

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/233354038>

Movement and sport therapy with women in Guatemalan context of violence and conflict

Article in *Body Movement and Dance in Psychotherapy* · August 2011

DOI: 10.1080/17432979.2010.546619

CITATIONS

6

READS

180

2 authors, including:



[Clemens Ley](#)

FH Campus Wien

52 PUBLICATIONS 367 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Sport, Exercise and HIV [View project](#)



"Movi Kune" - moving together with war and torture survivors [View project](#)

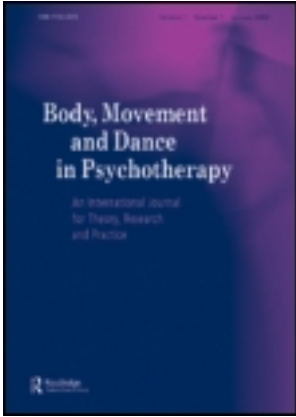
This article was downloaded by: [Vienna University Library]

On: 13 August 2013, At: 04:07

Publisher: Taylor & Francis

Informa Ltd Registered in England and Wales Registered Number: 1072954

Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Body, Movement and Dance in Psychotherapy: An International Journal for Theory, Research and Practice

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/tbmd20>

Movement and sport therapy with women in Guatemalan context of violence and conflict

Clemens Ley^a & Maria Rato Barrio^a

^a Interdisciplinary Centre of Excellence for Sport Science and Development, University of the Western Cape, South Africa

Published online: 18 Feb 2011.

To cite this article: Clemens Ley & Maria Rato Barrio (2011) Movement and sport therapy with women in Guatemalan context of violence and conflict, *Body, Movement and Dance in Psychotherapy: An International Journal for Theory, Research and Practice*, 6:2, 145-160, DOI: [10.1080/17432979.2010.546619](https://doi.org/10.1080/17432979.2010.546619)

To link to this article: <http://dx.doi.org/10.1080/17432979.2010.546619>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities

whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

Movement and sport therapy with women in Guatemalan context of violence and conflict

Clemens Ley* and María Rato Barrio

*Interdisciplinary Centre of Excellence for Sport Science and Development,
University of the Western Cape, South Africa*

(Received 18 March 2010; final version received 7 December 2010)

The programme of ‘psychosocial activity through movement, games and sport with women’ (APM) who suffer or suffered violence was developed and evaluated with two groups of Mayan women in rural area of Guatemala. We highlight the use of principals and methods of movement and sport therapy, a psychosocial approach, participatory group techniques, cultural sensitive methodologies and the model of *Salutogenesis*. Both qualitative (participatory observation, semi-structured interviews) and quantitative (questionnaire) research methods were used. Through ongoing evaluation we analysed key factors and intervention processes, based on verbal and non-verbal techniques. The outcome evaluation showed significant improvements on several psychosocial health aspects (Sense of Coherence, self-esteem).

Keywords: psychosocial; participatory; violence; conflict; women; movement; games

1. Introduction

In the Guatemalan context it is important to consider the impact of historical, international and social-cultural influences (Rato Barrio, 2009). The history of racism and discrimination suffered particularly by the Mayan population has been put behind them in its most brutal and overt form (for example, the systematic massacres in the 1980s during the civil war); however it still exists in more subtle forms. Women, in particular, have been the direct target of violence that aimed to destroy the community. They still are one of the most affected and targeted group of the population suffering from continuous incidents of violence, discrimination, impunity and machismo that creates a general atmosphere of fear (Ley, 2009). Community cohesion and mutual support structures are destroyed as a result of the conflict and on-going discrimination. The social stigma of women who have suffered violence is high. Up to a point, violence against women is considered as ‘something natural’¹

*Corresponding author. Email: cley@uwc.ac.za

(Proyecto Reducción de la Violencia contra la Mujer, 2002, p. 24), and frequently the women are considered to be guilty and responsible for the violence to them. In this context, we analyse the possibilities of movement, games and sport as therapeutic tools. A programme of 'psychosocial activity through movement, games and sport with women' victims of violence (APM) was developed and evaluated in the rural area of Sololá, Guatemala.

2. Intervention methodology

The intervention methodology of the APM programme was constructed progressively. This allowed us the possibility of adapting to specific needs and ongoing evaluation. Nevertheless, there were some basic influences which shaped the framework and methodology of intervention.

2.1. Movement and sport therapy in the context of violence

There are several approaches that use a rich spectrum of psychomotor methods and movement therapies such as sport therapy, integrative movement therapy, cognitive movement therapy, dance movement therapy, psychodrama and sociodrama to (re-) establish the integrity of the traumatised persons and to promote coping resources, amongst other goals (Callaghan, 1993; Endel, 1996; Harris, 2007; Joachim, 2006; Karcher, 2000; Koch & Weidinger-von der Recke, 2009; Koop, 2002).

In this intervention several techniques of movement and sport therapy (therapy through the means of movement and sport) were included in the progressive construction of the specific methodology. Thereby we focused more on the pedagogical and psychosocial aspects than on the functional dimension of movement and sport therapy (Hölter, 1993, 2007; Ley, 2007; Schüle & Huber, 2004).

