Spring 5-21-2022

Integrating Art Therapy and Narrative Therapy through a Multicultural Lens

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Recommended Citation

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Capstone Thesis

Lesley University

May 5th, 2022

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Art Therapy

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Abstract

This thesis examines the impact and implications of integrating art therapy and narrative therapy within culturally competent counseling. Narrative therapy explores people's stories in a larger collectivistic context, acknowledging how one's identity is shaped by their history, culture, and relationship to others. Narrative therapy highlights the importance of an individual's sense of self, their perceived life narrative, and how the process of constructing and reconstructing of these stories bridge their identity and culture. The integration of art therapy could help clients communicate their stories, adding depth through visual expression and the externalization of their problems and strengths. Research has shown cultural competency, humility, and effective multicultural counseling impacts the quality of therapy received by culturally diverse clients. However, research regarding which theories and interventions are effective is limited, especially with the Latinx population.

Keywords: art therapy, Latinx, multicultural counseling, narrative therapy, narrative art therapy

The author identifies as a queer, white-passing, cisgender Latinx woman, of Cuban and Nicaraguan descent from Miami, Florida.

Integrating Art Therapy and Narrative Therapy through a Multicultural Lens

Introduction

Schell and Schell (2008) stated, "We are as surrounded by narrative as we are by air. We live in narrative. We live out narrative . . . To be human is to know, tell, and live stories" (as cited in Fortuna, 2018, p. 1). One's experiences, internalized beliefs, and expectations can impact and shape the story they create. These stories can then become the dominant narrative in their life. Dominant narratives, or dominant stories, are also shaped by the dominant culture that people are exposed to. Carlson (1997) explained how dominant stories are influenced by the "person's relationships with other people, family members, and societal messages" (p.272). Internalizing the dominant stories can cause individuals to believe the problem is within themselves, impacting their experience of life and mental wellbeing (Carlson, 1997).

Narrative therapy strives to deconstruct the self-narrative and the dominant narrative knowledge by which the individual is living (Carlson, 1997). In narrative therapy, the client has the power to "re-author and direct their own life narratives" (Hill, 2014, p. 60). Narrative therapy is a postmodern and strengths-based approach created by Michael White and David Epston (Bastemur & Bas, 2021; Corey, 2017). Postmodernism encompasses the philosophy of the importance of meaning and respect for the client's perspective (Oliver et al., 2011). Narrative therapy also incorporates other theories such as feminist theory, poststructural theory, and critical social theory (Linnell, 2010). Narrative therapy's approach instills the belief that an individual is the expert of their life (Bastemur & Bas, 2021).

Art and its creation are a natural, innate, and universal practice that is deeply rooted in human history (Rubin, 2009). In various cultures, art is a medium for expression, embedded in tradition, rituals, and healing practices. According to Rubin (2009), "the visual arts are evident in the ritual decoration of body, costumes, masks and other props, the beautification of the sanctuary, and the creation of a setting for [a] ceremony" (p. 51). Therefore, as the art therapy field began to take form, integrating counseling and art, it was difficult to distinct its origin as its "roots and branches" are universal. Art therapy's foundation has been described by prominent art therapist Judith Rubin (2009) as "true to both parts of its name—art and therapy" (p. 27). Rubin expanded on the key differences between clinicians who use talk therapy and art therapy. Clinician's focused on verbal communication "work to *listen*, as well as to *hear*; art therapists seek to *see,* as well as to *look"* (Rubin, 2009, p. 275). Art therapy can encourage a client to "express hidden aspects of themselves" that may not have been disclosed without the creative outlet (Carlson, 1997, p. 274).

Culture has been described as "the software of the mind", which Gerity then transformed the definition as "the habits of the heart and mind" (2000, p. 204). If culture affects the way we think and how we feel, then we cannot deny it affects our worldview. Culture is not just race and ethnicity, but includes "Social class, gender, age, sexual orientation, and physical capabilities" (Kottler & Shepard, 2015, p. 371). Pedersen wrote of the shift the field of counseling has entered from a "monocultural to a multicultural basis" (2001, p.15). Traditionally, the three fundamental dimensions of psychology have been psychodynamic, behavioral, and humanistic theories, with multiculturalism now considered the "fourth force in counseling" (Kottler & Shepard, 2015, p.371).

Multiculturalism highlights the value of "diversity and the recognition that all people—and therefore all counseling relationships—are shaped and influenced by cultural patterns of thinking and acting" (Kottler & Shepard, 2015, p. 372). Corey (2017) wrote of the reality and necessity of multiculturalism in serving diverse clients. The client should not have to fit the confines of a theory, but instead, Corey advocated for clinicians to "tailor their theory and practice to fit the unique needs of the client" (p. 435).

