the world's eighth largest oil producer; the United States relies on Venezuela for approximately 10% of its supply (CBC, 2003).

In 2004, the United Nations Development Index ranked Venezuela 68th of 177 developing nations (UN, 2004). The same estimates show a literacy rate of 93.1 % as defined by residents over 15 years of age possessing the ability to both read and write. This is one of the highest literacy rates among all of Latin America (Arteaga et al., 2006).

Yet despite these somewhat promising indicators and wealth of natural resources, Venezuela has not been without significant areas of struggle. The Pan American Health Organization (2004) estimates that between 1996 and 2000, 21.7 % of the total population was living in extreme poverty; it was also found that 24% of public school children were suffering from nutritional deficiencies. Jorge Nef (2003), Director of the Center for Latin American, Caribbean and Latino studies at the University of South Florida, argues that Latin America has traditionally presented some of the most “extreme cases of income disparities in the world, a tendency that became even more pronounced in the last decade” (p.196). Venezuela is no exception with a highly stratified society in which profits from oil and other resources have traditionally been believed to benefit only a small few in the upper most economic echelons of society (Ellner & Salas, 2005; BBC News, 2005).

In addition to social inequalities Venezuela has also experienced significant political difficulty. Nineteen ninety-eight marked the beginning of a profound period of transition with the election of former military colonel President Hugo Chavez. His government’s policies, often described as neoliberalist, aim to eradicate some of these economic inequalities through implementation of social policies which favour the economically disadvantaged (Ellner & Salas, 2005; BBC News, 2005). To this end, the Chavez government unveiled a new constitution in 1999 which became the impetus for widespread restructuring across several government ministries, including those responsible for healthcare and social welfare. The revised constitution also included extensive land and oil reforms and extended the presidential term from 4 to 6 years. These changes were administered under a new policy that no longer required approval by

the National Assembly. Perhaps one of his most controversial policy changes was the 2002 appointment of a new board of governors to head Petroleos de Venezuela (PDVSA), the body that controls and regulates oil production in Venezuela. This change meant that PDVSA, which had traditionally functioned autonomously from the state, was now subject to considerably increased government control.

These changes met with strong criticism from the opposition and its supporters who continue to fear that the government is leading Venezuela to a Cuban-inspired communist regime (BBC News, 2005). In protest of the new PDVSA appointments the trade unions, along with Fedecamaras, the country's largest business association, held a national strike. Violent confrontations between the two sides ensued resulting in an estimated 14 deaths and 200 injured (CBC, 2004).

Tensions continued to rise throughout the country as the opposition demanded that Chavez resign. On April 12, 2002 Chavez announced his resignation but it was later discovered that no such resignation had taken place but that he had been forcibly removed from office (Power, Bartley, & Briain, 2003). He was detained for four days before regaining power on April 14, 2002. People took to the streets and days of demonstrations followed in which numerous people were killed or injured (Power, Bartley, & Briain, 2003). In December of that same year, the opposition continued to express its discontent by calling for the nation-wide strike which ceased oil production and effectively paralyzed the country's economy (CBC, 2003).

After several attempts, the opposition finally succeeded in their demand for a national referendum, which was to oust Chavez from office, however the president was victorious and won the referendum with 59 % of the popular vote (CBC, 2004, August

21). The opposition continues to express its dissatisfaction with the electoral procedures, claiming that the results were fraudulent. The government denies these accusations citing the fact that the entire process was supervised by impartial foreign parties. Many marches and demonstrations took place in the lead-up to the referendum that brought about violent confrontations between the opposition and pro-Chavez supporters; a number of deaths have been reported.

Of particular note is the role that the media has played in this political struggle. The government has accused many of the privately owned television stations of misrepresenting news stories in support of the opposition while the state run media channel is accused of doing the same in support of the government (Amnesty International, 2002; BBC News, 2005). It is clear that the television media has both been influenced by and contributed to the state of political polarization in Venezuela; it is likely that this has had a reciprocal affect on the populace at large. Consequently, this researcher would like to emphasize the importance of being vigilant when considering information published about Venezuela. Consideration of the source and possible motivation is critical in hopes of gaining a fuller understanding of the Venezuelan context; this includes all sources cited throughout this text.

In addition to political unrest, Venezuela has also struggled with a history of natural disasters including seismic activity, torrential rains and mudslides (PAHO, 2001; PAHO & WHO, n.d.). Most recent events include the 1999 December mudslides which occurred after weeks of torrential rains. UNICEF (1999) describes this disaster as the worst Venezuela has seen this century. Some of the hardest hit areas were among some of the poorest *barrios* communities in Vargas and La Guaira just outside the Capitol

where land transportation out of these areas was impossible. The mudslides destroyed homes and infrastructure, rendering buildings and sections of roads and highways virtually unrecognizable. The wake of the disaster saw many families displaced as they were forced to take refuge in temporary shelters. Venezuelan authorities estimate that 20,000 people were killed or missing and a total of 200,000 were reportedly affected by the disaster (PAHO & OAS, 1999). Other estimates put the number of people affected as high as 366,000¹ (PAHO, 2002a). Officials also estimate that 4,000 people were relocated to shelters while UNICEF (1999) reports that 150,000 were left homeless. Rescue efforts were delayed and inefficient, demonstrating the government's limited response capacity at that time (PAHO & WHO, 2005; PAHO, 2002b; PAHO, 2004).

February 2005 brought yet another onslaught of torrential rains causing profuse flooding in communities throughout 11 states. The heavy rains were unanticipated given that it occurred during Venezuela's dry season (UNICEF, 2005). Damage was not as significant as the 1999 floods, however the numbers were still quite high: an official report issued by Civil Protection (*Protección Civil*) estimates that approximately 64 people were killed, 44 injured, 69 missing, and a total of 6036 families were left homeless (Protección Civil, 2005). The same report states that a total of 220,340 people were affected by the flood. UNICEF believes that 120,000 affected were children (Unicef Calcula, 2005). The PAHO (2002a) calls particular attention to natural disasters and their "strong impacts on the mental health of affected populations" throughout Latin America (p.143).

¹ "Affected" is defined as "people temporarily or permanently displaced from their homes, needing assistance with food, or suffering financial difficulties as a consequence of a natural disaster" p.328.