Methods of psycho-physiological regulation were adopted. Each session included a warm-up (small games and/or stretching exercises); main activity (movement tasks, dance, adapted games and sports in accordance with the theme of each session) intersected with verbalisation of experiences and feelings; participatory group activities; and relaxation and body awareness exercises. Whenever it was possible, the session started and ended with everyone together in a circle, giving them an opportunity to comment on anything they like, reinforcing positive experiences and giving feedback on the processes. Lack of punctuality at the beginning of the sessions made a common start sometimes difficult. Participation was voluntary at all times and some women opted to sit out while observing the happenings and then progressively joined in.

2.2. Movement and body centred methods and techniques in trauma therapy

'A holistic view on the human organism and the interconnections between body, psyche and soul justify, within the integral approaches of trauma related

work, the use of a diversity of methods and techniques from the area of body-psychotherapy, body and movement centred work, Gestalt-therapy, creative therapy, the work with inner/internal images, as well as psychodrama' (Joachim, 2006, p. 403). In all these diverse methods the work in the 'here and now' and the reciprocal relationship between psychological and corporal aspects obtain a lot of importance. Also in centres for refugees, several practices show favourable combinations of non-verbal and verbal expressions and corresponding techniques (Karcher, 2000; Koch & Weidinger-von der Recke, 2009; Koop, 2002). They largely adapt to the social-cultural context of the participants and to the progressive phases of an integral trauma therapy: stabilising, confrontation and (re-) integration (Butollo, Krüsmann, & Hagl, 2002).

Learning and taking into account these experiences from the related disciplines our approach was neither a psychotherapeutic nor psychoanalytical one, but psychosocial. We focused on group processes, the body in movement and interaction with the others, facilitating and accompanying processes of mutual support among the women and taking a *Salutogenesis* rather than a pathological trauma orientated perspective.

Adapting to the described group intervention approach, the objectives and activities of the intervention were planned in accordance with the following three phases:

- (1) Interaction and integration of the group: Getting in contact and interaction with each other and with oneself, building up security, confidence and trust (stabilising phase).
- (2) Expression of experiences of violence, problems and pains: Non-verbal expression through the body in movement and interaction, and verbal reflections regarding the experiences and expressions made during the activities (confrontation phase).
- (3) Searching of alternatives and solutions: Promoting creativity, different point of views and alternatives through physical, social and emotional movement and interaction (phase of integration of experiences and alternatives).

2.3. Participatory group techniques

In all phases, the main intervention approach relied on the resources of the women and on their expression, interpretations and leadership. The activities were planned and adapted to facilitate positive experiences and (self-) learning processes that were considered significant by the women. The task of the facilitator was to facilitate and to create opportunities for the women to express their experiences and feelings. Thereby the facilitators rather raised questions than giving their own opinion. Searching for alternatives and solutions were tasks of the group and mutual support became a main pillar in this process.

In this process a wide range of creative and participatory group techniques were used, such as dramatisation, role-playing, games, dynamics, story-telling, drawing, etc. These, mostly active and movement based techniques, were

combined with phases of reflection about the experiences and feelings, so that non-verbal and verbal expression were continuously mixed. In addition to their therapeutic and educational aims, these participatory group techniques became a rich source of information for the accompanying research and evaluation of the programme (Ávila Espada & García de la Hoz, 1999; Basagoiti & Bru, 2002; Villasante, 1999).

2.4. Previous local experiences and cultural elements

Local experiences were taken into account, while planning and conducting activities (Belmont, 2006; Grupo de Mujeres Mayas Kaqla, 2004; Ovalle, 1999; Proyecto Reducción de la Violencia contra la Mujer, 2002). These experiences are mostly influenced by occidental thinking, mainly through NGOs or available handbooks, but others, like the Group of Mayan Women Kaqla, affirm to be rooted on Mayan culture (Grupo de Mujeres Mayas Kaqla, 2004). They also include a spiritual dimension, which seems to be quiet important in their specific context, but, as Pu Tzunux (2007) critically argues, the activities and interpretations might not be pertinent for all Mayan women.

Therefore, we took into account the cultural and spiritual dimension, nevertheless interpretations and attributions of experiences and their results had to be made by the participants themselves, in regards to their own cultural or spiritual identity. We used cultural elements, local materials, movements, games and dances, thereby asking the participants to propose and direct the activities.

2.5. Salutogenesis model

Both intervention and research were based on the Salutogenesis model of Antonovsky, including the Sense of Coherence (SOC) as a central element of interest. In the Salutogenesis model of Antonovsky (1979, 1987), everybody is considered to be on the health ease–disease continuum. The actual position on it depends on how a person is managing his/her life. On one side there are threats, risk factors and stressors, and on the other side there are the protective factors and resources that one has (or does not have) to manage the stress state (see Figure 1). The Sense of Coherence is crucial in this dynamic and continuous stress-management setting, as it is responsible for perception and valuation of the state of tension and mobilising the resources to affront the situation. It can be considered as a cognitive-affective component of perception and valuation. It expresses ones' fundamental position and attitude towards oneself, the happenings, life events and the world (Antonovsky, 1979, 1987; Bengel, Strittmacher, & Willmann, 2001; Franke, 1997). Moreover, the Sense of Coherence consists of three elements:

- The sense of comprehensibility: Perception of the world and events as structured, predicable and explainable.