Art therapists must consider the current political affairs within the country when responding to clients, especially those who live with marginalized identities. The wellness and basic rights of those who live with marginalized identities are threatened daily. Laws continue to be put into action with the false preface of "personal moral convictions and religious beliefs" which directly contradicts art therapists' ethical principles (Kaimal et al., 2017, p.146). Talwar (2019) stated that

> to have a more effective understanding of diversity and multiculturalism there needs to be an examination of how history, institutions, and public policies have reinforced the systems of white power and privilege that continue to colonize our everyday lives, research, and our art therapy practice. (p. 5).

Corey (2017) posed the question, "Are current theories adequate in working with culturally diverse populations?" (p. 43).

Through this exploration and literature review, I hoped to gain knowledge on the history and utilization of narrative therapy. Narrative approaches captured my interest over a year ago as I began to take notice of the power of writing in my own personal life. I began to wonder if narrative therapy, writing, and art had been used together intentionally by art therapists. Judith Rubin's *Introduction to Art Therapy* contained

excerpts of client's firsthand experience and one client wrote of the inclusion of writing after creating art and how it helped "clarify, express, contain, communicate" and served as "a vessel for the articulation of the pain" (Rubin, 2009, p. 22).

As a Latina, I have been shaped by my own story, my family's story, and our society's response to racial-ethnic minorities. As I have learned more about my history and the history of the United States, it has opened my eyes to the emphasis and dominance of individualistic counseling theories. However, as I continued to learn about counseling theories, I began to take notice at the end of chapters or articles, multicultural considerations would be addressed. To have differing cultures mentioned only towards the end and not at the forefront, it made me feel that my own identity and culture was an afterthought, a footnote. Through this exploration, my literature review search sought to research narrative therapy and art therapy with multiculturalism and inclusion at its heart.

I decided to narrow my search to the Latinx population in an effort to bridge the gap of research in the art therapy field and narrative therapy field regarding this population (Van Lith et al., 2021). Narrative therapy has been identified as being grounded in a sociocultural context, making this approach appropriate for culturally diverse clients in counseling (Corey, 2017, p. 391). According to Bastemur and Bas (2021), narrative therapy approaches are suitable for integration with art therapy. The use of art could help clients communicate their stories, adding depth through visual expression. The authors discussed the relevance of narrative art therapy in Latin cultures, noting a high success rate and its ability to be adapted for different cultures (Bastemur & Bas, 2021).

According to the 2020 United States Census, the "Hispanic or Latino population was the second-largest racial or ethnic group, comprising 18.7% of the total population", at 62.1 million people (U.S. Census Bureau, 2021). Throughout this thesis, the term Latinx is used to describe individuals from Latin American descent. The term Latinx is defined as an "inclusive term that recognizes the intersectionality of sexuality, language, immigration, ethnicity, culture, and phenotype" (Salinas & Lozano, 2019, p. 310). However, as the term Latinx increases in popularity, controversy over its usage has risen from outside and within the community. Some have argued that the -x is difficult to pronounce in Spanish (Del Real, 2020). My research here is partially due to my own feelings of guilt from using Latinx, that I was betraying my people through the whitewashing of our language and our identity.

The ethnic identifiers Hispanic and Latino have been used to categorize individuals only in the United States (Suárez-Orozco & Páez, 2002). There are over 20 Latin American countries, with different dialects, distinct values, and culture. Thus, outside of the United States, when an individual shares their ethnicity, they refer to their national origin to best communicate their identity. My family did not apply the word Latino until they immigrated to the United States. They are Cuban and Nicaraguan, respectively. I do not speak for other Latinx individuals and how they choose to best identify themselves. Language is constantly shifting and its use "can vary depending on one's social identity and context" (Pérez-Rojas et al., 2019, p. 251). When utilizing the term Latinx, I recognize the context in its use in academia within the United States to communicate with those who speak English.

The Latinx population is a growing minority within the United States, and it would serve clinicians and the population well if cultural competency was at the base of mental health counseling education. I strive to become a culturally competent therapist and utilize the philosophies of multiculturalism. How can I do so if I have not begun to grasp how to best serve my own community? Similar to Nunez-Santiago's (2018) graduate school experience, as a Latina seeking to serve "Latinx communities and communities of color, the tools I needed were not going to be readily available or handed to me through my formal education" (p. 8). Lastly, just as Linnell (2010) shared about their reasoning for their exploration of art therapy and narrative therapy, I look forward to what "emerges from my understanding and practice of art psychotherapy and narrative therapy, in a manner that opens a space for critique and creativity" (p. 3).