Major Issues in Healthcare

Venezuela's healthcare system includes both public and private networks. There are a total of 4,804 public ambulatory establishments while the private sector is comprised of 344 hospitals (WHO & PAHO, n.d.). The World Health Organization (n.d.) estimates that in 2002, 4.9 % of Venezuela's total gross domestic product went to health expenditure; 46.9 % of these funds came from government spending while 53.1% were generated by private expenditure. This equates to a total of 86 USD per capita government expenditure put towards healthcare. Comparatively, WHO estimates that Canada stood at 1,552 USD per capita public expenditure in that same year.

The 1999 constitutional reform included major reorganization of the country's healthcare system in an effort towards decentralization of services. Article 83 in the revised constitution identifies that the state is responsible for the provision of healthcare which it sees as being the fundamental right of every individual (PAHO, 2001). The principal body responsible for the regulation, financing, and provisions of public healthcare services is the Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social, MSDS). This Ministry works in conjunction with the Venezuelan Institution of Social Security (Institucion Venezolano de Seguros Sociales, IVSS) a branch of the Ministry of Work (Ministerio de Trabajo), the Social Welfare Institute of the Ministry of Education (IPASME), and the Social Welfare Institute of the Armed Forces (IPSFA) in the delivery of public health services. Additional healthcare legislation and jurisdiction also occurs at both the State and Municipal levels (PAHO, 2001).

The Ministry of Health and Social Development (MSDS) oversees the distribution of healthcare services to Venezuelan citizens through its own network of public hospitals and outpatient clinics. This service is available to every Venezuelan citizen and the cost is fully subsidized by the government. A second network of hospitals is available to all working citizens contributing to the Obligatory Social Insurance (OSS). This fund is administered by Venezuelan Institution of Social Securities, a division of the Ministry of Work (PAHO, 2002b). Venezuelan law requires that contributions be made by companies on behalf of each employee. In practice this cost is generally shared by both the worker and his/her employer. All contributing workers and their dependents receive a number of social benefits including a pension plan and access to IVSS sponsored clinics. He/she then has the choice to utilize both the MSDS network and the IVSS network.

The Ministry of Education & Sport, through its subsidiary, IPASME, also plays a role in the provision of healthcare services. By working in partnership with the Ministry of Health Social Development, the Ministry of Education & Sport is able to offer specific mental health services within the public sector. These services include the treatment of scholastic and learning difficulties joint efforts between psychoeducational and psychiatric personnel.

The recent restructuring of the system has included development of the *Strategic Health and Development Plan 2000-2006*. Among the goals identified within this plan are the provision of increased authority for local networks; an increase in community participation; the inclusion of social development strategies within the medical model; and an increase in community care (PAHO, 2002a). Venezuela has been recognized as a

pioneer through these ideals however their practice has yet to be fully integrated within the larger healthcare system (PAHO, 2002a).

In keeping with decentralization strategies, the Chavez government's healthcare reform also includes the establishment of the *Barrios Adentro* program which is a publicly funded initiative that was implemented in 2003 (Maybarduk, 2004). This initiative involves partnership with Cuban doctors and medical students allowing them to establish small clinics in the poorest *barrios* of Venezuela. These clinics are meant to serve those who cannot afford private healthcare services. In exchange, this arrangement allows underprivileged Venezuelans to study medicine in Cuba while Cuba derives the benefit from discounted petroleum imports from Venezuela. Although Venezuelan citizens utilizing the *Barrios Adentro* service report that they are pleased with the services, Peter Maybarduk (2004) explains that the Venezuelan Medical Federation (VMF) opposes the project, as it states that Cuban citizens are taking over medical appointments that could be occupied by Venezuelan physicians.

A principal difficulty throughout the public system is the complex, fragmented and inefficient delivery of resources that occurs across multiple bodies (Chelminski, n.d.; PAHO, 2001). A significant number of Venezuelans have access to multiple lines of services while large segments of the population's access is highly limited; some do not have any access at all (WHO & PAHO, coop; PAHO, 2002a).

The country's healthcare system also includes a large number of very well developed private and non-profit services. The large majority of these services require that users pay out-of-pocket or have access to private insurance coverage through a corporate carrier. As a result, these services are largely inaccessible to the majority of the

Venezuelan population. To date very little information is available on the classification and ordering of private services, however PAHO and WHO have recommended that the coordination of the private sector with the public system become a priority (PAHO & WHO, n.d.; PAHO, 2002b).

Comprehensive information on mental health services throughout Venezuela is sporadic and somewhat difficult to come by. This is typical of most mental health services in Latin America in which “there is little or no integration of these services with the general health system” (Wijnant, 2000, *The Challenges for Mental Health*, section 5). Included within public hospital networks are psychiatric and mental health services, however these services are highly limited and are not offered in all institutions. Most mental health services are offered in private clinics, although as stated above, financial barriers make these services virtually inaccessible to the large majority of Venezuelans.

Education & Training in Mental Health

The Atlas for Psychiatric Education and Training Across the World 2005

identifies five universities offering psychiatric training programs including: Universidad Central de Venezuela, Universidad del Zulia, Universidad de los Andes, Universidad Centro Occidental Lisandro Alvarado and Universidad de Oriente (WPA & WHO, 2005). Venezuela currently has several universities offering post graduate training programs in psychology. It also has two undergraduate training programs in speech therapy and one in social work (PAHO, 2002a). In 1996, of the 5800 licensed psychology professionals, 75% were engaged in active practice (Rodriguez & Sanchez, 1996). The first psychology training program was established in 1946 and since then the field has developed a well-established presence throughout the country. The Federation of Venezuelan

Psychologists (*Federación de Psicólogos de Venezuela*) is the body responsible for licensure and adherence to its professional code of ethics.

In addition to training institutes, there are a number of professional societies and associations that unify Venezuelan mental health professionals. These associations include, but are not limited to, the Sociedad Venezolano de Psiquiatria (SVP) founded in 1947 and the Asociacion Venezolana de Psicoterapia (AVEPSI). Rodriguez & Sanchez (1996) identified a total of 14 Venezuelan associations and societies allied with varying areas of psychology. They also highlight Venezuela's participation in the establishment of numerous interamerican psychological associations, namely, the Sociedad Interamericana de Psicologia. The Asociacion Latinoamericana de Psicologia Social (ALAPSO), and the Asociacion Latinoamericana de Psicologia de la Salud are also mentioned. Each of these groups plays an active role in publication through professional bulletins and periodicals. They also participate in and organize professional conferences and other educational activities that link psychologists throughout the country and/or the Americas (Rodriguez & Sanchez, 1996).