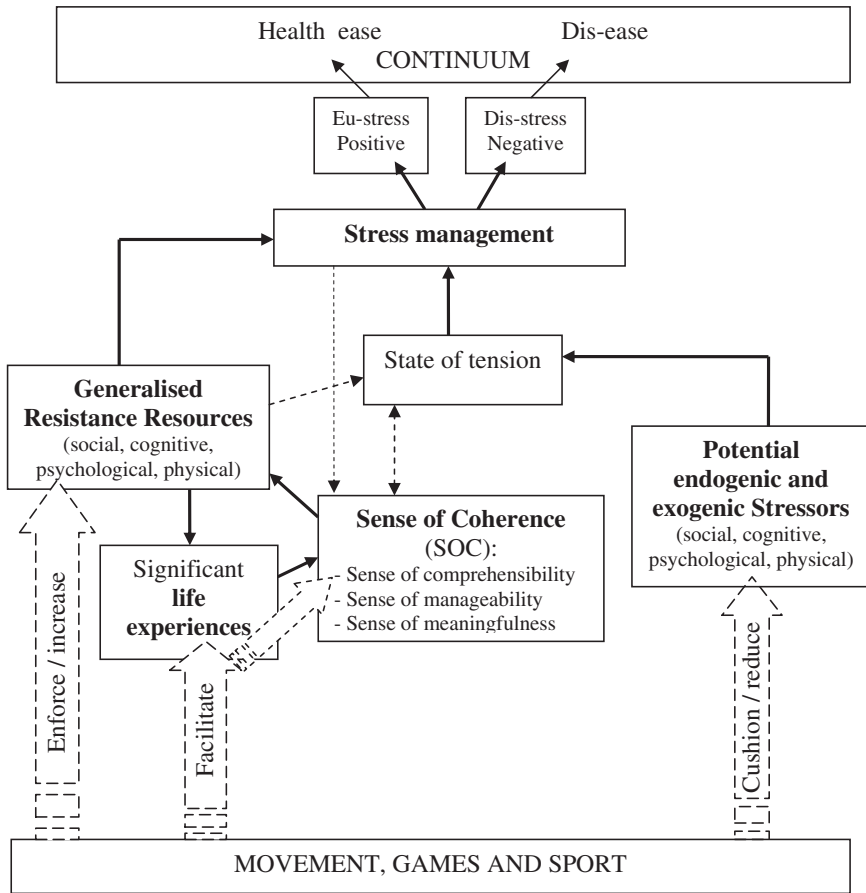


Figure 1. Movement, games and sport in the Salutogenesis model (based on Antonovsky, 1979; Hölter, 2001; Ley, 2009).

- The sense of manageability: Conviction that he/she or others in general have the resources to manage the situations and that they can influence the happenings.
- The sense of meaningfulness: Attribution of meaning to his being, to his actions and to the events. This is the most affective-motivational and spiritual element of the Sense of Coherence.

Significant positive life experiences or successful stress management can foster the Sense of Coherence. A person with a stronger Sense of Coherence is supposed to manage stress in a better way.

In this context (see Figure 1), movement, games and sport might be used to cushion the risk factors and stressors; to enforce and promote resources and protective factors; and to facilitate positive and significant experiences, fostering the Sense of Coherence (Hölter, 2001, 2007; Ley, 2009; Schüle & Huber, 2004). Nevertheless, we should not forget that movement, games and

sport can also provoke injuries, violence, etc, and thereby provoking an increase in risk factors. Therefore, it is important that movement, games and sport are intentionally and professionally planned, conducted and used. The Salutogenesis model was considered adequate for the research, as it avoids stigmatisation of participants (in contrast to pathological models) and includes spiritual and social-cultural aspects, offering a more holistic approach. The Sense of Coherence is considered to be a key element in this intervention and research.

3. Methods

3.1. Design

The objective of this research was to contribute to an increase in knowledge and experience that in some way might improve psychosocial interventions to promote mental health in context of violence and conflicts, and the usage of movement, games and sport in this area. Based on the Salutogenesis model, an integral research design was used, including both quantitative and qualitative methods. They were combined according to the deepening and triangulation models (Mayring, 2001).

3.2. Participants

From the 56 indigenous women of different ages who participated in the two groups of the APM programme, 33 women participated both in initial (pre) and final (post-test) measurements. APM-Sololá and APM-Chaquijyá were the two groups which separately took part in the programme (Table 1). The women who participated in the programme have had experienced or were experiencing violence in one way or the other, in particular domestic violence. However, this was not a criteria of inclusion or exclusion to the programme, as the programme was open to every women in the region. The information about the programme was communicated through the local organisations that had previously worked with women in such circumstances.

