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Survey of Research in Multiculturalism in Expressive Therapies

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Abstract

This capstone thesis literature review defines and explores the issues concerning multiculturalism in the field of expressive art therapies. Many authors have stated the need for multicultural education and self assessment of the clinician. Personal identification of the client should take precedence over generalization of world cultures. Self-assessment of the clinician is needed in order to examine possible personal biases. Awareness of multiculturalism is only the first step, and further exploration into education and skills using the expressive art therapies would hone multicultural competencies.

Keywords: multiculturalism, diversity, expressive therapies, culture, identity

Survey of Research in Multiculturalism in Expressive Therapies

Introduction

In the current educational process, multiculturalism and diversity training for expressive arts therapy students is minimal. From researchers to participants and the topics of their study, psychology ignored many populations and reinforced biases in the treatment of their patients. These perspectives carried through to future generations of therapists trained in outmoded methods. In 1994, the Art Therapy Accreditation Board added mandatory instruction on multiculturalism to acknowledge the historic lack of diversity throughout the field of therapy (Calisch, 2003; Talwar, 2004). As stated by George, Greene, and Blackwell (2005) “seldom is the concept of multiculturalism discussed within a pedagogical framework or within the context of preparing students to work with culturally diverse people.” (p.133). Courses in multiculturalism attempted to address the missing voices in the field in both research and practice, but changes made more than 25 years ago fail to address the constantly evolving cultural landscape, and the demographics of clients are constantly changing. The importance of multicultural competencies within education and training of expressive art therapists is pertinent since the expressive arts have the great potential to be inherently universal (McNiff, 2009). This sentiment is also expressed by Henderson (1998) who stated,

The creative arts have the power to arouse and inform emotionally and physically. These art forms have been used to better mental health since antiquity. Ancient Egyptian,

African, Chinese, Greek, Hebrew, and Indian cultures employed the media of drama, music, visual art and literature in the prevention and treatment of mental disorders.

(p.183)

Multicultural awareness and competence therefore would organically flourish within the context of an expressive arts education, as the expressive arts relies on worldly knowledge of treatment and healing. As Lewis (1997) states, “the search for a transcultural world view and universal unsituated, deconstructed techniques of healing and transformation is clearly part of the global competency for an expressive arts therapy clinician.” (p.125). Henderson (1998) examined the diversity that the creative arts or the expressive arts can bring to therapy. This crosses cultural backgrounds as music, art, drama, and other forms of the arts are universal and as Henderson stated the expressive forms are “able to appreciate cultural differences, as well as draw on cultural strengths, are essential to a multicultural counseling perspective.” (p.183).

Many authors such as George, Greene, and Blackwell (2005), Hamrick and Byma (2017), and Doby-Copeland (2013), Stepakoff (1997), and Acton (2001) believe that awareness of multiculturalism by the clinician is not enough; multicultural competencies is the goal. In order to bridge the gaps of awareness and competencies, clinician “need to adopt an empathic and respectful attitude towards perceived differences in values, beliefs, myths, expressive styles, and ways of structuring social relationships.” (Dosamantes-Beaudry, 1997, p.135). The benefit of a multiculturally competent clinician is the ability to work with diverse groups and individuals (Doby-Copeland, 2013). According to Calisch (2003) and Talwar, Iyer and Doby-Copeland (2004), the demographics of the United States have been changing dramatically over many decades. Because of the western narrative and traditions in the expressive arts therapies, the history of western therapeutic traditions is replete with instances in which Hocoy (2002) asserted

“legitimate cultural expressions are pathologized, marginalized, or misinterpreted.” These pathologized, marginalized and misinterpreted ideas of culture need to be reexamined.

Literature Review

Criticism of multicultural competencies arises when one believes that it is enough to be “color blind” in their perspectives of race and ethnicity (Acton, 2001, p. 111). The “color blind” perspective prescribes that all people should be treated the same regardless of race, nationality, or ethnicity. By choosing a “color blind” perspective, clinicians are choosing “to ignore important information” which can be pertinent to the healing process (p.109). The information, such as cultural beliefs, religion, ethnicity, and personal identification of the client not being provided to the clinician because of a “color blind” perspective, can harm the client; ideas can be misinterpreted, especially in an expressive arts situation.