Creative Arts Therapies in Latin America

The field of creative arts therapies is slowly gaining ground throughout Latin America and Spain. Stoll (2005) highlights the presence of national creative arts therapies associations in Argentina, Chile, Cuba, Peru, and Spain. Formalized training programs also exist in the following countries: Argentina has one graduate program; Brazil has two institutes and one undergraduate program; Chile has one graduate program; Cuba has one graduate program and two introductory level courses; Mexico has a graduate level program; Peru has one program offered by an institute; Spain has one

graduate level program; and although Uruguay currently does not have a formalized training program, psychologists have established the Therapeutic Workshop in Expression (Stoll, 2005). Stoll states that “interest is high but financial, human or educational resources are limited or non-existent in” in several additional Latin American countries including Venezuela (p.189). In discussing the international development of music therapy, Hasner (2005) identifies the lack of translated texts and resources as being among the key impediments to further development in several countries.

Creative Approaches in Situations of Cultural Difference

Many authors have pointed to the universal nature of human creativity as a link that unites peoples and groups despite differences in cultural and ethnic heritage (Henley, 1994). Arrington (2005) describes the evolution of art therapy training throughout the globe explaining that “art and image, created regardless of age or ethnicity, are some of humanity’s first models for sharing experiences and communicating values and meaning. Art and image are universal and intrinsic” (p. 194). Margaret Nauremberg, who is often credited, at least in part, with the birth of the field, explains how the process of

art therapy is based on the recognition that man’s most fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words...the techniques of art therapy are based on the knowledge that every individual, whether trained or untrained in art, has a latent capacity to project his inner conflicts into visual form (as cited in Waller, 1991, p. 5)

Because of its potential to reach across linguistic barriers, a growing body of literature is showing how art therapeutic techniques are able to facilitate communication between clients and therapists in cases of where language may serve as a barrier (Hiscox

& Calisch, 1998; Campbell, Liebmann, Brooks, Jones & Ward, 1999; Doktor, 1998; Waller, 1991). Mauro (1998) highlights the efficacy of the art therapy process in her work with a Latin American adolescent. This approach has also been especially useful in working with refugee clients, asylum seekers and victims of war and political violence (Heusch, 1998; Stone, 1998; Wertheim-Cahen, 1998; Zwart & Nieuwenhuis, 1998; Kalmanowitz & Lloyd, 1999). Not only does art therapy assist in dealing with linguistic differences between the clinician and client, it also offers a forum for the processing of traumatic material that may be too threatening to be expressed directly through words. Lykes (1994; 2001a; 2001b; Comas-Diaz, Lykes, & Alarcon, 1998) and Miller & Billings (1994) have utilized art therapeutic techniques in their work with Guatemalan refugees and have highlighted the importance of using materials found locally in the art making process. Westrich (1994) reinforces the importance of understanding traditional art forms and materials when working with cultural groups other than one's own.

Limitations of the Field

Despite its potential to reach across difference, Cattaneo (1994) cautions creative art therapy to consider the limits of universality in the face of diversity, especially with regards to different forms of aesthetic expression. She highlights the fact that visual communication is not value-free but is "culturally bound" and highly influenced by factors such as educational and the political systems within our own cultural environments (p. 185). The practice of art making, the role of the artist in society and nature of art materials themselves will differ significantly from culture to culture. In describing some of the challenges she encountered as an art therapy trainer in Bulgaria, Waller (1995) highlights the fact that within the Bulgarian healthcare system, there has

not been a tradition of artists working in hospitals; furthermore, fine arts has only recently become a part of the educational curriculum at large. Waller also highlights the scarcity and expense of art materials in Bulgaria as well as the lack of translated texts.

These issues seem to point to larger question of “fit” between different cultural groups and the practice of art therapy (Ward, 1998, p. 303). The fact that the large majority of practitioners in the United States are Caucasian (Pearson et al., 1996) and that the field finds its theoretical roots in psychiatric and psychological knowledge of Western developed cultures, is enough to warrant caution when considering the adequacy of this fit.

Argentinean psychoanalyst Marie Langer (cited in Waller, 2005) speaks to the necessity of understanding the social and ideological context in which therapeutic work takes place. It is this researcher’s belief that therapeutic activities have political implications that must take into account the larger community in which the work is taking place. In doing so we are in a much stronger position to develop a culturally relevant practice of art therapy.

RESULTS:

PUBLIC SERVICES

Introduction

By and large, Venezuela's healthcare structure can be divided into two groups: public services which rely entirely on funding from the government, and private services which are generally paid for by the service users. In addition, this study has identified a third group of services which borrow from both the private and public models. These community based programs rely on private funding which is rolled back into the organization thereby allowing for partial or full subsidization of services for users who are unable to cover the costs. The sections that follow will summarize the comments expressed by respondents as they relate to each of these three service groupings. They will describe the main issues presenting for treatment and the types of services offered, including any programs featuring expressive therapeutic modalities. They will also describe how these issues and services may be related to larger sociological issues within Venezuela. Of note is the fact division between the three sectors is not absolute since several respondents are working within multiple sectors.

Public Services & Main Presenting Issues

Mental health programs in Venezuela include an important group of services which rely entirely on government funding. This group is composed primarily of public hospitals and a network of smaller centers often referred to as *ambulatorios*. For the purposes of this study, publicly funded universities offering mental health initiatives have also been included in this group.

Respondents from the public health sector in Caracas reported a notably broad scope of presenting issues; this seems largely due to the fact that the service mandates in most public hospitals are very wide. One respondent explained that Child Psychiatry itself is relatively new to Venezuela and that there are approximately only 70 child psychiatrists practicing in the entire country. One of the departments surveyed is comprised of three psychiatrists who are supported by two psychologists and clinicians in training. It was estimated that their service attends to approximately 1100 children per month with the majority of the patients being evaluated and treated solely by the staff psychiatrists. This particular team provides external consultation to a notably large portion of the metropolitan region and several surrounding communities. It also provides internal consultation for all departments within the hospital. In addition, this team provides consultation and treatment for specific cases that are sent from Venezuela's interior regions where specialized health services are scarce. As a result, respondents reported indiscriminately attending to all psychiatric pathologies that present to the clinic. This includes, but is not limited to, a full range of psychomotor dysfunction; a full range of developmental issues including developmental delays, mild to severe retardation, and autism; neurological dysfunction; a variety of affective disorders and psychiatric issues related to a range of physical illnesses. Among the most frequently occurring issues were affective disorders, most notably depression; adolescent psychosis, attention deficit disorders, mental retardation and specific learning disorders.