Table 1. Number of participants of the two intervention groups in the different measurements.

	APM-Sololá	APM-Chaquijyá
Number of participants per session	10–30	24–25
Number of participants in the quantitative measurements	31	25
Number of participants in both, initial and final measurements	9	24
Number of interviews	16	19
Number of participatory observers	3	2

We had no control group as we did not consider it appropriate to ask women who suffered violence questions about sensitive personal aspects which might open wounds or need for further support without offering any intervention or counselling afterwards. Capacities to provide an alternative intervention or a follow-up to more women could unfortunately not been guaranteed in that specific context.

3.3. Measures

Both quantitative (questionnaires) and qualitative (participatory observation, semi-structured interviews and participatory group techniques) methods were used. As a main concept and content of the questionnaire, the ‘orientation to life questionnaire’, measuring the Sense of Coherence in the *Salutogenesis* model, was adapted to local context and translated into the local language and finally re-translated to Spanish. The data collection of the participatory observation and the group techniques was realised by three facilitators using field diaries. In addition, 32 individual semi-structured interviews with women, two with local facilitators and one person from the local organisation took place at the end of the programme.

3.4. Procedure

In the APM-Sololá group 12 workshops of four hours, twice a month, were developed and in the APM-Chaquijyá group six intensive workshops of seven hours, once or twice a month, were realised. The timetable, frequency and intensity of the programme were determined by the women and their possibilities of participation. A very constant and high level of participation was reached, especially in the APM-Chaquijyá group. In the APM-Sololá group, the number of participants had grown progressively, starting with few women; that is also the reason why some women did not participate in both the initial and final evaluation. However, the participation remained more or less stable once a woman participated the first time. The fluctuation of participation was low and occurred only in certain moments because of conscription problems and some external factors (like demonstration on the road, occasional violent events, transport problems, etc).

In the APM programme, depending on the capacity of each woman, the questionnaire was filled out completely autonomously or read out in the local language *Kaqchikel* so the women could make crosses on each corresponding item. Therefore, we worked in small groups with native facilitators. The measurement was at the beginning and at the end of the programme. Participatory observation was registered in the field diary autonomously by each facilitator during the whole programme (see Table 2). At the end of the programme, interviews were conducted by the authors, in some cases with the support of native translators of confidence.

Table 2. Moments of measurements and instruments.

Moment of measurement	Quantitative research instruments	Qualitative research instruments
Pre-studies	Pilot test	Explorative interviews; meetings; forums; study of literature; visiting local programmes; observation in situ; etc.
Initial During	Questionnaire	Participatory observation Participatory group techniques
Final	Questionnaire	Individual semi-structured interviews

3.5. Analysis

The analysis was realised according to various categories following the logical model (context, input, processes, outputs and outcomes) and the Salutogenesis model (risks factors, resources and sense of coherence). In this way, we evaluated not only the changes, but also the whole process from beginning to end, analysing the factors responsible for the change and the role of the different activities and strategies. For statistical analysis we used the programme SPSS v.15.

4. Results and discussion

The results of the orientation to life questionnaire (SOC-29), which measures the Sense of Coherence (SOC), showed acceptable internal consistence, showing an Alpha of Cronbach of .792 in the sample of 56 women of the APM programme. In the shorter form of the questionnaire (SOC-13), which we used at the end of the APM programme (as a compromise due to practical difficulties, like capacity for concentration and avoiding an overload), we obtained an Alpha of Cronbach of .671.

Factorial analysis could not verify the three subscales Antonovsky is proclaiming. This result is coherent with other research results (Antonovsky, 1987; Bengel et al., 2001; Franke, 1997; Lindström & Eriksson, 2006).

4.1. APM context – evaluation

According to the quantitative data both intervention groups are lacking personal and social resources and are facing a high degree of threats and risk factors. It was shown that in most of the cases, the women are looking for support in their own families, more than in the community where mistrust predominates. At the same time, we have to take into consideration the high degree of family problems of the participants of the programme, especially in the APM-Sololá group. The women of this group are often alone with their problems, avoiding them and relying on an external or fatalistic control.

Table 3. Summary of changes of the mean of Sense of Coherence (SOC-13) in the APM programme.

SOC-13	Initial score	Std. deviation	Final score	Std. deviation	<i>t</i>	Sig. (p)
APM-total (<i>n</i> = 33)	58.9	9.62	63.9	8.05	-2.49	0.018
APM-Sololá (<i>n</i> = 9)	51.8	14.13	61.4	6.77	-1.86	0.10
APM-Chaquijjá (<i>n</i> = 24)	61.6	5.64	64.8	8.43	-1.69	0.10

Table 4. Summary of changes of the self-esteem in the APM programme.