Literature Review

Cultural Competency and Cultural Humility in Multicultural Counseling

Effective counseling for ethnic and racial minority clients is linked to the therapists' level of awareness in relation to their own culture, biases, worldview, and the worldview of diverse clients (Sue et al., 2007). Sue and Sue (2015) described cultural competency as an "active, developmental, and ongoing process and that it is aspirational rather than achieved" (p. 67). Cultural competence calls for a clinician to foster awareness of the biases and values they hold, and the cultural conditioning they have experienced. Clinicians must also build their knowledge of the different worldviews that culturally diverse groups hold. Within sessions, clinicians develop and practice "appropriate, relevant, and sensitive intervention strategies and skills in working with their culturally diverse clients" (Sue & Sue, 2015, p. 67). Dillon et al. (2016) conducted a

study that measured the effects of multicultural competence within counseling. Clients that perceived and reported higher ratings of multicultural competency in their counselors had "better outcomes" in their wellbeing (Dillon et al., 2016, p. 61). However, as much as a clinician can foster awareness and knowledge, these actions are not enough. Effective multicultural counseling requires "openness to diversity…and cultural humility" (Sue & Sue, 2015, p. 72)

Cultural humility's foundation is built on humbleness. To encompass cultural humility, one must be able to acknowledge their limitations of knowledge, empathy, and understanding of their clients' cultural concerns. These skills do not compare to lived experiences. Research has shown the impact cultural humility has had on socially marginalized clients. For example, positive correlations have been seen with perceived cultural humility, including length of treatment and the improvements client's sense of self from the therapy sessions (Sue & Sue, 2015). The therapist and client's therapeutic alliance, or relationship, is also strengthened with cultural humility. The relationship between the client and the therapist has been researched as the "most important predictor of change in counseling for clients" (Gonzalez et al., 2018, p. 314). Oliver et al. (2011) argued the therapeutic alliance is essential to counseling despite cultural differences and may "transcend the cultural identity of the counselor and the client" (p. 46). Thus, cultural competence and cultural humility are crucial in effective multicultural counseling and therapy.

Shifting from Individualistic Counseling Theories

Many formal systems of psychotherapy have been heavily influenced by, or are an extension, of psychoanalysis (Corey, 2017). However, individualistic counseling

theories may perpetuate an elitist outlook, as they suggest that everyone has freedom of choice, without taking into consideration the struggles and limitations society places on marginalized people. Though art therapy has its historical roots in psychodynamic theory, it is important to note that Freud, often referred as the "father" or psychotherapy, even admitted that his theory was beneficial to "middle and moderately disturbed, middle-class individuals", thus alienating socioeconomic minorities (Potash, p.185, 2005). Karcher (2017) proposed that utilizing an intersectional framework can result in self-exploration and healing, for clients and therapists. An intersectional approach explores the systemic oppressions and privileges experienced by clients and therapists based on cultural identity markers such as race, gender, sexual orientation, socioeconomic status, social class, ability, religion, and how they affect client-therapist relationships (Talwar, 2010). However, Karcher argued that a therapist cannot implement an intersectional approach without first holding themselves accountable for the microaggressions they have perpetrated and truly understanding the impact sociopolitical trauma has on clients.

The Latinx Community and the Barriers Faced

Ethnic and Racial Discrimination

Schwartz et al. (2022) defined ethnic and racial discrimination as the unjust treatment of an individual based on their "racial, ethnic, or national background" (p. 2). Ethnic discrimination may involve the use of derogatory names, being told to return to one's country of origin, or microaggressions such as assuming that an individual does not speak English fluently (Schwartz et al., 2022). Cultural stress theory articulates the experiences and detrimental effects immigrants, and ethnic minorities face from marginalization and disenfranchisement from systems. The act of "othering" sends the

message that racial-ethnic minorities are not valued and do not belong (Schwartz et al., 2022, p. 2). Evidence has shown that ethnic and racial discrimination has been linked to decreased well-being, increased depressive symptoms, impaired physical health, and predisposition for internalization and externalization of problems.

Research has consistently shown that the Latinx population experiences several barriers in accessing mental health resources. Obstacles include "lack of health insurance, low service availability, and lack of Spanish-speaking providers as factors that prevent access to mental health services" (Ruiz, 2019, p.10). Van Lith et al. (2021) identified the general challenges migrant families face in accessing mental health services, listing "stigma, time constraints, affordability, and language barriers" as examples (p. 7). Once mental health services have been obtained, the service they receive "is often of lower quality than that received by their White, non-Latino counterparts" (Dillon et al., 2016, p. 57). Ethnic minorities may then face bias and misdiagnosis from clinicians due to "the dominant culture's view of normalcy" and the lack of awareness of cultural differences (Corey, 2017, p. 348).

According to Kouyoumdjian, Zamboanga and Hansen (2003), many psychological assessments have not been standardized for use with ethnic minorities, translated to the language spoken by the population, or adequately trained in the administration with cultural sensitivity. Many of the test instruments that are utilized have been "constructed and standardized according to White middle-class norms" (Sue & Sue, 2015, p. 126). It is imperative for those in the counseling field to examine and critique "the use of 'objective' psychological inventories" and how they may "place people of color at a disadvantage" (Sue & Sue, 2015, p. 126). Disadvantages include

pathologizing and utilizing the assessment to justify discrimination towards minority populations and the continuation of privileges that benefits the dominant culture (Hocoy, 2002).