Of particular note is the fact that learning and scholastic difficulties, including attention deficit disorder, were among the presenting issues most frequently mentioned by all respondents across each of the three service sectors. Within the public health

sector, this particular need is being addressed through collaborative efforts between the Ministry of Health and Social Development and the Ministry of Education & Sport. Psychoeducators are currently working in conjunction with mental health professionals in psychiatric services to provide treatment to children diagnosed with learning disorders and/or mild developmental delays. Psychiatric departments may have units comprised entirely of para-professionals such as psychoeducators and speech therapists employed by the Ministry of Education & Sport who work closely with psychiatric and psychological staff.

Respondents from public universities offering psychological services, training and developing mental health initiatives have also been included in this section as their functioning is also dependent on public funding and services are rendered at no cost to users. These institutions fall solely under the jurisdiction of the Ministry of Education & Sport and function apart from the MSDS and IVSS.

A key theme that emerged from respondents in this sector centered on the psychological effects of the 1999 mudslides and 2005 floods on disaster victims. To this day, respondents suspect a very high incidence of post traumatic stress disorder among victims, due not only to the trauma of the events themselves, but to the loss of homes, destruction of property and their subsequent displacement. It should also be noted that several residents experienced both the 1999 mudslides and the 2005 flood. On both occasions residents were relocated to shelters where they spent significant periods before being (sometimes permanently) relocated to other parts of the country. In addition to the marked flood damage in Vargas State, one respondent noted similar incidents that had happened in the Andean regions of Venezuela, including the 2003 floods in Merida.

Much work has been done by members of the Psychology Department at Universidad Central de Venezuela, in Caracas, in an effort to assist flood victims. Such initiatives include the creation of the *RED de Apoyo Psicologicos* in the wake of the 1999 disaster. The creation of this network of professional psychologists and students began in spontaneous response to the immediate crisis. A number of students and professional psychologists mobilized as a group to assist in hands-on rescue efforts. Working in conjunction with the National Guard (*Guardia Nacional*) they provided assistance in a variety of basic tasks including mobilization and organization of victims, airlifting victims from the disaster site, and finding temporary shelters. Once the situation had stabilized, members of this informal group took an active role in providing psychological support to victims housed in 28 shelters. This network also played a key role in reuniting flood victims in Vargas with family members in Caracas.

The RED has since formalized its efforts relying on guidelines put forth by the Pan American Health Organization. It has provided similar measures of assistance and disaster relief in other regions in Venezuela, often working in partnership with the Civil Protection (*Protección Civil*). In addition, the group is actively providing disaster relief training, and assisting in the creation of a similar local networks of mental health workers in other parts of the country. Efforts have also been focused around education for the public at large. At the height of political tensions in 2002, members of RED organized television and literary campaigns to educate the public on the importance of “maintaining a sense of calm to ensure that children are the least impacted by the political crisis” [*preservar la calma, mantener los niños menos impactados con la crisis política*]. The

campaign was also aimed at emphasizing “tolerance amongst family members” despite affiliations with opposing political groups [*la tolerancia entre la familia*].

The RED’s functions have also grown to include mediation services between community organizations and government authorities as communities attempt to rebuild in the aftermath of such disasters. Work in local communities also aims to provide “local health organizations with a communal space for elaboration of the traumatic event” [*los organismos de salud, debencar espacio comunitario donde en el evento traumatico puede se elaborar*].

Finally, in addition to post traumatic stress reactions and disaster relief efforts, respondents working within the university setting also identified family violence and drug abuse as being key issues they encounter in their work

Creative Initiatives

Members of RED and faculty at the Universidad Central de Venezuela are continuing to work with the children residing in Vargas via some unique initiatives centered on creativity and healing. Shortly after the 1999 floods, a small group of professional psychologists evaluated 20 children in Vargas; 14 were subsequently offered a 10-week art intervention. The drawings and stories that were produced during sessions were later compiled and assembled into a booklet which was then distributed throughout Caracas. Portions of the booklet, including the children’s drawings and stories were later published in several local newspapers. The project’s initiator explains how this move to the public sphere has fostered discussion, thereby offering the larger community a potential space in which to “elaborate that loss.”

Larger scale research projects of a similar nature are currently happening in Vargas. Members of the same team are working in collaboration with local schools and are employing a pre-post test design. At the time of this writing, the results were not yet published, however one respondent explained that initial data seems to show potentially significant differences between the male and female participants. In general, the boys were found to have experienced an increased difficulty in expressing emotion, particularly sadness. Respondents speculate that these children may interpret such expression of emotion as a sign of weakness, which likely conflicts with the coping strategies they have had to adopt to in order to survive amidst marked poverty and violence. It should also be noted that several children participating in the study experienced *both* the 1999 mudslides and the recent 2005 floods in Vargas.

Socio-Political Context

When discussing the above mentioned issues and services, respondents also identified several global factors that exercise significant influence over the contexts in which they work. Respondents working in the MDSD public hospitals reported a frustration over lack of financial resources needed to further develop services. Conversely, respondents working in university programs made continual mention of the very vast and profound nature of the psychological trauma that remains in the wake of the mudslides and floods. One respondent suggested that this, coupled with the polarization of the political climate, has created an atmosphere of marked collective distress: “you can say something about *the country psychologically*....this is a country that is traumatized.”

Respondents working in the university context also identified that a global lack of coordinated efforts around disaster planning and prevention as being central within their work. One respondent explained this in cultural terms stating that in Venezuela:

we have a very bad problem, and that is we do not plan. It is the Syndrome of Eudomar Santos, this was a television show in which [this character] would always say ‘we will see as we go’. It’s not important what happens tomorrow, if something happens tomorrow, we’ll deal with it. And sometimes it works well. Sometimes we innovate and things work well. So this is the result of not planning, not preventing, not anticipating... This is a culture without prevention and without planning.

