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## My Voice Is Tired: The Reclamation of Voice Through the Expressive Arts to Aid in Self-Care and Processing for BIPOC Interns and Therapists Amidst Microaggression Experiences: A Literature Review and Autoethnography

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**My Voice Is Tired: The Reclamation of Voice Through the Expressive Arts to Aid in Self-Care and Processing for BIPOC Interns and Therapists Amidst Microaggression Experiences: A Literature Review and Autoethnography**

Capstone Thesis

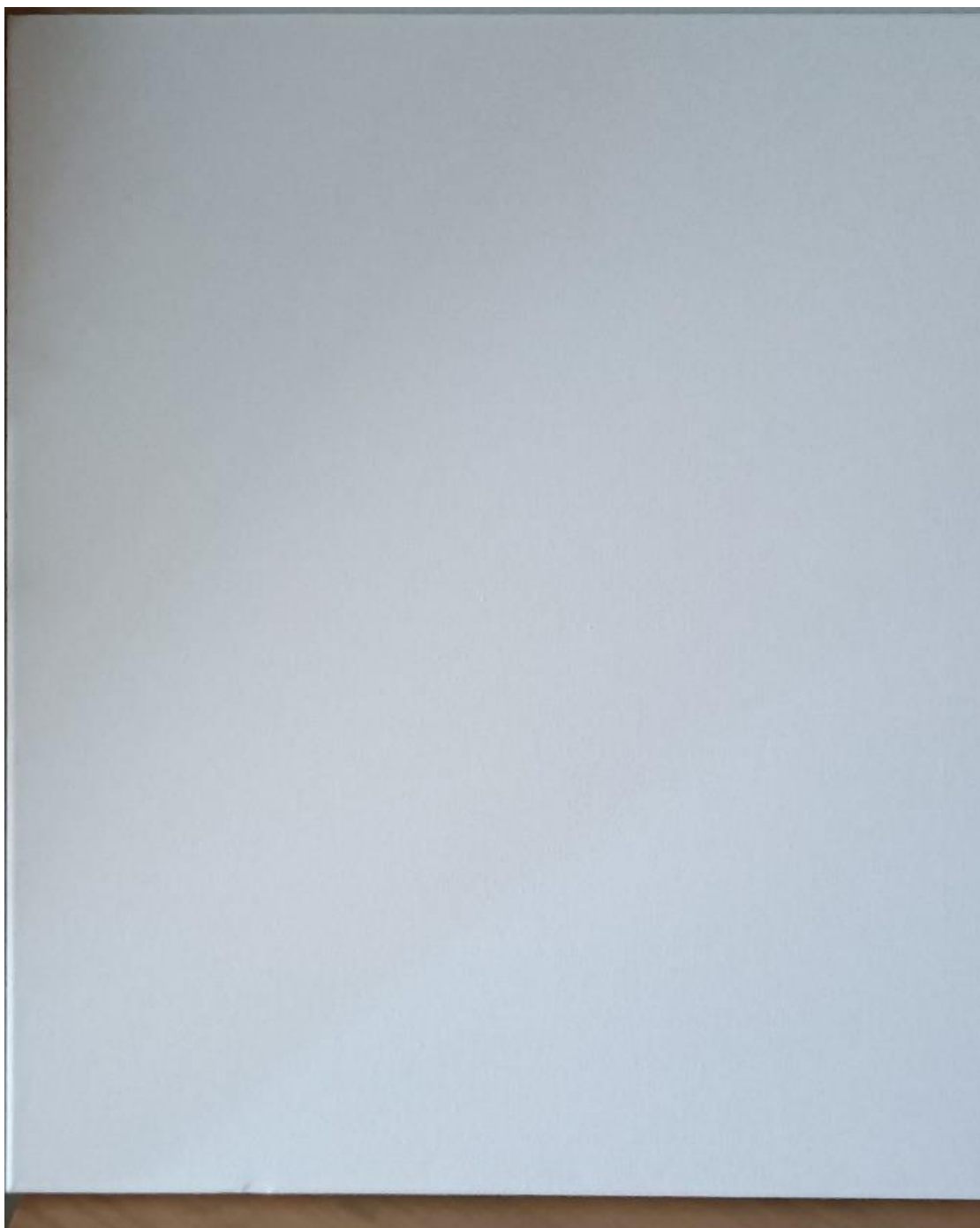
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Expressive Arts Therapy