Self-esteem	Initial score	Std. deviation	Final score	Std. deviation	<i>t</i>	Sig. (p)
APM-total (<i>n</i> = 33)	3.47	0.629	3.97	0.724	-3.56	0.001
APM-Sololá (<i>n</i> = 9)	3.42	1.002	4.13	0.596	-2.06	0.073
APM-Chaquijjá (<i>n</i> = 24)	3.50	0.447	3.90	0.768	-2.91	0.008

The low self-esteem, the low education level, the lack of economic resources in order to be independent, the preoccupation of the children, etc, led to few personal resources, lack of initiative to solve the problems and a high degree of vulnerability of the women. For example, responding to the question of what to do when she has a problem, Catalina² from the APM-Chaquijjá group expressed: 'not to speak to him, not to insult him, nothing like that. I hide myself in the kitchen'. Lorena from the APM-Sololá group explained 'I get sad, I cry because of my problems, but I do not search help, I do not share it with anybody'. Some women describe that they ask other people what to do, for example, elder people, or others rely on God to help them (Ley, 2009).

4.2. APM outcome – evaluation

The *outcome* evaluation of the programme of 'psychosocial activity through movement, games and sport with women' victims of violence (APM) showed an improvement on a personal level, both on cognitive (knowledge and strategies to handle stress situation), and psychological resources (self-esteem and emotional relaxation). The Sense of Coherence (see Table 3) and the self-esteem (see Table 4) had increased significantly. The locus of external control ('other persons' decide about health) has fallen significantly (*n* = 33; *t* = 2.749; *p* = 0.011) from a mean of 3.59 to 2.67 on a scale of 1 to 5; this can be judged positively although it was not possible to verify a change in the locus of internal control, which was expected to increase (*n* = 33; *t* = 1.409; *p* = 0.169).

Differences between the two intervention groups have been found. In general the participants of the APM-Sololá are in a more precarious situation. In this group, in addition to the change in the cognitive and psychological level, an improvement in socialisation was highlighted. It was shown that through

participation in the programme, women go out, meet other women who are in similar situations, interact, exchange experiences and support each other. In the APM-Chaquijyá case study, an improvement of the physical health (qualitative analysis) and, as a tendency, of the subjective health status ($n = 24$; $t = 1.80$; $p = 0.086$) can be emphasised. Regarding the limited research size and limited frequency of intervention this tendency is notable, especially as it is confirmed by the qualitative data: Regarding the question about what the programme was useful for, the women of the APM-Chaquijyá group responded for example:

'It helped me a lot, regarding health' (Jacquelina)

'Yes, a lot. (...) I think that there is less illness; I am healthier; I feel better' (Mayra)

'To know and to respect our own body' (Jesusa)

Both the local facilitators, the person responsible from the local organisation and two participants who are working as facilitators with women in another organisation expressed the utility and the applicability of the methodology. For example, Dora, participant in the APM-Sololá group and social worker in another organisation, appreciated the utility of the games, dynamics, etc. She reported:

'for myself as well as for working with women; we work with self-help groups of women, who are victims of violence; [the programme] is very appropriate to what we are doing' (Dora).

4.3. APM process - evaluation

In order to determine the factors responsible for these changes, we analysed the *inputs* and *processes* of intervention. The active and participative nature of the programme is noteworthy and makes it different to other courses. The facilitator Clemens wrote in his field diary (Session 9):

She told me: 'Sometimes they invite us to a workshop and this is somehow boring and we nearly fall asleep. But this workshop is well/quite active. We have a lot of fun and forget our problems...'

The women's participation was active and that was evaluated very positively by the women and the facilitators. They themselves analysed and played their situation and searched for solutions and alternative 'movements'. Therefore the promotion of creativity and leadership was very important:

'After María Jesus [facilitator] gave some examples of movements with the ribbons, they [the participants] proposed movements and it turned out quiet beautiful. There was already a good atmosphere during the session and they were quiet animated. They proposed several movements. Whereas at the beginning of the session some of them did not participate very much, now they got in motion and participated' (Clemens' field diary, Session 7).

Another key factor was the facilitators, especially the local ones who knew the local social-cultural codes of behaviours, conduct, etc. The role of the facilitators was in no way authoritarian, but, rather, motivating and

stimulating participation, creativity and leadership of the women, and facilitating opportunities for reflection and discussions. The relationship with the participants was characterised by trust, intention of mutual understanding and respect. The confidential and secure atmosphere was evaluated very positively.

The facilitated experiences showed to be significant for the women. A fundamental element has been the learning process, characterised by the combination of having experiences in games and sports and its post-phase reflections. Post-phase reflections are characterised through the verbal analysis of experiences and topics suggested by the women. The APM-Sololá participant and facilitator in another organisation Claudia expressed:

‘For me, the course seemed to be very dynamic, very enjoyable, where women, even without knowing how to read, without knowing how to write, talked, participated and commented’.

She also said:

‘This was like a school for me, because it was through games (...); because each game had its reason to be and after finishing a game, the dynamic, there was always a reflection’.

Some women showed difficulties in the reflection phase, in expressing their opinions, experiences and feelings. These difficulties declined significantly:

- With the growing trust and positive interaction atmosphere;
- After a certain period of adaptation to the participative and reflective methodology, bearing in mind that for some women it was the first time that they were asked about their state of mind, their feelings and their opinion (Ley, 2009).