Cultural Acclimation

Immigrating from one's country of origin to the United States is a life-altering and stressful experience that impacts one's mental health and wellbeing (Schwartz et al., 2022; Weisskirch & Alva, 2002). Acculturation is defined as the "process of adjusting to a new culture" (Gibbons & Farrell, 2019, p. 85). As an individual assimilates to a new culture, there is a difficult balance between holding onto "parts of one's native cultural/ ethnic identity and letting go of others" (Gibbons & Farrell, 2019, p. 85). The pressure and balance of attempting to follow the dominant cultural norm of a new country while honoring and retaining their country of origin's cultural heritage results in bicultural stress (Schwartz et al., 2022). Bicultural stress has shown a link to depressive symptoms, substance use, and behaviors such as "physical aggression and rule-breaking" (Schwartz et al., 2022, p. 3). Symptoms of grief and loss may even be experienced as one goes through the process of personal and identity loss, known as migratory grief (Gibbons & Farrell, 2019).

The immigrant paradox theory describes the adversity second-generation Latinx children face with maladjustment when compared to first-generation immigrants (Van Lith et al., 2021). Maladjustment can affect "academic performance, externalizing behaviors, and socioemotional issues" (Van Lith et al., 2021, p. 5). Van Lith et al. noted the research that has shown how Latinx children from low-income homes have consistently lower academic success from kindergarten to third grade in comparison to

their peers who identify as White. In addition to educational difficulties, Latinx youth

"were found to have a comparable or slightly higher incidence of emotional and

behavioral problems" as well as lower rate of school attendance, academic

disengagement, inadequate sleep, and higher rate of illness throughout the school year in

comparison to their peers (Van Lith et al., 2021, p. 1). The difficulties that Van Lith et al.

outlined stemmed from systemic issues and impact mental wellbeing.

There are deeper and complex factors when considering those who immigrate to

the United States without legal documentation. Crossing the border into the United States

involves "dangerous risks and stressors" (Linesch, 2014, p. 126). Individuals and families

may not have a choice in facing these dangers, as they have "been forced to flee [their]

country because of persecution, war, or violence" (Khatib & Potash, 2021, p. 1).

According to Gibbons and Farrell (2019) an individual who has immigrated within the

last three to five years has a heightened "level of risk for immigration-related stress,

trauma, and depression" (p. 84). Despite their own immigration status, approximately

half of all Latinxs have expressed "concern that they, a family member, or a close friend

will be deported" (Sue & Sue, 2015, p. 533). Issues surrounding immigration are

challenging and a sensitive topic for racial-ethnic minorities to discuss. Bermúdez et al.

(2008) advised therapists who discuss the topic of immigration, to do so with "caution

and establish trust due to the fear and mistrust surrounding these concerns" (p. 326).

Language

Language is a "key vehicle by which cultural norms, values, and practices are

transmitted" (Pérez-Rojas et al., 2019, p. 241). Language can evoke "different emotions,

memories, and associations" (p. 242). As an individual assimilates to the dominant

culture, there exists the pressure to conform to "the sound, style, syntax, and word meanings" utilized by the majority (Moon, 2001, p. 240). Thus, the acculturation process and loss of language is a contributing factor to a sense of personal and identity loss (Weisskirch & Alva, 2002). Additional adversity and discrimination are endured as marginalized individuals assimilate to the dominant language and their "language habits…are not considered 'standard' or acceptable" (Moon, 2001, p. 240).

Bilingualism is broadly defined as the knowledge and use of more than one language (Pérez-Rojas et al., 2019). Bilingualism has emotional, psychosocial, and sociocultural implications. Research has found that recalling memories and associated emotions is easier when processed in the language the memories occurred in. Shifting from one language to another has also shown shifts in personality, where one could socially connect with another Latinx person or display distance from others who do not speak the language. Though bilingualism has steadily increased in the United States, there is limited research on its use and effect in therapy. One study found that bilingual therapists who spoke Spanish and English with their bilingual Latinx clients, noticed that the clients would switch to Spanish when describing emotional experiences (Pérez-Rojas et al., 2019).

Though shared language can help affirm the client's experience and strengthen a therapeutic relationship, Latinx clients in Pérez-Rojas et al.'s (2019) study noted how "there may be ways to show care and understanding that do not require explicit attention to language" (p. 251). The client's spoken language is not the only way language impacts the therapeutic relationship. As therapists communicate with their clients and complete documentation, a choice is made on the conformity "to the language of the dominant

culture" (Moon, 2001, p. 242). Moon further stated how some therapists use "therapese", the clinical language that therapists have been known to use in an attempt to hide "behind a smokescreen of pseudo-science, pseudo-intellectuality, pseudo-elegance" (p. 243).

Latinx Cultural Values

Latin American culture can vary between differing countries as well as within the identified group. There are also many characteristics, principles, and strengths that are shared. The following subsections are a few of the values that research has shown to have implications in clinical practice. However, as Sue and Sue (2015) noted, "generalizations and their applicability needs to be assessed for each client or family" (p. 334).