Dr. E Kellogg



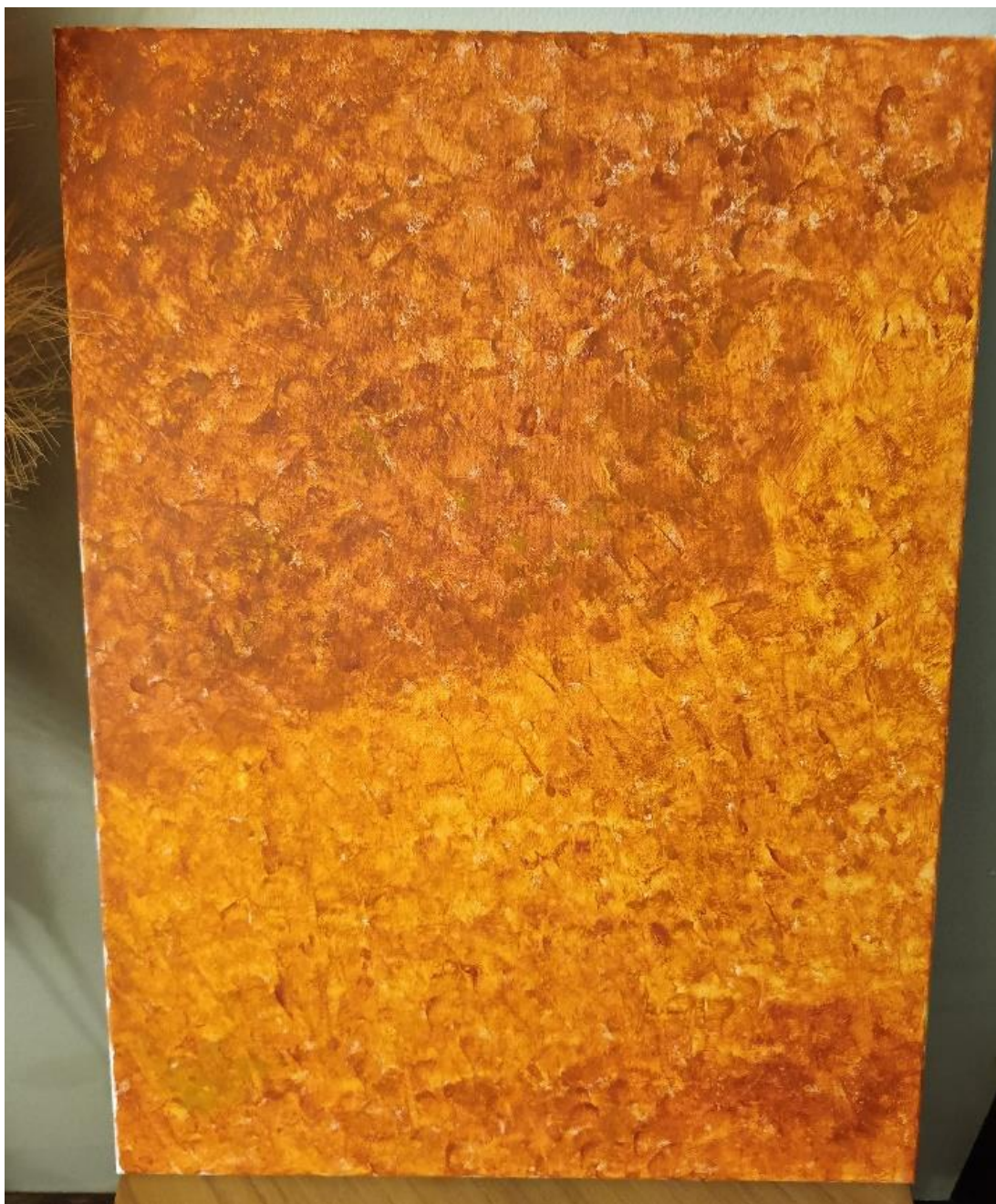
*Figure 1: A Blank Canvas*

## Abstract

This thesis centers the experiences of Black Indigenous People of Color (BIPOC) interns and therapists' with microaggression and racism within their various environments. The impact and consequences of these experiences are discussed. An assortment of self-care and coping strategies for the experience of racism is examined, including the use of the expressive arts for self-care, reclamation of voice and processing. The El Duende One Canvas Process Painting technique was selected as the expressive arts tool for BIPOC interns and therapists to engage in to reclaim their voice. This author conducted an autoethnographic inquiry using the El Duende One Canvas Process Painting to process their own experiences of micro-aggression and self-care. The author's artwork is integrated within the thesis for readers to gift levity and respite from witnessing.

*Keywords:* Microaggressions, BIPOC interns, BIPOC therapists, expressive arts, reclamation, El Duende, patients, white therapists, racism, self-care, processing.

*Author Identity Statement:* The author identifies as a heterosexual able-bodied cisgender female and is an Afro-Caribbean immigrant from Jamaica.



**Figure 2:** *My Afro- Caribbean Heritage*

## **My Voice Is Tired: The Reclamation of Voice Through the Expressive Arts for BIPOC Interns and Therapists Amidst Micro-Aggression Experiences**

### **Introduction**

My voice is tired. Tired of validating, demanding, requesting, and advocating. My voice shrinks, expands, and is silenced. I was forced to swallow platitudes and shallow resolutions amid microaggression experiences. How can I, as a BIPOC intern, encourage my BIPOC patients to use their voice to advocate for their needs, when I am silenced from using mine? Where are the spaces for BIPOC interns and therapists to excavate their own pain and reclaim their own voice? Our tongues are all but held, awaiting release from the confines of pressured silence in the company of non-BIPOC therapists and patients alike. Who advocates for BIPOC interns and therapists' voices when we grow weary of advocating for our BIPOC patients' voices as well?