[nosotros tenemos un gravísimo problema, y es que no planificamos. Es el Síndrome Eudomar Santos, un nombre propio ,fue una telenovela en donde este personaje decía ‘como vaya viniendo, vamos viendo ... vamos resolviendo’. Osea no importa mañana, mañana si pasa eso, salimos. Y a veces lo hacemos bien. A veces inovamos y sale bien. Entonces, es un ratifica de no planificar, no prevenir, no anticipar, OK. Somos una cultura de no prevención, de no planificación].

The global lack of preventative strategies identified by this respondent, puts the spontaneous and rapid development of an organization like *Red de Apoyo Psicológico*, into sharper focus within its cultural context. Although respondents spoke of this phenomenon in derogatory terms, it may be interesting to reframe and view it as very natural and adaptive part of Venezuelan life. The tendency to unify, collaborate and respond to the needs at hand was mentioned by several respondents. This may be a key

factor that distinguishes mental health personnel in this country and allows existing services to meet with the successes that they do.

RESULTS:

PRIVATE SERVICES

Introduction

Private services account for a large proportion of the mental health services available in Caracas. These services consist of small multidisciplinary groups or individual mental health professionals in private practice. Respondents generally felt that these private clinics offer a stronger level of care than public services offered by MSDS or IVSS. Service users are required to cover all costs out-of-pocket, therefore these services are generally only accessible to middle and upper income Venezuelans. Professional members of ex-patriot communities also make up a significant portion of service users. For the purposes of this study, international American high schools have been included in this group as they offer comprehensive counseling services to their students. Institutional privacy policies prevent this paper from publishing specific numbers, however a significant proportion of the total student body within these schools are children of Venezuelan origin. There are also a significant number of students who originate from other Latin American countries. Counseling and mental health programs services within these schools are covered by tuition costs.

Private Services & Main Presenting Issues

Throughout the interviews, professionals in private services isolated several common issues that present most frequently to their services. All respondents interviewed in this category identified Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder and Learning Disorders as being among the most frequently occurring problems they treat. This grouping was followed closely by children

presenting with oppositional or defiant behavioural patterns. One respondent reported seeing an influx of children experiencing difficulties with impulse control as well as a growing number who are being diagnosed with autistic spectrum disorders. Depression and anxiety symptoms were often reported while one respondent specifically identified seeing an increasing number of children who are presenting with psychosomatic manifestations including vertigo and asthma.

Within this service sector, the overwhelming occurrence of learning disorders, ADD/ADHD and conduct disorders is being treated by one particular clinic through an approach identified as Family & School Psychology. This particular multidisciplinary team includes specialists in clinical psychology, speech pathology, educational psychology and occupational therapy who regularly consult with professionals in neurology and psychiatry. In order to address these issues, they work in partnership with the schools by supporting educational staff and providing psychoeducation to both family and teachers working with the child. Parents and educational staff are encouraged to work closely with the mental health professional to ensure successful implementation of the proposed treatment plan which often includes use of behavioural or cognitive-behavioural techniques.

Respondents within this group are also offering family counseling through a Systems theory orientation and individual psychotherapy utilizing a number of depth psychology approaches. Respondents also often reported employing play therapy and creative art making techniques when working with children.

Within the international American school system, learning disorders and ADHD were also identified but with much less frequency. Issues around transition, separation

and loss were repeatedly identified as being among the primary mental health issues for children attending these schools given that a 20% annual turnover in both staff and student body is not uncommon. This raises issues of particular relevance to the Venezuelans enrolled in these schools, some of whom remain from pre-kindergarten through to high school graduation. As one respondent explained: “it gets really hard as they get older to continually lose the friends who have been such good friends for so long.” Another respondent reports that this is:

a phenomenon that has been discussed a lot. [The Venezuelan students] typically do not open up to the other kids...they're just so used to teachers and kids coming and going. They're not unfriendly...I think it happens naturally as a kind of defense mechanism, you know, getting too close to people and then they leave, you know it happens all the time.

The American schools offer comprehensive guidance services and resource services typical of schools across North America. They also offer psychoeducational sessions for parents. Counselors in these schools also reported regularly making referrals to private services in the community such as those mentioned above.

Creative Initiatives

One of the American schools reported having offered an introductory high school course in music therapy. High school students, paired with elementary students, offered a kind of therapeutic peer support via music. Unfortunately this course has been cancelled as of September 2005.

In reference to discussion around the creative arts therapies, another respondent spoke about a strong tradition that has existed in Caracas which involves the offering

ceramics classes to children as an after-school activity. The respondent explained how this tradition may serve to create a favourable climate in which art therapy groups could be developed, since many Caracas families are generally accustomed to the idea of enrolling their children in creative enrichment programs. However, one should be aware that this type of activity has typically only been available to children coming from fairly privileged families, therefore this association to ceramics and clay work should be taken into consideration if working with other Venezuelan populations. In addition, this respondent further commented on the strong and widely varying artistic traditions that exist in different regions throughout Venezuela and how these traditions may be of particular interest to practitioners incorporating creative techniques into therapeutic practice. It was suggested that the use of certain materials, such as wood versus weaving versus clay, may have widely different associative meanings depending on the region that the client and/or practitioner are from.

Socio-Political Issues

Interviews with respondents in private practice yielded evidence of key issues that seemed to be shared by many. One such theme was the idea that private services, or mental health services in Caracas generally, are fairly isolated from one another. One respondent described mental health clinics as “tiny islands.” A foreign-born professional, who has been working in Caracas for several years, expressed frustration over the lack of an efficient public postal system. This may be contributing to the general isolation among professionals particularly in terms of gathering professional literature relevant to one’s practice.

With reference to the overwhelming increase in private versus public services, some concern was also expressed around the practicality of offering mental health services, given the general sociological and economic state of the country. To this effect one respondent stated “when you start talking about psychology, people are hungry and they’re eating less food now than they were six years ago...they’re twenty percent poorer.” This respondent also expressed significant concern around the widespread use of alcohol and the high incidence of death by motor vehicle accidents and gun violence.

Another respondent, whose practice is oriented towards the Systems perspective, offered some insight into family dynamics specific to the Venezuelan context. This respondent felt that much of the symptomology expressed by the children in treatment is strongly linked to a possible power imbalance between the child’s mother and the father. It was explained that *machismo* in the family structure results in the mother having less power which is sometimes rectified by developing a covert alliance with one of the children, generally the eldest child. It is usually this child who will become symptomatic as he/she struggles under the pressure to remain loyal to the mother and/or becomes the jealous target of sibling rivalry. This same respondent also identified the occurrence of tension in the nuclear family when one or both parents experiences difficulty separating from the family of origin. Males were identified as having particular difficulty negotiating these loyalties. The respondent felt that this conflict stems from the high importance placed on family relationships that is common in Latin America.