Both the participants and the facilitators assessed the relaxation exercises as being very important. The effects of the exercises were visible in the increasing emotional and physical health of the participants. Relaxation was a permanent and fundamental part of each session. Usually this was something completely new to the participants who normally gave little attention to their own body. It required some training from the participants but, step by step, they improved. Relaxation techniques based on the body, breath and movement, and tension-relaxation exercises (for example progressive muscle relaxation), Qi Gong and Tai Chi were more acceptable to the participants than mental relaxation methods, like the autogenic training. These exercises needed to be simple and attention was concentrated only on a few aspects.

The participatory group techniques have represented an important part both in intervention and in investigation. They allowed the participants to observe themselves and to analyse possible solutions. By using games or dramatisation, the women could identify with the situation or roles in the game or drama without having to expose themselves. Each woman decided how much she wants to get involved and how much she wanted to express and tell of her own experiences. Non-verbal activities offered the opportunity to act and observe without explicitly speaking out. Reflection phases aimed to raise

and verbally discuss issues, if wanted. In addition, verbal techniques, such as story-telling in the group were used to accompany non-verbal activities.

All participatory group techniques were based on group interactions where the women supported each others. This was happening in a safe, confidential context, based on trust, empathy and the processes of mutual support. For example, in one session, we started with storytelling, where the women related together an imaginary story about a woman who was at home when the husband came home drunk. Afterwards they played the story and in the process they complemented and extended the story, as they analysed more in detail the situation and searched for solutions while acting. One participant described it in the following way:

'We did a dramatisation, in which there were several roles: children, husband, mother. The husband hits the mother and he was alcoholic. And then the women felt themselves supported, those who were victims, and then among them, they themselves gave conclusions. Among themselves, they found out how to denounce this mistreatment and not to keep quiet (...). Anyway, in this way the woman saw herself in her process. This was one of the exercises that I liked a lot' (Claudia).

It shows how useful dramatisation was for the rehabilitation process of the women as well as for the research. Similar results were obtained by other participatory group activities, such as role playing, games and even modified sport activities. The results of these kind of techniques show the research potential of games and movement and how realistic situations were imitated, inducing 'real' feelings and experiences in the 'here and now'. The search for alternatives and solutions in these situations was lived in an active way and in a participative process. This process was not limited to a theoretical reflection about the problem and its possible solutions, but, rather, the women experienced it themselves by directly participating in these activities. The holistic participation of the women in the activities is shown by corporal movement (physical participation), emotional movement (affective participation) and social movement (interaction in the group). The high participation degree in these activities and in the reflection phase showed the usefulness and the appropriateness of these participatory group techniques.

Various activities were realised to facilitate the participation. The activities and the methodology were adapted to meet the social-cultural context of the women. Basic costs had to be covered and the dates and the duration of the programme were determined respectively to the needs and wishes of the women. The privacy of the space, the translation into the local language, the usage of local materials, movement patterns and activities from their daily life were assessed as very important.

Finally, the research showed the utility and appropriateness of combining qualitative and quantitative research methods. It is important to highlight that the survey and the participatory group techniques were very relevant for the women. According to them, for example, the survey gave initiation to think about aspects they had never considered before and in the participatory group techniques they shared opinions and experiences among themselves, analysing their own problems and possible solutions. In this way, these methods

contributed to the psychosocial rehabilitation processes and to the research. In addition, the participatory observation allowed a critical reflection and a permanent adaptation of the activities and methodology to the capacities and interest of the participants. Seeing it from this point of view, the research was a contributory factor, during the process of intervention, to the overall aim of personal and social transformation (see also Joachim, 2006).

5. Conclusion

In the specific Guatemalan context of violence and conflict, we highlighted improvements on a personal level, like the activation of the women (motivational dimension), the exploration, construction and the acquirement of knowledge and experiences (educational dimension) and aspects of mental health, like the self-esteem, Sense of Coherence and relaxation (therapeutic dimension). On a social level, we considered important group processes, like socialisation, participatory processes, mutual support and group cohesion.

In reference to the Salutogenesis model, we conclude that the APM programme:

- (1) has increased and reinforced the resources of the participants,
- (2) has facilitated significant experiences that increased the Sense of Coherence,
- (3) has cushioned or weakened the threads and risk factors.

Regarding the process-evaluation, we conclude several key factors for the success of the APM programme: the active learning process through movement, games and sports, the combination of facilitating significant experiences and verbal reflection, including transfer of experiences and knowledge acquired in the programme to daily life situations, the confidential atmosphere, the role of the facilitators, the active involvement of the participants, the relaxation exercises and the participatory group techniques. The research methods contributed to the intervention processes and are highly recommendable.

Against the mere application of western strategies without adaptation, the social-cultural sensitive approach of the APM programme and the continuous critical assessment and progressive construction of the methodology have resulted to be essential. The methodology of the programme is indicated especially through its active and participating character and that is how it distinguishes itself from other interventions in this area. It was manifested that women showed a high level of interest in the programme and a high level of participation, in spite of daily problems. A high degree of pertinence and viability of the activities and the methodology was shown.