Familismo

Denborough (2014) stated, "In any culture, there is a dominant belief system or 'story' about what it means to be a worthy person" (p. 159). In Western culture, such as the United States, individualism is a belief system that values individuality and independence. On the contrary, the majority of Latin American countries hold a collectivistic worldview. Collectivism emphasizes the social responsibility of "working together for a common good" (Oliver et al., 2011, p. 36). Collectivism within Latinx culture amplifies the value *familismo*, or familyism, the cornerstone of Latinx families (Oliver et al., 2011; Van Lith, 2018). *Familismo* is the loyalty, solidarity, cooperation, and interdependence practiced in family systems, where family harmony is desired (Bermúdez et al., 2008). *Familismo* expands beyond the nuclear family to extended family and close friends. Family structure and an understanding of its complexity within Latinx families can help therapists gain understanding of the family's "organization, relationship structures…and individuals within the family" (Oliver et al., 2011, p. 35).

Respeto, or respect, within a Latinx family honors "the hierarchy and clear lines of authority within the family" (Oliver et al., 2011, p. 36). *Respeto* outside of the family includes elders, authority figures, and experts (Oliver et al., 2011). When Latinx families move to the United States, they experience a shift in gender role norms and perceived hierarchy. For example, *machismo*, is the belief that the man is the provider of the family, while *marianismo* is the belief that women are subservient and self-sacrificing (Bracero, 1998; Sue & Sue, 2015). Loss of identity and both personal and family conflict can develop (de Snyder et al, 1990), as families mediate new gender roles "in order to survive the demands of the new culture" (Bermúdez et al., 2008, p. 320). Negative consequences have resulted from the unequal gender expectations in Latinx culture, providing men with privilege "at the expense of women" (Bracero, 1998, p. 264).

Spirituality

Spirituality and religion have played a major role in many Latinx lives (Oliver et al., 2011). Religion has influenced and contributed to the meaning assigned to "life cycle transitions and values affecting marital and family life" (Bermúdez & Bermúdez, 2002, p. 330). The largest practiced religion in Latinx culture is Catholicism. Bermúdez and Bermúdez (2002) discussed how Catholicism is a part of Latinxs cultural heritage, with "sacraments such as Baptism, Confirmation, the Holy Eucharist, and matrimony are seen as normal life events" (p. 330). The practice of *espiritismo,* or spiritism, is common in Latinx community. *Espiritismo* is the belief that spiritual forces, or spirits of the dead, communicate with people and have the power to affect an individuals' body and mind (Bermúdez & Bermúdez, 2002). Latinx clients tend to refrain from sharing with their therapists the "spiritual dimension of their experience" due to marginalization and

stigmatization of those spiritual beliefs (Bermúdez & Bermúdez, 2002, p. 330).

Bermúdez and Bermúdez advised therapists to explore "the significance religion may

have on the life of individual family members and use their religious network as a

resource" (2002, p. 330).

Benefits of Narrative Therapy and Art Therapy with Latinx Population

Narrative Therapy

Narrative therapy has been a powerful approach for marginalized groups as it

"acknowledges the impact of cultural and sociopolitical realities" (Chavez-Korell &

Johnson, 2010, p. 203). Our realities have been socially constructed, maintained, and

passed along through our personal narratives. Narratives, or stories are continuously

constructed and reconstructed, bridging "self and culture" (Meekums, 2005, p. 96).

Narrative approaches explore people's stories in a larger collectivistic context, where

one's identity is shaped by personal history, culture, and relationship to others (Oliver et

al., 2011). Bermúdez et al. (2008) further explained narrative tenets view on relationships

as fundamental in meaning, identity, and the value of "collaborative forms of

communication" (p. 322).

White and Epston (1990) published *Narrative Means to Therapeutic Ends* over 30

years ago and as such, because of this there are vast amounts of information on the steps

and approaches a therapist can utilize with narrative therapy. For the sake of clarity with

this thesis, a summarization of the key components of narrative therapy focused on "free-

flowing cyclical process" of "identifying, deconstructing, and reauthoring the dominant

story" (Gibbons & Farrell, 2019, p. 90). In the initial stages, a client is guided in

identifying the dominant story. Examples of dominant stories with Latinx individuals

could be, "'Family comes first,' 'I need to financially support my family,' and 'Problems are not shared with others'" (Gibbons & Farrell, 2019, p. 89). Next, the therapist and client deconstruct the dominant story the client has internalized. Deconstructing the client's dominant story entails "focusing on the parts of the story that contradict, parallel, or intertwine with each other" (p. 89).

Another fundamental feature of narrative therapy is the process of separating one's problem from themselves, a method called externalization (Keeling & Bermudez, 2006). Externalizing is a process that guides individuals in personifying the problem they are experiencing, where "neither the person nor the relationship between persons is the problem" (White & Epston, 1990, p. 40). For example, a person may believe they are incompetent if they failed a test, and experience shame and low self-esteem. In this example, the relationship the person has with the problem is causing negative emotions and view of themselves, instead of questioning the test's validity. Externalization empowers the individual to "separate from the dominant stories that have been shaping of their lives and relationships" (pp. 40-41).