RESULTS:

NON-PROFIT SERVICES

Introduction

This research project identified a third grouping of services that incorporates features from both private and public models: the non-profit sector. The services falling within this group are generally geared towards middle and lower income communities. They are sustained through private fundraising efforts which make subsidization for users possible. Many of these programs are referred to as ONGs or non-governmental organizations and are generally viewed as private services. Also included within this group is a clinic sustained through its partnership with a private university. Each of these service providers share a strong commitment to mandates focused on social responsibility. They strive to offer a high level of mental healthcare that would not ordinarily be accessible to populations with few economic resources.

Non-profit Services & Main Presenting Issues

Respondents in this group reported seeing a wide spectrum of pathologies and mental health issues. One respondent in particular identified a full range of developmental difficulties including mild to severe developmental delays, speech impairments, and autistic spectrum disorders; affective disorders including depression, anxiety and post-traumatic stress reactions; and behavioural conduct disorders and learning disorders. This respondent reported working within a multidisciplinary clinic that includes a range of professionals such as speech therapists, occupational therapists, and psychotherapists who are supported by social work, neuropsychiatry and other medical specialists. The range of theoretical orientations in this particular clinic is highly

diverse and includes but is not limited to behaviourism, family therapeutic models and depth psychologies. This agency also distinguishes itself by offering schools for children with severe developmental delays.

Despite this broad range of needs, clinicians within this group did identify a number of presenting issues that they felt were most prevalent. Not unlike that found in the private and public sectors, respondents in the community sector also identified ADD, ADHD and learning disorders as being among the most frequently occurring childhood pathologies presenting to their clinics. One service provider in particular, which places special emphasis on attending to families in impoverished *barrio* communities, addresses these scholastic needs by working in partnership with the local school community. Psychologists within this agency offer interventions within the schools and at the clinic. Treatment includes individual therapy, therapeutic groups focused on scholastic difficulty, and assistance from volunteers in psychology and education who facilitate extra-curricular homework sessions after school. Treatment plans generally include a combination of all three strategies.

Family and community violence was another key issue identified by several clinicians working in the non-profit sector. They reported a high frequency of sexual abuse, child mistreatment and issues stemming from children being witness to domestic violence. Childhood problems related to community violence included the witnessing of robberies, murder, gang violence and use of excessive force by local authorities. Issues of violence are compounded by the high rates of extreme poverty that are typical of *barrio* communities. One clinic is addressing these issues through a unique program that offers direct psychological intervention within the community itself. Among its many

initiatives, this program attempts to identify and work directly with potential community leaders in an effort to develop a sense of collective pride and identity. This strategy is also aimed at defusing communal tension and disputes.

Clinicians in the non-profit sector also reported seeing an important number of children presenting with affective issues including depression, anxiety and post-traumatic stress reactions. Respondents suspect that the pervasive presentation of post-traumatic stress disorders has a strong relationship to the widespread presence of familial and communal poverty and violence mentioned above. They also suspect it to have a strong link with natural disasters, specifically the floods of 1999 and 2005, and with the political polarization and tensions of the past few years. Some reference was also made to the occurrence of political violence, specifically to deaths occurring as a result of public protest. Respondents mentioned negative financial impacts that political tensions have had on individual families. The services offered to address some of these issues include traditional psychotherapeutic groups, family interventions and individual counseling. Non-traditional therapy groups employing techniques akin to the expressive therapies have also been utilized and will be elaborated below.

Programs within the non-profit sector include a highly innovative psychoeducational initiative under development that offers services to street kids from Caracas' downtown core. This residential school offers a curriculum that relies heavily on arts and other expressive modalities within a therapeutic community setting. The respondent representing this program identified some of the most prevalent issues that these children face as they enter the program: the pervasive effects of prolonged exposure to the violence that is rampant in the downtown core; a history of drug abuse and/or drug

trafficking; and prostitution. The respondent indicated that many of these children are required by family members to participate in trafficking and prostitution as a means of contributing to family income. Of note is the fact that this program does not treat children who are currently abusing drugs as the facility is not equipped to offer addiction treatment. Upon entering the program one of the most common struggles is the difficulty the children experience in working as part of a team and in taking instructions from a designated leader.

At the time of this writing, enrollment included children from ages 6 to 18. Participants live in small groups with a foster mother or father who creates a consistent and safe familial environment. Throughout the school day each group is accompanied by a psychoeducator who is familiar with each child's background and is there to offer emotional support when difficulties arise. The children rotate through a variety of classes that include but are not limited to Art, Cinema, Music, and Theatre. Each class is led by a professional from the community who is proficient in the creative discipline they teach.

According to respondents, the program's curriculum is based on research around theories of multiple intelligence developed by Howard Gardner and Daniel Goldman. It also puts into practice many of the ideas developed by American educator Elaine de Beauport and Venezuelan author Aura Sofia Diaz in their book entitled *Three Faces of Mind: Developing Your Mental, Emotional and Behavioural Intelligences* (de Beauport & Diaz, 1996; de Beauport, Diaz & Pearce, 2002). The curriculum strives to engage the youth in alternative forms of learning so that they may develop an interest in constructive and creative pursuits. It also aims to offer other ways of looking at and approaching life

that do not rely on the survival strategies the children have garnered through years of life in the streets.

In addition to psychoeducators, the staff includes an onsite medical doctor and a nurse and well as regular consultation with a psychologist specializing in child psychiatry. The program also works in conjunction with many of the community mental health services previously mentioned and is able to garner additional psychological support from these services when necessary. A social worker is in charge of monitoring the general progress of every child enrolled in the program. All of the resources supporting this project have been generated via the fundraising efforts of a charitable parent organization.