The American Counseling Association (ACA) in the year of 2020 released an official statement to denounce racism and promises moving forward to take accountability for its own perpetuation of racism within the field. Whilst the ACA claims to make structural changes moving forward in regard to BIPOC clients and patients, the exclusion of creating anti-racism spaces for BIPOC interns, patients and therapists within the field is still apparent. The work of BIPOC interns and therapists within the field is pivotal to the clients and communities they serve, especially due to the lack of representation and diversity within the field. As BIPOC interns and therapists are engaged in this demanding field, there is a lack of acknowledgement of the impact of racial stress and microaggression experiences it has on BIPOC interns and therapists. Where are the research articles and panel discussions centering on how BIPOC interns and therapists cultivate space for reclamation of their voice, self-care, and processing?

As BIPOC interns and therapists navigate microaggressions within their respective environments, what actions are the institutions and work environments implementing to allow for open discussion of this significant issue? As a future BIPOC therapist, I am eager to learn and witness from those within the field and at internship sites so I can have the ability to cultivate my own self-care and coping strategies within and outside of these environments. Additionally, as a future BIPOC Expressive Arts therapist, I am interested in how the expressive arts can aid as a tool for processing, self-care, and reclamation of voice. BIPOC interns and therapists hold multiplicity of selves, or in other words, the holding of various intersectionality and positionality as they engage with clients, co-workers, professors, and supervisors. The El Duende One-Canvas Process Painting technique act as a container gifting the artist to create, to express, process and release their emotions on one canvas. For BIPOC interns and therapists each layer added is a symbolic representation of their cultural identity, micro-aggression and anti-racism experiences, and emotions captured on one canvas.