Through the identification of unique outcomes, individuals revise their relationship with the problem (White & Epston, 1990). The exploration of unique outcomes, or times when the individual overcame the define problem, honors the lived experiences that fall outside of the dominant story. Unique outcomes stimulate the facilitation of new meaning and creation of alternative stories (Carlson, 1997; White & Epston, 1990). The reauthored stories may include values of biculturalism and bilingualism (Gibbons & Farrel, 2019). Reauthoring the dominant story helps clients recognize possibilities and options, however "they do not help clients replace one story

with another" (Hoshino & Cameron, 2008, p. 196). Data has shown that Latinx clients would "feel less threatened and stigmatized by the clinical process, and thus be more willing to adopt an exploratory—even playful—mind-set" when provided with "a wider array of options for addressing their communication and relational concerns" (Bermúdez et al., 2008, p. 320).

Art Therapy

Naumburg (1955) described art as "symbolic speech", playing a large role in "the conscious and unconscious cultural expression of man throughout the ages" (p.435). Hutyrová (2016) defined art therapy as a "multidisciplinary domain combining artistic, pedagogical, psychological and medical spheres" (p. 285). Due to its visual language, art therapy techniques can be applied to a broad range of populations and within various locations, such as hospitals, schools, assisted living facilities, transitional housing and shelters, inpatient units, correctional institutions, and community settings (Hutyrová, 2016; Rubin, 2009). Art therapy provides the opportunity for creative expression "as an alternative language" to clients "who experience themselves as marginalized and misrepresented by the language of the dominant culture" (Moon, 2001, p. 241).

According to Linesch et al. (2014) literature on art therapy has provided beneficial information on "multicultural interventions and sensitivities" (p. 126). Art therapy can provide support as clients share "difficult and complex cultural stories" (p. 126). However, Linesch et al., reported limited research on the relationship between the arts and its contribution to "adaptation and acculturation experiences" (126). The meaning a client places on their artwork holds significant value (Moon, 2001). Moon called upon art therapists' to "develop knowledge, awareness, and sensitivity in regard to

the multicultural language of art" in the effort to avoid misunderstanding or missing context behind their art (2001, p. 254). Moon argued "if art is to have the potential for providing an alternative language for clients who have experienced marginalization, then differences in its 'linguistics' must be recognized and honored" (p. 254).

Integration of Both Theories: Narrative Art Therapy

Background and Techniques with Multicultural Framework

Narrative art therapy was developed by van der Velden and Koops in a 2005 study and was described as the "visual means to create a rich description of one's lived experiences" (Van Lith et al, 2018, p. 4). Art therapy and narrative therapy hold many theoretical similarities. Narrative therapy cultivates alternative stories, stories that were once hidden, the same way that art can help organize one's thoughts and "bring forth hidden aspects of him or herself" (Carlson, 1997, p.275). Hoshino and Cameron (2008) articulated,

> Art images also provide numerous stories, and a collection of images may serve
> as a collage representing the landscape of their lives. Language, in our opinion,
> has limitations in the therapeutic arena; art may diminish some of the ambiguity
> inherent in verbal therapy alone. (p. 196).

Art therapy and narrative therapy have been integrated and utilized with many populations, including youth with behavioral problems (Hutyrová, 2016), survivors of war (van der Velden & Koops, 2005), adult children with parents who have mental illness (Sorbara, 2019), women who have experienced domestic violence (Bryant, 2020), group therapy with those with substance use issues (Conner, 2017), and palliative care (Fortuna, 2018). However, the full history and extent to which studies incorporate art therapy and

narrative therapy approaches is difficult to locate due to the varying techniques and language used to describe each model. Bastemur and Bas (2021) further clarified, though art therapy has had nearly all psychotherapy theories applied to its practice, literature of "all the approaches…of contemporary art therapy have not been reflected enough or expressed completely" (p. 157). Literature on narrative therapy and art therapy within the Latinx population proved to be even more difficult to acquire.

In 2005, Keeling and Nielson created a qualitative and heuristic inquiry that combined narrative therapy with interventions that use art and writing as a response to the growing need for culturally sensitive therapies. Though the participants were Asian Indian women, the authors discussed several cultural factors that are applicable with Latinx clients, such as immigration, cultural acclimation, collectivism, and family hierarchy. The authors acknowledged the power issues in therapy and the emphasis that narrative approaches place on the client's experience and voice by regarding participants as co-researchers. When utilized in narrative approaches, art and writing have been found to ellicit several positive effects. These means of expression can support differences in learning styles, address the limits of spoken language, "provide a referent as a basis for further exploration of meanings and emotions…and bolster clients' sense of agency, foster insight, and invite possibilities for change" (Keeling & Nielson, 2005, p. 437).