Creative Initiatives

In addition to the unique curriculum mentioned above, there are a number of other initiatives under way in this sector which are strongly allied with the expressive arts therapies. The aforementioned clinic that offers community intervention to the surrounding *barrios* regularly incorporates alternative therapeutic modalities into its programming. Psychologists in the clinic are currently working with at-risk youth through groups employing poetry therapy techniques. In the past, these clinicians have also worked in conjunction with local artists from the Caracas community. The clinic's regular staff includes a psychologist who recently completed an art therapy certificate training program in Spain. The majority of the mental health workers on staff base their approach in depth psychologies and are very interested in modalities offering the possibility for elaboration through creative non-verbal means. In general, respondents from this clinic stated that they are very open to further developing these efforts. One

respondent in particular stated that interventions using “art coincide perfectly with our interest in developing non-traditional strategies for our populations” [*las aproximaciones a través del arte calzan perfectamente con nuestro interés para desarrollar estrategias no tradicionales para trabajar con nuestras poblaciones*]. This respondent went on to emphasize the importance of adapting intervention strategies to the cultural context [*hay que hacer la adaptación cultural de estas estrategias. Eso sería lo principal.*]

Socio-Political Issues

Violence, poverty and political tension were all mentioned repeatedly in terms of larger sociological issues contributing to poor mental health. Not only do these three factors seem to have a very direct affect on mental health but they are each involved in a complex web of interrelationships affecting one another.

To this effect, one respondent speculated about possible links between ADHD, poverty and violence among children living in poverty-stricken *barrio* communities. Families within these communities often share very small living quarters; it is not uncommon for children to share a small room with multiple family members. Limited physical space has a particularly negative impact on the hyperactive child who lacks sufficient room for physical expression. Children are often prohibited from playing outside for fear of high incidents of violence in the surrounding neighborhood.

This is exacerbated by the fact that parents may spend several hours outside the home due to extensive working hours. Children are left with a variety of caregivers including multiple family members. This inconsistency in caregiving contributes to the presence of “unclear boundaries which makes management of the syndrome very difficult”. Ultimately, this “increases the risk for developing more serious conduct

problems in adolescence” [*...ausencia de límites claros de crianza, lo cual aumenta la dificultad para manejar el trastorno y, en última instancia, el riesgo de cursar en la adolescencia con problemas más serios de conducta*]. This respondent’s elaboration illustrates how the how the expression of ADHD symptomology is directly impacted by much larger factors in the immediate social environment. Consideration of the larger cultural context specific to Venezuela is critical if one is to fully understand the expression of mental health issues.

The frequent occurrence of post traumatic stress reactions also seems to be directly related to the immediate cultural context. Respondents frequently identified not only the floods but also the fact that those who are affected by these disasters are among the poorest in the country and therefore lack the necessary financial resources to rebuild. Respondents across all three service sectors also identified the political tension as a key factor contributing to poor mental health, particularly to post-traumatic stress symptoms. Political factors seem to have impacted families not only financially but have also put a strain on relationships when family members and friends find themselves on opposite sides of the political debate. Politically related violence and deaths, such as the shootings during the 2003 referendum protests, are additional factors likely contributing to poor mental health.

In addition to natural disasters and political tensions, one respondent identified alcoholism, car accidents and gun violence as additional factors that were felt to be contributing to high incidents of post-traumatic stress disorders. Alcoholism in and of itself seems to be a large issue in Venezuela as rates are higher “than in any other country in Latin America and the country that is number two is Columbia and they drink half as

much.” It was also felt that car related deaths due to driving under the influence was of particular significance. Violence has been mentioned across all service sectors, however gun violence in particular seems to be escalating at alarming rates. One respondent expressed his understanding that Venezuela has one of the highest incidents of gun violence per capita “in the world and that includes war zones.”

DISCUSSION

Emergent Themes & Sociological Issues in Mental Health

The general picture of mental healthcare for children in Caracas, as reported by this project's respondents, reveals a widely varying range of presenting issues and services. Although numerous pathologies were identified, in general it seems as though ADD, ADHD and learning disorders were among the most prevalent issues across each of the three service sectors. Because these issues were so strongly represented, future research may want to focus closely on the possible benefits of using creative modalities in treatment of these particular issues.

Respondents seemed to place strong emphasis on post-traumatic stress reactions, particularly in relation to specific social and political factors including violence, poverty, alcohol abuse, political tension and the occurrence of natural disasters. Although epidemiological literature on mental health issues in Venezuela is scarce, these themes are generally echoed in technical reports, particularly those published by the Pan American Health Organization and the World Health Organization. WHO & PAHO (n.d.) have placed particular emphasis on expressions of violence including domestic violence, car accidents, and death by firearms. They also identify pharmacological dependency as generating a "heavy burden for the family, the economy and for society at large" (p.11). The group at particular risk are unemployed males between 20 and 29 years of age, with little secondary education, and who have a history of marijuana, alcohol or cocaine use during adolescence. PAHO & WHO research has linked alcohol and substance abuse with death or trauma by external causes including motor vehicle accidents, homicides and suicides (WHO & PAHO, n.d.; PAHO, 2002a).

This is of particular relevance as official figures on annual fatalities released by Venezuela's Ministry of Health and Social Development show that all three of these phenomena on are the rise. In 1995, all types of accidents including motor vehicle accidents were ranked third as leading causes of death preceded only by circulatory dysfunction and cancer (MSAS, 1997). There were reportedly 4626 deaths by motor vehicle accidents in 1995. The figures rose to 5169 in 2003 (MSDS, 2004). An estimated 8.5% of deaths by motor vehicle accidents consistently occur in the Federal District (PAHO, 2002a) where homicides also continue to rise (PAHO, 2001; MSDS, 2003). Respondents, particularly those from within the private sector, made special mention of motor vehicle accidents.

Technical reports are also showing that the rates at which homicide and suicides are increasing is critical. In 1995, the official estimates ranked homicides and suicides as 7th among the leading causes of death. By 2003, this figure had jumped to 3rd. In 1995, there were 3130 reported deaths by homicide (Anuario, 1995); this figure increased to 8790 in 2003 (MSDS, 2003). It is likely that homicides rates are also closely linked to rates of death by firearms which are also significantly high.

Problematic alcohol consumption was also mentioned by respondents and appears with great frequency throughout the literature. However, care should be taken to consider this issue within the cultural context, as general perception seems to play a strong role in determining drinking behaviours. Urdaneta et al. (2002) explain that high levels of alcohol consumption are so readily accepted in celebrations and as part of everyday life that it is not uncommon for children as young as three years old to take sips from adults' beverages during social gatherings. This practice is generally reserved for young boys.