The aim of this thesis is to center BIPOC interns and therapists reclaiming their voice amidst micro-aggression experiences, using the El Duende One Canvas Process Painting for the reclamation of voice, processing, and self-care. This writer will be weaving in their own one canvas painting throughout the thesis. This writer will be reclaiming their own voice for self-care and emotional release, one layer at a time.





**Figure 3:** *Before the Loss-My Voice Planted*



## **Literature Review**

This thesis is intended for BIPOC interns, BIPOC therapists, and Predominately White Institutions (PWI) graduate institutions. For BIPOC interns and therapists the literature presented may resonate. As it is an all too familiar shared experience for BIPOC individuals as we navigate PWI institutions, our internships sites, and work environments. It is also intended for non BIPOC clinicians and interns who either study or work with this community. The literature review begins with an overview definition of microaggressions, the different types of microaggression and followed by a brief historical context of white supremacy in PWI institutions. The literature transitions into the experiences of BIPOC interns and therapists with microaggressions and the undeniable impact. Finally, coping strategies, self-care, protective factors, and the expressive arts are used to help mitigate experiences of microaggressions are highlighted. The literature review sections include, Microaggressions, Being Forced into Silence, Mourning the Loss, and The Reclamation of Our Voice. The author's autoethnography is woven into the literature review as a reflection of their own experiences with microaggression and aids in transitioning into the various sections.

### **Microaggression**

Professor of Psychiatry and Education Chester Middlebrook Pierce of Harvard University during the 1970s conceptualize the terminology microaggression as the "subtle blows that are delivered incessantly" (p. 266). Years later, the definition by Sue, et al, (2007) of microaggressions is now widely utilized as the "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group" (p. 273). The

consequence of microaggression becomes instantaneously embedded into the psyche and physical health of its intended with reports of psychological distress, decreased in self-esteem, and suicide ideation, to name a few (Nadal et al., 2014). Microaggression is further categorized into micro-insults, micro-assaults, and micro-invalidation (Sue et al., 2007). Microaggression experiences also extend into other intersecting identities, such as the LGBTQIA+ community, with individuals from this community facing discriminatory practices, assumptions, and alienation within a heteronormative society (Nadal et al., 2016). Holling (2019) demanded more awareness of intersectionality highlighted within micro-aggression as “even when scholars seek to examine microaggressions and womyn experiencing gendered micro-aggression or fall short of fully unpacking the intersectional nature of microaggressions” (p. 100). Moreover, “racial micro-aggressions are a form of manipulative aggression that reproduce White supremacy interpersonal moments between a White perpetrator and a BIPOC target” (Spanierman et al., 2021, p. 1039).

The psychology field, and its approaches were borne through and centers White middle class perspectives. As such, it has given permission to structural and institutional racism going unchecked within the universities that provide such courses. Cueva (2014) defined institutional violence as “a type of microaggression relating to the effects of racism and race-based trauma that produces psychological and physiological consequences- particularly to women’s bodies minds, health and quality of life in the academy” (p. 218). For minority students “the impact of institutional microaggressions can result in the cultural starvation...” (Ogunyemi et al., 2020, p. 107), limiting the space for BIPOC students to authentically show up as themselves culturally and increased forced assimilation to White dominant spaces.

Higher-level institutions have failed repeatedly to address microaggressions and race-stressors which are evident within the foundation of the institution itself. More so, even when these issues of microaggressions are addressed, it is not a high priority to take accountability, as such, it becomes a continuous trend and such claims are dismissed (Harwood et al., 2012). Ackerman-Barger et al. (2020) mentions higher institutions and faculties must conceptualize and understand the gross impact the experiences of microaggression have on BIPOC students. However, White faculty, students, and administrators who perpetuate microaggressions may be unaware of their actions (DeCuir-Gunby et al, 2020; Louis et al., 2016). For Black students matriculated in higher level institutions “the hostile anti-Black climates of PWIs in the U.S. not only impact the intellectual wellbeing of Black students but also affect students’ emotional wellbeing, which can result in racial battle fatigue” (Grier-Reed et al., 2021, p.1). For both Black and Latino students on campus the experiences of microaggression results in the feelings of isolation and loneliness (McCabe, 2009). Within the workplace,