Misinterpretation of symbols, color, and traditions by the clinician can become detrimental when treating a client of a nationality or ethnicity different from that of the clinician. Doby-Copeland (2013) discussed the such ways to understand the importance of cultural competence in and stated that “Cultural specific information in art making is particularly important for art therapists and involves developing an understanding of the affective meaning of symbols and color usage.” (p.117). The burden on the expressive arts therapist is therefore greater as the interpretation of the language of the arts is vastly different across the globe. As personal identification is in constant change, language such as “symbolic meanings are constantly in flux and vary across cultural subgroupings; consequently, the art therapist is required to be an astute ethnographer in determining current and local meaning systems rather than relying on traditional formulas.” (Hocoy, 2003, p.143). It is imperative for the clinician to acknowledge the differences in interpretation of various symbols, ideas, and colors that can be

presented by a client in order to prevent harmful assumptions. Doby-Copeland (2013) described an instance where a client's artwork was misinterpreted by the client;

While in training at a large psychiatric hospital, I witnessed the culturally biased assumptions of an Asian psychiatric interpretation of the artwork of a Puerto Rican client. The Asian psychiatrist considered the Puerto Rican client's depiction of his house on stilts as evidence of an unsteady personality rather than an accurate representation of the structure of his native home. (p.117)

This experience documented by Doby-Copeland (2013) demonstrated the harmful ways in which misinterpretation in the expressive therapies can hinder the progress of a client. Doby-Copeland's example uses a general idea, such as a house on stilts, and places a negative connotation regardless of the clients identify and personal interpretation. Interpretation should not be seen as free of cultural meaning, as the personal experience of the clinician, whether through education or experience, can unconsciously enter the environment of the client. As stated above, a "color blind" perspective can be harmful to the client, when ideas and information can be misinterpreted, especially in an expressive arts situation. It is harmful to believe that interpretation is not based on cultural ideas, the meanings of objects, events, and behaviors cannot be assumed. (Hocoy, 2002). Acton (2001) stated that the use of symbols and metaphors differ greatly from culture to culture; "the color white often symbolizes purity and innocence in western culture, whereas in some parts of India the color white is often symbolic of death." (p.110). This example of differences in symbolism and metaphor can be seen in many examples of harm a clinician can cause a client. The misinterpretation of information given to an expressive art therapist who is "color blind" can lead the client towards more confusion and according to Dosamantes-Beaudry (1997) "cultural differences are found in the way patients take

in information, in the meaning they attach to their and other people's actions, and in the defenses they deploy to make sense of their unconscious symbolic experience." (p.134).

Cultural groups tend to similarly correspond in approaches to sharing feeling and discussing their group process. It would appear that art therapy as it is being developed in the United States exhibits definite characteristics of cross-cultural interchangeability. There is a distinct universality to the art therapy process which also applies to other modalities of dance, drama, music and poetry. Research and treatment methods developed in the United States tend to be easily adapted to other countries so long as they respect cultural differences. The same applies to application within the United States of art therapy approaches developed outside the country. This is not necessarily true of more language based treatment practices which express the particular values of a culture. Of all expressive modes, language most clearly presents cultural differences whereas the visual arts, music and dance are more interchangeable and universal. (McNiff, 2009, p.101-102)

Lewis (1997) described how the arts including "dance, storytelling, singing, the playing of instruments, and drama have been pivotal in many cultures as vehicles of healing" (p.127). This inherently global similarity should be the focus of the expressive arts as therapy, therefore naturally incorporating multiculturalism and diversity into the education process.

In order to avoid unconscious biases, many authors have described the need for self awareness of the clinician. George, Greene, and Blackwell (2005) argue that multicultural awareness is not enough, but only a first step towards multicultural competencies. Awareness has the ability to lead to knowledge, which can lead to the development of multicultural and culturally proficient skills. (p.132). "An important component of multicultural knowledge competence is an understanding of how the therapist's theoretical orientation shapes his/her

conceptualization of the therapy process and the client's dynamics" (Doby-Copeland, 2013, p. 120). Self assessment of the clinician would encompass the understanding of personal beliefs on racism, diversity, prejudices, identify, and the perceptions of those who are "different" (Coseo, 1997). By doing so, a clinician can deepen their personal understandings and began to move from awareness to competence. As Stepakoff (1997) states, the lack of depth of understanding can "create experiences that lead to distress and even traumatization in both white person and persons of color." (p.272).