Limited number of participants does not permit generalisation of the results without limitations, nor should it be expected that the same strategies can be used without any adaptation in another context. Apart from the specificity of the Guatemalan context, we consider the importance of triangulation of the quantitative and qualitative data, as the statistical outcome evaluation is based only on 33 of the 56 regular participants, who took part in both initial

and final measurements. Therefore, statistical significance was contrasted by qualitative data. In addition, the participatory group techniques contributed not only to the intervention process, but also offered very rich information about the process and effects of the intervention. They should be considered as alternative tools in project evaluation and research, as in some contexts, intentionally planned and professionally used they might be more adequate than more traditional research techniques, like questionnaires.

Acknowledgements

The APM programme was part of the project *Psychosocial, community and intercultural action in the Guatemalan post-conflict context* run by the Group for Cooperation DIM based at the *Universidad Politécnica de Madrid* (Technical University of Madrid), and funded by the *Universidad Politécnica de Madrid*, *CARE Guatemala* and the *Defensoría Maya Sololá*.

Notes on contributors

Dr. Clemens Ley is Research coordinator at the Interdisciplinary Centre of Excellence for Sports Science and Development, University of the Western Cap, South Africa; Professor *at honorem* at the *Universidad Politécnica de Madrid – UPM*, Spain; Member of the group for Cooperation DIM; European Doctor (PhD) of the UPM; Master in Cooperation for Sustainable Development and Humanitarian Aid; University degree in Sport Sciences with a specialization in Prevention and Rehabilitation, *Deutsche Sporthochschule Köln* (German Sports University Cologne), Germany.

Dr. María Rato Barrio is Researcher at the Interdisciplinary Centre of Excellence for Sports Science and Development, University of the Western Cap, South Africa; Grant holder of the Spanish Agency for International Cooperation for Development (AECID); Professor *at honorem* at the *Universidad Politécnica de Madrid – UPM*, Spain; Member of the group for Cooperation DIM; European Doctor (PhD) of the UPM; Master in Cooperation for Sustainable Development and Humanitarian Aid; Master in Culture, Society and Development in Latin America, *Universidad Autónoma de Madrid*; University degree in Physical Activity and Sport Sciences, UPM; University degree in Social Anthropology, *Universidad Nacional de Educación a Distancia*, Spain.

Notes

1. Translations of all quotes were made by the authors.
2. Names were changed in order to guarantee anonymity.

References

- Antonovsky, A. (1979). *Health, stress, and coping: New perspectives on mental and physical well-being*. San Francisco: Jossey-Bass.
- Antonovsky, A. (1987). *Unraveling the mystery of health. How people manage stress and stay well*. San Francisco: Jossey-Bass.
- Ávila Espada, A., & García de la Hoz, A. (1999). De las concepciones del grupo terapéutico a sus aplicaciones psicosociales. In J.M. Delgado & J. Gutiérrez (Eds.),