Microaggression create hostile environments and tensions, preventing authentic relationships between coworkers, especially within organizations with no policies for accountability when such microaggressions occur (Fattoracci et al., 2022). DeCuir-Gunby et al. (2020) posits in “the workplace, African Americans experience various forms of physical, mental, and emotional fatigue and exhibit a variety of responses to survive in these situations” (p.2).



**Figure 4:** *The Black Woman Wrapped in a Golden Head Scarf*

## **Being Forced into Silence: The Loss of Our Voices**

The lack of persistent accountability in acknowledging the mental health field being perpetually white centered has led to consequential impacts, including the lack of BIPOC students matriculating in mental health counseling programs. The very few BIPOC students who do matriculate and progress into BIPOC interns disclose isolation and feelings of being unwanted (Ahmed et al., 2020; Carreo et al., 2022; Matan et al., 2011). Authors of “What Are You All Going to Do to Keep Black Women in Art Therapy? A Womanist Manifesto for Creative Art Therapies Education” proclaimed, “institutions and classrooms are often unprepared to address problematic norms and compound systematic factors that impact career pathways for BIPOC who are disabled, queer, Lesbian, gay, bisexual, transgender or gender non-binary” (Gipson et al., 2021, p. 2). Consequently, the unpreparedness to address such pivotal concerns created “...hostile campus environments were cumulative, stressful, and debilitating for minority students” (Ogunyemi et al., 2022, p. 108). Haskins et al. (2013) conducted a phenomenological study of Black students matriculated in a graduate level counselling program. The results of this study exposed the plight and experiences of Black students at a PWI institution. The Black students lamented the lack of diverse curriculum relating to cultural relevance and diverse professors. As such, Black students found themselves educating White professors and students. Consequently, White professors and White students were unable to understand and grasp the Black students’ yearning for cultural connection even after encouragement to do so. More so, the Black students felt “burdened, tokenized, and oppressed because of underrepresentation, isolation, and lack of racial dialogue” (Haskins et al., 2013 p.172).



The deficit of BIPOC professors and supervisors is acutely experienced in the supervisory relationships between White supervisors and BIPOC interns. White supervisors who have not addressed or are ignorant of their own racial biases and prejudices, in addition to a lack of cultural humility, resulted in negative training outcomes and strained relationship between the BIPOC interns and the White Supervisors. These consequences are explained by Constantine and Wang (2007); as BIPOC interns expressed feelings of invalidation when race and cultural issues were discussed, the White supervisors stereotyped both the BIPOC interns and the BIPOC patients, and recommended treatment which were culturally insensitive. Subsequently, as a consequence of these microaggressions experienced by the BIPOC interns in the study, they chose to walk out of the supervisory sessions, seek supervisory relationships with BIPOC therapists, and firmly decided to not address race-cultural issues with their White supervisors (Constantine& Wang, 2007). Griffith and Hussain (2017) interviewed BIPOC students enrolled in a predominantly PWI institution; the results of the micro-aggression and racism experienced included heightened awareness of negative stereotypes about Black people, unintentional racial insults, and blatant discrimination by both White peers and professors.