Interestingly, in 1990, PAHO reported that the majority of Venezuelans do not consider alcohol as a drug that fosters dependence, while the same report identified Venezuela as having one of the highest rates of whiskey and champagne consumption in the world. A survey conducted in 1995 by the *Fundacion Venezuela Libre de Drogas* included a sample size of 195 students from a Caracas university ranging in age from 18 to 39. A total of 39% of the sample reported drinking daily over a two week period or more (Paz, 1995). Results also showed that 6.7 % of those sampled indicated that the age of first-time consumption was between 6 and 11 years.

Actual rates of consumption for Latin America as a whole are high, although very little information is available on the rates of incidence and occurrence of alcoholism itself. Between 1998 and 1999, Latin America consumed a total of 24,000 million liters (PAHO, 2002a). It is estimated that in 1998, Venezuelans consumed a total of 5.2 liters of alcohol per capita (SCD, 1999). In 2002, the PAHO also identified the United States and Venezuela as being the two largest consumers of beer products throughout the Americas (2002a). It should be noted that many official estimates may not accurately reflect rates of consumption as they do not include clandestine production which could amount to as much as three times the estimated per capita consumption (PAHO, 2002a).

In general, Venezuelan alcohol consumption is much higher among males than females (Baptista et al, 1994; PAHO & WHO, n.d.; Urdaneta et al., 2002) however, current research shows that female rates of consumption are on the rise (Urdaneta et al., 2002; PAHO & WHO, n.d.; Voldman et al., 1994). Problematic consumption patterns have also been identified among indigenous groups (Seale, 2002).

Also of note is the strong body of literature around additional key factors that researchers suspect are contributing to mortality rates in Venezuela. This may be of particular relevance with respect to reports by this paper's respondents, particularly those who are working with adolescents in the non-profit sector. PAHO & WHO (n.d) have identified adolescents and young adults (10-24 years) as at particular risk for premature death due to such factors as poverty, lack of formal education, family dysfunction, homicide, suicide, drug and alcohol addiction, abuse, and practice of unsafe sex from an average age of 14.5 years. In 2002, PAHO reported that psychosocial and family problems were the leading causes for medical consultation among adolescents. It also identified the following as the most frequent diagnoses reported for this population: "family dysfunction, depressive behaviour, poor performance in school, attempted suicide, alcoholism and drug addiction, mistreatment and abuse" (p. 555). Particular attention to this group is critical since 55.5% of the Venezuelan population is under 25 years of age (PAHO, 2001). Because this population is at such high risk, it seems as though Venezuela could benefit from increased mental health initiatives directed towards this group. Future mental health research or program development would likely benefit from thorough consideration of all the above mentioned sociological factors.

Obstacles & Possibilities

In general, this survey also revealed the existence of several mental health services that feature creative modalities in their service to children. Many Caracas clinicians that were surveyed do seem open to use of expressive therapeutic modalities in conjunction with traditional psychological and psychiatric treatment methods. When asked if they felt that a formal creative arts therapies service would be utilized, several

replied favourably and stated that they felt it would be “helpful”. Rather than having people work solely as creative arts therapists, many clinicians indicated that they would like to see creative strategies made available for use by all clinicians, emphasizing the importance of globally accessible training and education. These respondents felt that creative arts therapies in isolation may not be as successful but that they would be best utilized within pre-established services.

The issue of education seemed to be quite important to almost all respondents. In general, people felt that education around the therapeutic value of creative modalities would be important for mental health professionals and the general public alike. This included education for parents who may consider making use of these services for their children. Some respondents foresaw resistance from professionals working within traditional modalities who may not necessarily see the therapeutic benefit of the creative process. Several respondents mentioned the possible perception of creative arts therapies as “experimental” which may not work well within communities preferring traditional or more “mainstream” methods. To this end it was suggested that one should advertise as more than one type of therapist rather than solely as a creative arts therapist. Another respondent mentioned the importance of seeing research and documentation around the use and efficacy of creative arts therapies to ensure client safety.

Among the most frequently mentioned obstacles to further developing the role of the arts in mental health care in Caracas were a lack of economic resources and space. Several clinicians working in the private sector placed special emphasis on economic concerns as the great majority of their clients do not have health insurance plans to cover

psychological services. Many pay out-of-pocket for these types of private services which place great restriction on the length and type of therapeutic work that is possible.

Recommendations for Future Research

In general it seems that there may be room for the further development of arts-based therapies in Caracas. A more in-depth analysis may wish to consider some of the key presenting issues, such as ADD, ADHD, learning disorders and post-traumatic stress reactions to identify how creative arts therapies would be helpful in dealing with these specific phenomena within the Venezuelan cultural context.

Since many respondents expressed the desire for education and training, the development of strategies for dissemination of information would also be fertile ground for further investigation. This researcher would like to emphasize the importance of developing training opportunities that fit within the cultural milieu. Perhaps educational strategies could be devised co-operatively between Venezuelans who have trained as art therapists elsewhere, Venezuelan clinicians working in other disciplines, and art therapists working in other countries throughout Latin America and beyond. If an economic basis could be generated to support the clientele, it may make sense to work in conjunction with other Latin American art therapists, to develop creative arts therapies education and treatment methods that fit within and respond to the needs of this region. This may include the development of local bodies of literature as well as the translation of existing creative arts therapies texts.

This researcher would also like to highlight the fact that employment opportunities for those who have trained in creative arts therapies in developed nations are limited, so it may not be helpful to replicate this format in developing nations, where

assumedly even fewer economic resources are available. This makes the respondents' suggestions to integrate creative arts therapies within the existing services and make global training accessible to all workers, particularly pertinent. It also seems that services within Venezuela's non-profit sector have developed efficient strategies to respond to some of these economic concerns which may make it a good place to look more seriously at the further development of creative arts therapies.

A final and quite vast area for further research would include an in-depth analysis of the role of arts and the artist within Venezuelan society. A look at both the historical and contemporary artistic traditions in this society would be imperative in order to establish how creative arts therapies and Venezuelan society could produce a strong cultural "fit" (Ward, 1998). It would be especially important to look at how the artistic milieu differs from region to region throughout the country and to generate an understanding of specific local differences with regards to materials and their use. What kinds of associations and meanings do different groups attach to particular materials or ways of working? How do different groups understand the role art and craft in society? It is quite likely that unique understandings would be found across communities. In particular, this researcher wonders about cultural traditions within Venezuela's indigenous groups and how an understanding of these specific lines of heritage could be utilized to strengthen the role of arts in Venezuelan mental health services.

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