Khatib and Potash (2021) explored the trauma four siblings and their parents endured as they were forced to flee their country, Syria, due to war and violence. Khatib and Potash utilized what they noted as brief art therapy with a Narrative Exposure Therapy (NET) approach in their treatment. NET was formed by Schauer, Neuner, and Elbert to create a standard in narrative approaches, which used written and verbal

expression in short-term treatment (Khatib & Potash, 2021). Khatib and Potash applied art therapy exercises using a visual journal with prompts. Khatib and Potash wrote of the advantages of visual journaling, expressing how "storytelling bridged cultural boundaries and allowed the participants to author their narrative through their own choice of images and words" (p. 4). The authors mentioned how short-term sessions could uncover a lot of trauma and how clinicians should "respond effectively and offer referrals for longer-term services" (p. 5).

Art Therapy and Narrative Therapy Interventions with Latinx Population

Van Lith et al. (2021) integrated narrative art therapy, trauma processing art therapy, and the Expressive Therapies Continuum (ETC) to create a study that investigated the benefits of art therapy interventions for second-generation Latinx children ages 3-5 whose parents worked on farms. The authors utilized narrative art therapy to provide the children with a creative outlet which allowed them the opportunity to explore and express their emotions, leading to a connection to the "physical properties of their feelings" (p. 2). Throughout the sessions, drawings were created by the children of themselves and their families to help recount impactful events in their lives. Paint and clay materials were used to promote awareness of their personal strengths, how art can be a coping tool, and exploration of their emotional responses. Book covers were created to hold the participants' artwork, further valuing their stories. In the limitations section, potential for bias by the art therapist was discussed by the authors, however, they did not mention whether the measure used, the LAP-3, was a culturally unbiased instrument.

Bermúdez and Bermúdez (2002) integrated art therapy and narrative therapy to illustrate altar-making as a therapeutic tool for Latinx clients. Altars or shrines can be

made to "memorialize, idolize or immortalize" loved ones or events. Bermúdez and Bermúdez (2002) were mindful of noting each step of the intervention and how it related to narrative therapy concepts. The first step was deconstructive listening, achieved by involving the client in the choice of the modality, and if the altar or shrine is useful and therapeutic. Second, externalization is demonstrated through the process of choosing a "presenting problem or therapeutic issue" (p. 336). The third step involves researching the theme and reframing the language the client is using about the problem to help objectify it. The fourth step and fifth step connect to unique outcomes as the client collects an assortment of art materials and assembles the altar. Reconstruction is ventured in the sixth step as the client discusses the meaning of the altar. Once complete, a ceremony or ritual is held as the seventh step, amplifying the new story. The last step, "spreading the news" is taking the altar home to share the story it holds with others (p. 339).

Bermúdez, Keeling, and Carlson (2008) merged narrative therapy and art in experiential approaches that promoted problem-solving and communication for a Latinx couple. The authors applied the narrative therapy techniques of "deconstructing, externalizing, and reconstructing questions" through the co-creation of artwork (Bermúdez et al., 2008, p. 325). The case example illustrated a ten-phase process. The creative process helped the couple create externalized representation for their identified problem through an assortment of art materials and a visual solution after discussing and answering the therapist's questions (Bermúdez et al., 2008). Artistic approaches also permitted discussion around the Latinx couple's issue in a nonthreatening manner, facilitating moments of praise and teasing between each other (Bermúdez et al., 2008).

The authors added the cultural component of respect for authority and how Latinx couples may find it impolite to "disagree with the therapist", and recommended therapists encourage expression of both positive and negative responses (Bermúdez et al., 2008, p. 334).

Discussion

According to the common factors approach, the treatment path or intervention a clinician uses plays a significant role in the therapeutic outcome (Kottler & Shepard, 2015). Studies have provided evidence of "the efficacy of one theory or intervention over another" and are classified as effective when successful within the client's identifying population (Kottler & Shepard, 2015, p. 93). However, research has yet to prove that there is a specific counseling theory or model that is "successful" with Latinx individuals (Oliver et al., 2011, p. 45). Though certain interventions have shown promise, "the lack of research on the effectiveness of postmodern approaches applied to Latino/a individuals, couples, and families currently permits only speculation about this topic" (p. 46).

Counseling approaches, including narrative therapy and art therapy, have limitations which should be evaluated when considering its use with diverse clients. Narrative therapy's framework aligns with many of the collectivistic ideals and cultural beliefs in Latinx communities. *Respeto* is cultivated in the therapeutic relationship as the stories and experiences that clients share are honored as "both significant and true" (Meekums, 2005, p. 96). Narrative therapy attempts to balance the power dynamics between therapist and client by recognizing the client as the expert of their own life (Oliver et al., 2011). However, individuals with various cultural backgrounds seek and

entrust therapists because of their ability to "offer direction and solutions" (Corey, 2017, p. 391). A client's faith in a therapist may be affected if the therapist expresses "I am not really an expert; you are the expert; I trust in your resources for you to find solutions to your problems" (Corey, 2017, p. 391). It is recommended to communicate with the client that though the therapist has knowledge of the therapy process, the client is the expert "in knowing what they want in their lives" (Corey, 2017, p. 392).