Miu and Moore (2020) reported BIPOC professionals “have experienced racism and threats which indicates that they are just as vulnerable to racism as the broader communities of color” (p. 540). BIPOC professionals accumulate race-based stress due to discrimination from patients or exposure from news and from society (Nunez et al., 2007). When engaging in therapeutic sessions with clients, BIPOC therapists “may experience discomfort when broaching the subject of race with clients- particularly clients racialized as white-which may manifest as anxiety, second guessing client behavior, and missing opportunities to address relevant racial or cultural dynamics” (Bartholomew et al., 2021, p. 2). On the other-hand, trust increases between

racially similar patients and BIPOC healthcare professionals which decreases health disparities (LaVeist & Jeter, 2002). Furthermore, within same-race relationships between client and therapist, Black therapists reported “an unspoken level of comfort” (Goode-Cross & Grim, 2016, p. 39). Alternately, whilst there is comfortability within same racial and cultural upbringing, BIPOC therapists can experience racial trauma within the therapeutic space when discussing anti-racism with BIPOC clients (Comas-Diaz et al., 2019).

For womyn-identifying professionals of Chicana and Latina descent, the stereotypes and biased images forced upon them of the roles they should enact is described by Flores Niemann (2012a),

[F]aculty, staff, and students may have particularly adverse reactions—conscious and unconscious—toward women of color who are not perceived as adequately nurturing or feminine. ... The motherly Latina [is] particularly strong. Women who do not meet stereotypical expectations that they will nurture students arouse anger, distrust. ... Be aware of these different expectations ... often from faculty colleagues (p. 469).

Holling (2017) also examined how images and stereotypes aid in controlling the behaviors of BIPOC women and its manifestation in microaggression experiences. In the study, Holling recounts personal microaggression experienced whilst working as a faculty of color, and the influence of image perception as a conduit for microaggressions experienced. Calafell (2017) underscored this statement of image perceptions and its influence on microaggression: “women of color are often read as non-normative, threatening, or violent in their communication because they do not conform [sic] to hegemonic standards of White femininity and passive aggressiveness that is so often favored in the academy” (p. 124). Holling continues to reinforce

the role of imagery as the means “to subordinate, to silence, and to discipline female faculty of color as well as function[ing] powerfully to remind us that we fail to perform properly as a gendered–raced colleague” (p. 105). For BIPOC-identifying female counsellors working in higher level institutions, there are experiences of mistrust and questions of ability and skill set, the high expectations to work twice as hard, and feelings of being alienated within the culture of the institution (Shillingford et al., 2013).



**Figure 5:** *To All the Black Voices Who Came Before and Will Come After- Sometimes a Burden*

## **Mourning the Loss**

Fleming et al, (2012) defined “defilement of the self” as the perception of racism experienced by a sample of 150 African American sample who were interviewed as “to perceive themselves to be over-scrutinized, overlooked, underappreciated, misunderstood and disrespected- in short, defined negatively and/or disadvantageously” (p.403). The impact of microaggressions such as “covert discrimination... subtle and complex which makes it harder for the targeted individual or group to determine the intent of the behavior and questions whether or not it should be reported” (Schwartz & Synder, 2019, p. 97). Williams and Mohammed (2013) reported racism is embedded and intertwined in the fabric of foundation of American society, its impact also connected to the negative impact of mental health especially amongst African Americans. Not only are BIPOC therapists expected to provide therapy for BIPOC clients, but also to participate or spearhead diversity committees and to provide outside support to minority communities (Nunez et al., 2009). The burden of responsibilities to which BIPOC therapists are being tasked is in accordance with the minority tax. Rodríguez et al. (2015) defined minority tax “as the tax of extra responsibilities placed on minority faculty in the name of efforts to achieve diversity” (p. 1). Minority tax goes in accordance with racial spotlighting, which “places unwanted attention onto individuals of an underrepresented group by heightening their marginalized identity/ identities in asking them to act as a spokesperson on behalf of their social group” (Lin & Kennette, 2022 p.246). The assumption BIPOC therapists will accept such burdens “in the name of diversity” (Miu & Moore, 2021, p. S41). The increase of depressive symptoms and psychological distress is linked to discriminatory experiences, as reported by Mouzon et al, (2017). Racial discrimination in the workplace results in BIPOC professionals being isolated from monumental career advancements, increased dissatisfaction within the