Self-assessment exercises beginning with reflections on one's first encounter with someone from a culturally different population and moving towards identifying commonly held stereotypes are useful. Art making activities such as countertransference drawings, and personal cultural symbols graphically increase self-awareness. In keeping with the necessity to develop multicultural self-awareness, students complete specific course assignments designed to focus on their culturally biased assumptions and their racial ethnic identity development. Clinical case presentations are used to examine cross-cultural art therapy interventions with particular attention to the implications of the intersection of the therapist and client's racial/cultural identity stages. (Doby-Copeland, 2006, p.175)

One of the key issues on multicultural education is the ability for the classroom to be a safe environment" for students to explore their cultural selves." (George, Greene, and Blackwell, 2005, p.137). This safe space would create a place in which daunting topics such and racism and unconscious biases can be assessed.

There are a variety of creative ways in which and expressive arts therapist can use the expressive arts for multicultural self assessment. Coseo (1997) suggests keeping a visual

sketchbook “to log potent feelings and attitudes” that may have been experienced towards clients, allowing to “quickly sketch out feelings as they occurred after sessions.” (p.147). This format described by Coseo can easily be adopted as part of an educational process within the expressive arts context. Writing or journaling one's thoughts and feelings is also a universal method, as “the cultural heritage of the writer makes little difference, rather, it is the process of the creative expression that works in a therapeutic and preventative way.” (Henderson, 1998, p.183). Writing demonstrates another way in which the expressive art therapies have the ability to cross cultural boundaries.

Diversity in educational programs means having a sociopolitical cultural framework that considers diversity in values, interactional styles, and cultural expectations. A sociopolitical cultural framework means not only seeing oppression as event specific, but as a layered event encompassing social, political, and cultural histories in conjunction with psychological and personal stories. Understanding the historical context of oppression and the instances of oppression from a global perspective catalyzes steps to address the use and abuse of power. (Talwar, 2004, p.46)

Having a “depth of knowledge” on every culture is impossible, but through the commitment of the expressive art therapist to develop self awareness and knowledge, it can become easier to understand “general principles for working successfully amid cultural diversity and recognizing the need constantly to acquire culture specific knowledge identifies the cultural proficient therapist” (p.46).

Hamrick & Byma (2017) take the lack of multicultural awareness and competencies a step further, referring to this deficiency as “psychological violence” and a form of microaggressions (p.106).

First it is imperative that white art therapists listen closely to the testimony of people of color describing their experiences of racism and racial violence, ethno-religious violence, cis-heterosexism, classism, ableism, ageism, regional discrimination, and other intersecting forms of violence. By quietly and carefully listening, white art therapists can reflect on their own lived experiences of being oppressed or perpetuating oppression, experiencing or perpetuating violence. (p.108)

The realization of the harm that can be done to a client who is being treated by a clinician not well versed in multiculturalism has been approximated to violence. As Hamrick and Byma (2017) stated, “violence occurs in many forms, including psychological. Because white people are socialized in a culture of global white supremacy they might not always be conscious or aware of the violence they perpetuate” (p. 108).

Hamrick and Byma (2017) placed the responsibility of multicultural competencies on the clinician, a need for them to “‘develop and improve’ their own competence with multicultural issues, to ‘communicate in ways that are both developmentally and culturally sensitive and appropriate’.” (p.109). Other authors argue the need for better education of the student before becoming a clinician, as Acton (2001) stated, “many programs have only one course focusing on the differences between cultures, whereas other programs emphasize self-awareness to eradicate those covert racist beliefs within the therapist.” (p.111). The combination of multicultural courses and multicultural self awareness would greatly benefit the education of the clinician.

Swan, Schottelkorb, & Lancaster (2015) define two challenges when educating future clinicians:

First, counselors in training are often exposed to multiculturalism from a narrow viewpoint that begets viewing diverse and disenfranchised groups in stereotypical ways.