- Métodos y técnicas cualitativas de investigación en ciencias sociales* (Vol. 3, pp. 317–358). Madrid: Síntesis.
- Basagoiti, M., & Bru, P. (2002). 'Mira quién habla': El trabajo con grupos en la I.A.P. In T.R. Villasante, M. Montañés, & J. Martí (Eds.), *La investigación social participativa* (Vol. 2, pp. 119–136). Barcelona: El viejo topo.
- Belmont, N.I. (2006). *Manual de Capacitación: Abordaje de la Violencia de Género contra las Mujeres en el Ámbito Familiar y la Utilización de los Métodos Alternativos de Resolución de Conflictos*. Guatemala: ICCPG-Instituto de Estudios Comparados en Ciencias Penales de Guatemala.
- Bengel, J., Strittmacher, R., & Willmann, H. (2001). *Was erhält Menschen gesund?: Antonovskys Modell der Salutogenese – Diskussionsstand und Stellenwert*. Köln: Bundeszentrale für gesundheitliche Aufklärung (BZgA).
- Butollo, W., Krüsmann, M., & Hagl, M. (2002). *Leben nach dem Trauma. Über den therapeutischen Umgang mit dem Entsetzen* (Vol. 2). München: Pfeiffer.
- Callaghan, K. (1993). Movement psychotherapy with adult survivors of political torture and organized violence. *The Arts in Psychotherapy*, 20, 411–421.
- Endel, G. (1996). Therapeutische Arbeit unter Kriegsbedingungen. *Integrative Bewegungstherapie*, 1, 30–32.
- Franke, A. (1997). Zum Stand der konzeptionellen und empirischen Entwicklung des Salutogenesekonzepts. In A. Antonovsky (Ed.), *Salutogenese: Zur Entmystifizierung der Gesundheit*. Tübingen: Deutsche Gesellschaft für Verhaltenstherapie (dgv).
Tübingen: Deutsche Gesellschaft für Verhaltenstherapie (dgv).
- Grupo de Mujeres Mayas Kaqla. (2004). *La palabra y el sentir de las Mujeres Mayas de Kaqla*. Guatemala: Grupo de Mujeres Mayas Kaqla.
- Harris, D.A. (2007). Dance/movement therapy approaches to fostering resilience and recovery among African adolescent torture survivors. *Torture*, 17, 134–155.
- Hölter, G. (1993). Selbstverständnis, Ziele und Inhalte der Mototherapie. In G. Hölter (Ed.), *Mototherapie mit Erwachsenen: Sport, Spiel und Bewegung in Psychiatrie, Psychosomatik und Suchtbehandlung, Motorik* (pp. 12–33). Schorndorf: Hofmann.
- Hölter, G. (2001). Salutogenese als Rahmentheorie für eine empirische Evaluation bewegungstherapeutischer Interventionen in der Klinik. In J. Nitsch & H. Allmer (Eds.), *Denken, Sprechen, Bewegen* (pp. 341–346). Köln: bps-Verlag.
- Hölter, G. (2007). Sport- und Bewegungstherapie in der Psychosomatik. In H. Deimel, G. Huber, K. Pfeifer, & K. Schüle (Eds.), *Neue aktive Wege in Prävention und Rehabilitation* (pp. 213–223). Köln: Deutscher Ärzte-Verlag.
- Joachim, I. (2006). Psychosoziale und psychotherapeutische Arbeit mit Überlebenden sexualisierter Gewalt im Kontext von Krieg und Krisen. In e.V. medica mondiale & K. Griese (Eds.), *Sexualisierte Kriegsgewalt und ihre Folgen. Handbuch zur Unterstützung traumatisierter Frauen in verschiedenen Arbeitsfeldern* (Vol. 2, pp. 375–412). Frankfurt a.M.: Mabuse.
- Karcher, S. (2000). Körpererleben und Beziehungserleben – Konzentrierte Bewegungstherapie mit Überlebenden von Folter. *Psychotherapie im Dialog*, 1, 28–37.
- Koch, S.C., & Weidinger-von der Recke, B. (2009). Traumatised refugees: An integrated dance and verbal therapy approach. *The Arts in Psychotherapy*, 36, 289–296.
- Koop, I.I. (2002). Das Leibparadigma in der Traumatherapie. Erfahrungen aus der Arbeit mit traumatisierten Flüchtlingen und Gefolterten. *Integrative Bewegungstherapie*, 1, 4–11.
- Ley, C. (2007). Bewegung und Sport als Rehabilitationsmassnahmen in Spanien. *Bewegungstherapie und Gesundheitssport*, 23, 146–152.

- Ley, C. (2009). *Acción psicosocial a través de movimiento, juegos y deporte en contextos de violencia y de conflicto. Investigación sobre la adecuación sociocultural de la 'terapia a través del deporte' y evaluación de un programa con mujeres en Guatemala* (Doctoral thesis, Universidad Politécnica de Madrid, Spain). Available from <http://oa.upm.es/1672/>
- Lindström, B., & Eriksson, M. (2006). Contextualizing salutogenesis and Antonovsky in public health development. *Health Promotion International*, 21, 238–244.
- Mayring, P. (2001). Combination and integration of qualitative and quantitative analysis. *Forum: Qualitative Social Research* [On-line journal], 2. Retrieved from: <http://www.qualitative-research.net/index.php/fqs/article/view/967/2111>.
- Ovalle, V.J. (1999). Una experiencia metodológica en el abordaje de la violencia intrafamiliar. In ECAP (Ed.), *Curso de especialización en Psicología social y violencia política* (pp. 217–221). Guatemala: ECAP, URL y USAC.
- Proyecto Reducción de la Violencia contra la Mujer. (2002). *Manuales para Capacitación Integral sobre Violencia en contra de las Mujeres*. Guatemala: Asociación Mujer Vamos Adelante & Centro de Investigación, Capacitación y Apoyo a la Mujer & Consejo de Mujeres Mayas de Desarrollo Integral.
- Pu Tzunux, R. (2007). *Representaciones sociales mayas y teoría feminista. Crítica de la aplicación literal de modelos teóricos en la interpretación de la realidad de las mujeres mayas*. Guatemala: Iximulew.
- Rato Barrio, M. (2009). *La Actividad Física y el Deporte como herramientas para fomentar el Interculturalismo en contextos postbélicos, en el marco de la Cooperación para el Desarrollo. Un proyecto en Guatemala (Centroamérica)* (Doctoral thesis, Universidad Politécnica de Madrid, Spain). Available from <http://oa.upm.es/1674/>
- Schüle, K., & Huber, G. (2004). *Grundlagen der Sporttherapie. Prävention, ambulante und stationäre Rehabilitation*. München: Urban & Fischer.
- Villasante, T.R. (1999). De los movimientos sociales a las metodologías participativas. In J.M. Delgado & J. Gutiérrez (Eds.), *Métodos y técnicas cualitativas de investigación en ciencias sociales* (Vol. 3, pp. 399–424). Madrid: Síntesis.