The use of art techniques integrated in art therapy and narrative therapy can "enhance the process of assessing the dominant story, externalizing, discovering alternative stories…" (Carlson, 1997, p. 282). Keeling & Bermudez (2006) proposed complex issues that are difficult for the client and the therapist to comprehend, can benefit from the use of metaphors. The metaphors within a story or art can provide the opportunity for "emotional connectedness with the therapist", as well as emotion distance from painful experiences (Meekums, 2005, p. 104). Metaphors also promote a way for art therapists to immerse themselves in the client's art "without imposing our own interpretations" (Moon, 2001, p. 259). Art therapy has a history of being "poorly defined and misunderstood by many" (Rubin, 2009, p. 27). Even the methods, or directives, that are used within art therapy may be perceived as "ambiguous and unstructured" to some minority clients, causing anxiety or confusion in a session (Hocoy, 2002, p. 142). If a client is of different cultural background, a therapist may consider the use of "a more verbal, directed, and authoritative style of therapy, with clear and explicit applications to the presenting problem" (Hocoy, 2002, p. 142).

Even the classification of art has a history rooted in racism, with craft and art traditions from marginalized groups such as Latinx, Native Americans, and African

Americans seen as lower in hierarchy than art created by White counterparts (Leone, 2021). The creation of art also has different meaning dependent on culture, and it should not be assumed as psychologically healing in every culture (Hocoy, 2002). Hocoy (2002) challenged the ethics of art therapy, inquiring if art therapy is "rooted in the values of the middleclass, which has the luxury, in terms of time and money, of pursuing" (p. 142). The author suggested that therapists examine the therapeutic and ethical implications of art therapy and if it is undermining or supplementing cultural healing traditions.

Though it is believed that humans have the strength within them to reach self-fulfillment, our environment can impact by either nurturing or hindering one's access to the creative process. Therapy's focus on the exploring and externalizing of problems may not always be accessible and productive. A greater understanding of one's problem does not always lead into action, especially when the problems are systemic (Keeling & Bermudez, 2006). Nevertheless, regardless of the recommended theory or interventions a clinician uses, there are barriers individuals face in accessing and engaging in mental health services. Minority groups within the United States, such as African Americans, Latinx Americans, and Narrative Americans are "over-represented in the lower socioeconomic strata" (Hocoy, 2002, p. 142). The cost of therapy does not always align with the socioeconomic status of the clients that have the right to services. Likewise, "art therapy usually assumes a certain degree of access to resources for prolonged therapy using art materials (p. 142). One way to aid the disparity in accessing mental health services can be the use of exercises that a client could utilize on their own. Keeling and Bermudez (2006) recommended "guided journal questions, creating artwork, and living with tangible externalizations" (p. 416).

Kottler and Shepard (2015) quoted Yalom, stating "it is the relationship that heals" (p. 94). A clinician can be "an acknowledging witness to others", providing human connection to those who are experiencing difficult times (Denborough, 2014, p. 70; Kottler & Shepard, 2015). The position of the acknowledging witness also includes recognizing and validating the realities and impact of inequality (Denborough, 2014, p. 70). As Murphy and Dillon (2011) stated, it is impractical and cruel "to ask desperate people to sit around reflecting on their psychological lives and perspectives" (p. 138). Individuals who are facing racism, social injustices, and systematic oppression may feel open to exploring internal and external issues when in a society that is advocating and initiating change. The social interactions that an individual engages in and how they interpret their experiences impacts the "language and belief systems" that they bring into therapy (Kottler & Shepard, 2015, p. 92).

It would be harmful of clinicians to believe that they can learn about a culture and believe this information applies to every individual within that culture (Oliver et al., 2011). Seeking knowledge on a client's culture is only the beginning, and is beneficial, but it should not be utilized to "reinforce superficial and stereotypical ideas about the client" (Oliver et al., 2011, p. 34). Instead of centering on one form of communication, a clinician can find different means of expression that meets the client's "needs and preferences", such as art and writing within narrative therapy (Keeling & Bermudez, 2006, p. 416). As I researched the implications of multicultural counseling, cultural competency, and the integration of narrative therapy and art therapy within Latinx populations, I realized how much information can still be new to those who belong to the population they read about. It was the humble realization that reminded me of Napoli's

following words, "I don't know, what I cannot control, and that I am not at the center—I am not an expert on or spokesperson for my Tribe, *our* stories, history, or language" (2019, p. 82). Prior to my research, I had believed that as a lower-middle class ethnic minority I could easily relate with those of differing minority groups. However, as I read the stories of discrimination, acculturation, and immigration, I realized my shared ethnic background did not automatically grant me understanding. Cultural competency is never truly achieved, even when a clinician may find themselves to be knowledgeable or even share cultural backgrounds (Sue & Sue, 2016). It is my hope that research continues to grow, highlighting the marginalized communities, as well as the disparities, in our society and mental health community.

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Norton.

THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student's Name: Vanessa Padilla

Type of Project: Thesis

Title: Integrating Art Therapy and Narrative Therapy through a Multicultural Lens

Date of Graduation: May 21st, 2022

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Sarah Hamil, Ph.D., LCSW, RPT-S, ATR-BC   05/05/2022