Thus, counselor educators are called to teach issues involving multiculturalism from a

perspective that includes multiple dimensions of identity. Second, multicultural competence involves moving beyond one's level of cultural complacency by actively engaging and interacting with people from diverse cultural environments. This task requires counselors in training to move beyond the classroom and engage in immersive experiences. (p.482)

By increasing our understanding of diversity through various interdisciplinary subjects, one has the ability to become multiculturally competent, as McNiff (2009) stated, "art therapy, as a profession, can benefit from theoretical expansion and interdisciplinary studies with fields such as anthropology, religion, the philosophy of art and the practice of art." (p. 102). Attending community organized programs such as religious celebrations, holidays, cultural events is a way in which a clinician can further their personal experiences outside of the classroom (Doby-Copeland, 2006).

In education, multiculturalism and diversity is focused on "political correctness," in order to use the ideas that race, nationality and ethnicity "are natural aspects of biology", therefore disregarding "the historical ways in which power and privilege have operated in representing minorities." (Talwar, 2015, p.100). Multiculturalism should not be seen as a term of political correctness, but as a necessary part of the expressive art therapist's education and training. Many writers have made generalized statements about the inclusive nature of the arts, and suggesting that the arts "transcend" the cultural identity categories (Mayor, 2012, p. 215). Other writers avoid discussing the issue of race, "instead employing euphemisms like 'at risk youth', 'immigrants and refugees,' and 'multiculturalism'" (p. 215). Since multiculturalism is considered to be a term of political correctness, little has been done to increase awareness within graduate educational systems. Multiculturalism as an issue and as a reality is therefore open for debate. In

order to teach multiculturalism and diversity, multiculturalism and diversity need to be defined. “If our literature about race is lacking, then perhaps there is a need to define what race is, how it works, and its implications in an encounter with clients.” (p.215).

As Kaplan (2011) states, “Most of us embrace the notion that there are universal human rights that should accrue to any and all members of the human species.” Unfortunately, this statement by Kaplan is not universal, and therefore terms such as multiculturalism and diversity need to enter the discussion. Historically speaking, Lewis (1997) states that the field of psychotherapy and mental health counseling “has emerged from a western European and Northern American worldview. It is not unsurprising that a disproportionate number of therapists, including expressive arts therapists, are of a European ethnic origin” (p. 123-124). This problem has yet to be solved within the Expressive Art Therapies community, as Hamrick and Byma state (2017), “art therapists have called for the decolonization of art therapy, a field populated largely by white heterosexual cisgender women, and shaped by a medical discourse that is both Eurocentric and patriarchal.” (p.107). Besides the demographic of the clinician, attention needs to be given to the demographics of the clients, since “dominant whiteness in art therapy negatively affects white art therapists by limiting their social skills, self-awareness, and ability to engage in productive dialogue about race and other structures of oppression with clients and peers.” (p.107).

In order to fully understand the issues with the lack of multicultural education, emphasis needs to be placed on the academic materials provided to the student. Mayor (2012) notes the lack of written academic material about race. “The existing writing often problematically includes essentialist discourse, color-blind statements, suggestions that the arts transcend difference, or ‘how to’ instructions for working with racialized groups” (p. 214). The

marginalization of diverse perspectives in art therapy education also occurs when multiculturalism is taught from a “Eurocentric Perspective” (Hamrick & Byma, 2017, p.109).

One of the main issues needing to be addressed during multicultural education is the perceptions, or rather, prejudices of the clinician. Many negative emotions such as anger, fear, guilt and shame can arise in those from “dominant cultures” when discussions emerge of which confront ideas of privilege and oppression (Hamrick & Byma, 2017, p.107). When experiencing anger, guilt, shame, and fear, negative responses such as defensiveness and resistance can occur. “Such stress responses can hamper an art therapist’s ability to check internalized bias, which impedes the ability to conduct effective therapy with clients of all races, and limits any potential for productive academic and professional dialogue” (p.107). Psychological violence becomes possible when these negative emotions and reactions occur. “White art therapists who refuse to acknowledge toxic whiteness and fail to work through their white fragility risk perpetuating psychological violence on clients and peers of color, and will fail to assist white clients and peers in reaching racial self-awareness” (p.107). This thought is reiterated by Coseo (1997), in which it is stated that misunderstandings between client and clinician can arise regarding lack of cultural awareness:

If therapists are unaware of how personal perceptions, views, and beliefs enter into treatment decisions, inappropriate interventions may result. With that in mind, cultural attitudes and experiences must be considered as contributing to the therapeutic equation. When clients and therapists come from different cultural backgrounds with different beliefs and values, misunderstandings may arise. Unknowingly, therapists may superimpose their belief system onto their clients. Held stereotypes and prejudices,

whether conscious or unconscious, may enter into treatment and negatively impact treatment. (p.145)

It is not enough to learn or experience cultural diversity unless one is able to look at their own belief systems. Learning about the cultural backgrounds of clients is part of the solution, but the other part is recognizing personal biases, whether conscious or unconscious (p.156). “Given that we cannot weave all we experience into these narratives, certain events are selected and privileged over others.” Over time, dominant narratives about ourselves and others are formed and seem to become truths. (Hadley, 2013, p.374). These dominant narratives can be empowering as well as oppressive. The understanding of sociocultural-historical matrix of dominant narratives shape unconscious beliefs. (p.374). This sentiment is reiterated by Doby-Copeland (2013) who states, “Art therapists using a psychodynamic approach to therapy are reminded, when interpreting the client’s past as a critical source of information, to avoid overlaying their own cultural, racial, and socioeconomic biases on their interpretations.” (p. 120).

Addressing issues of racism and prejudice through the lens of multiculturalism and individualism can be a daunting task. Although disconcerting, a therapist must recognize and articulate personal prejudices and misconceptions of different people. The discomfort encourages growth, learning, and eradication of these misconceptions. Doby-Copeland (2006) suggested that students explore their personal experiences with identity. As stated above, “the key pedagogical issue in art therapy is to create a safe environment in the classroom for students to explore their cultural selves.” (George, Greene, and Blackwell, 2005, p.137). In the academic setting, “cultural competence is discussed in context of therapist-client interactions.” This concept needs to be discussed “within a pedagogical framework or within the context of preparing students to work with culturally diverse people.” (p.133).

Self-assessment exercises such as asking oneself to analyze a time in which they were aware of cultural differences, whether be a personal experience or one from an outsider's perspective, is useful to the process. More than discomfort for the therapist, ignorance from a lack of multicultural awareness harms the client. "Violence occurs in many forms, including psychological. Because white people are socialized in a culture of global white supremacy they might not always be conscious or aware of the violence they perpetuate. Popular discussion in recent years has centered on microaggressions, a form of psychological violence, defined as 'the brief and commonplace daily verbal, common behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual orientation, and religious slights and insults to the target person or group'." (Hamrick & Byma 2017, p.108). Defining the harm that can occur between client and clinician as "violence" demonstrates that urgency and necessity for immediate educational changes. "The hate story eventually becomes internalized by those who consume it, and it can thus operate at both conscious and unconscious levels." (p.106). "For many people, confrontation with the realities of racism results in a sense of anguish and helplessness" (Stepakoff, 1997, p.268), there needs to be "a commitment and capacity to change" (p.268). Implicit biases can be reduced is by reading academic research and writing by professionals of color. As Hamrick and Byma (2017) stated,

We seek to address the knowledge gap and call on white art therapists to recognize racist histories and intersecting contemporary realities of racism, cis-heteropatriarchal sexism, and ethno-religious prejudice in the field, to critically analyze whiteness, and to take steps to dismantle white supremacy in the study and practice of art therapy. (p.106)

The use of the term “white supremacy” by Hamrick & Byma (2017), shows the urgency in which the topic of multiculturalism needs continuous discussion. As “psychological violence” can occur, resulting in harm towards the client, ethical dilemmas are in danger of occurring. Ethical Principle 6.0 of the American Art Therapy Association’s Ethical Principles for Art Therapists (2011) states;

Multicultural /Diversity Competence in art therapy is a capacity whereby art therapists possess cultural and diversity awareness and knowledge about self and others, and at the same time ensure that this awareness and knowledge is skillfully applied in practice with clients and client groups. Art therapists maintain multicultural/diversity competence to provide treatment interventions and strategies that include awareness of and responsiveness to cultural issues.

In order to remain ethically competent, expressive art therapists need multiculturalism to be implemented within the educational process, as well as the self assessment of the individual clinician. “The path towards multicultural competence is a recursive one where recognition of power differentials is fundamental to a discourse on relationships characterized by inherent power differences, such as the therapeutic relationship.” (George, Greene, and Blackwell, 2005, p.137). This topic for discussion should start in the classroom “where the study of multiculturalism is a palimpsest on which fresh narratives about equality can take shape before students go out to work with clients.” (p.137). By training the future clinician in the early stages of education, multiculturalism can become the norm.

Questions such as, “what has it meant to belong to your racial or ethnic group? How does it feel to belong to your group including likes and dislikes?” need constantly be in the mind of

the clinician. These general inquiries can help the clinician to discover the individual's cultural values, and help the individualize the client. (Lewis, 1997, p.125).

Because the individual personality can be perceived as a culture and world view unto itself, especially in relation to the intricacies of emotional structures investigated in psychotherapy, it is perhaps unrealistic to make ethnic or cultural matching between therapist and client a priority when conceptualizing optimum conditions for the therapeutic process. However, race, culture, language, values and other factors that I have described are important variables to be carefully considered in evaluating the therapeutic relationship. Cultural similarity will have positive effects in some cases and negative implications in others." (McNiff, 2009, p. 103-104)

Multiculturalism needs to go a step further and look at the client as an individual. The personal experiences of the client can transcend any cultural competencies that may be presented.

Although a clinician may be culturally aware and competent, and individual might identify in a different way. A community in which a client resides, was raised or identifies with is "critical for the effective intervention." An idiographic approach that focuses on the client's perspective and personal experiences may be effective in honoring the client's particular worldview and identity." (Hocoy, 2002, p. 144). The ways in which culture have been presented academically and socially may not be the only ways in which people of diverse backgrounds identify.

Constantly asking questions of the client and self assessment of the clinician should be applied to the understanding the personal identification. "Cultural specific information cannot be applied rigidly, as this knowledge has the potential to foster stereotypes." (Doby-Copeland, 2013, p.117).

Unique subjective experiences of the client should be taken into consideration. Individual identity is as unique as personal experience; therefore, consideration must be taken that

individuals of any minority group can be in constant stages of personal identification. As Lewis stated, “these stages are often not fixed and may fluctuate, depending upon the circumstance, level of trust and personal esteem of the individual.” (p.125).

Discussion

As expressive art therapist, social responsibility, awareness and competence is part of the multicultural equation. According to Doby-Copeland (2013) “minority clients are under constant judgment, regardless of the issues they face. In terms of treatment, “a minority client’s history of prejudice and oppression affects the amount of social support he/she receives” (p.115).

Art therapists have an opportunity to expand their skills by examining how art has been utilized within diverse cultures to promote psychological healing. Multicultural art interventions presented in an atmosphere of respect can deepen the therapeutic alliance between client and therapist. The therapist’s use of a culturally specific art intervention helps enable the client to explore those issues bringing him or her to therapy within the context of a familiar cultural experience. Consequently, art therapists’ increased knowledge of the healing nature of art within other cultures will broaden and deepen the field of art therapy. (Acton, 2001, p.111)

The opportunity to promote healing through multicultural support and respect can advance the relationship between the client and the clinician. The field of expressive art therapy can grow as a result of self assessment, awareness and multicultural competencies. Academically speaking, the demographics are changing, and the curriculum, coursework, and instruction needs to reflect this change (Talwar, Iyer, and Doby-Copeland, 2004). Clinically there is more need than we are led to believe while studying to become clinicians: therapists need to be better prepared to serve

a diverse community. The burden, therefore, is heavier on the expressive therapist, as interpretation of imagery, sound, movement, metaphors, differs from culture to culture. As McNiff (2009) stated, “cross-cultural dimensions of art therapy are delineated with a support for further research and cooperation between cultures, with attention given to outcomes relative to art therapy practice and training” (p.101). In the most basic sense, empathy and respect for cultural differences needs to be an open dialogue between student and educators, as well as clients and clinicians (Dosamantes-Beaudry, 1997, p.135). Embracing a commitment to multicultural competencies will move the expressive art therapies towards a framework from subtopic to a main focus. Forming coalitions with clients of diverse backgrounds can help prevent psychological violence, ethical issues, and further the necessary discussion of multiculturalism (Talwar, 2015, p.102).

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