workplace, increased high turnover rates, a rise in job related stress with the felt compulsion to work twice as hard than their white counterparts and raced based discrimination from patients. The study conducted by Thai et al, (2017) examined the correlation of micro-aggression between self-esteem and the use of socialization as a mediator amongst emerging Asian American adults. The result of the study presented decreased self-esteem with the experience of microaggression amongst Asian American adults. Additionally, BIPOC therapists hold the burden of microaggression occurrence to prevent the rupture of the therapeutic space and relationship with clients (Branco & Bayne, 2020). Consequently, Peterson et al (2013) indicated BIPOC professionals reported lowers levels of job satisfaction due to experiences of racial microaggressions (Peterson et al., 2004).

Moreover, stereotypes and stigmatization of BIPOC interns resulted in imposter syndrome and decreased confidence and positive interpretation of self, especially within clinical settings (Inzlicht, & Schmader, 2012). Additionally, BIPOC interns “are expected to provide emotional labor to people with dominant identities and in positions supporting during experiences of racism. From admission, BIPOC trainees are policed on how to behave and encouraged to assimilate to western individualistic norms” (Carrero et al., 2022, p. S142). Blume et al. (2012) through their study of microaggression experienced by minority students revealed “increased risk for higher anxiety, underage binge drinking and the adverse consequences of alcohol use” (Ogunyemi et al., 2020, p. 108). As psychological distress increased due to experienced microaggressions, BIPOC students fail to seek counseling support on campus due to self-stigma (Cheng et al., 2014). Ackerman-Barger (2020) conducted a study on the impact of microaggressions on health professional students in higher institutions. The results of the study revealed that “chronic racial microaggressions create stress which, cumulatively, can wear down

cognitive function, flatten self-esteem, impair productivity, and damage relationships—all of which can lead to diminished learning and academic performance” (p. 759).



**Figure 6:** *The Red Silencing of My Voice & Theirs*

## **The Reclamation of Our Voice**

Baker and Gabriel (2021) defined self-care using the definition curated by the British Association of Counseling and Psychotherapy (2018):

An ongoing process of caring for yourself, making conscious effort to do things that maintain, improve, and repair your mental, emotional, physical, and spiritual wellness. It's about having an awareness of your own being identifying needs... Protecting and preserving yourself in the face of challenging work, self-care is also important when dealing with the troubles that arise from our personal life e.g., bereavement, illness, family difficulties and financial stresses etc (p.436).

The role of therapist is a demanding one, with continuously increasing caseloads, clinical documentation, clinical meetings, accreditation, etc. With such little time in between sessions with clients or patients, the Counsel for Accreditation on Counseling and Related Educational Programs (CACREP) highly recommended “self-care strategies appropriate to the counselor role” (2015, p. 11). Nelson et al. (2018) expressed “if counselors do not learn to care for themselves, they may experience stress in their personal and professional lives, leading to burnout” (p.1).

### **Reclamation of Our Voice: Coping Strategies**

Coping strategies include support from other BIPOC staff with shared experiences (Schwartz & Synder, 2019). Miu and Moore (2021) advised BIPOC professionals to “practice self-acceptance and compassion, recognize that one may be burdened, and it is okay to not be okay. BIPOC providers need to recognize that they are humans and also need social support

understanding from others” (p. 541). Shillingford et al. (2013), conducted a qualitative study examining the negative experiences of BIPOC female counselors in academia and highlighted the wellness practices engaged for the increase of well-being. The authors disclosed wellness practices engaged by BIPOC counselors include “spirituality, a self-care plan, the motivation to excel, setting boundaries, developing a strong professional identity and developing and maintaining a positive support system” (p. 262). Self-care plans created by BIPOC individuals are culturally informed to “reestablish pride in one’s racial group and remind targets of their strengths” (Spanierman et al., 2021, p.1050). Carrero et al. (2022) emphasized,

Amidst microaggressions and racial discrimination, BIPOC interns and BIPOC therapists are engaging in coping strategies to process such experiences. BIPOC interns “seek out spaces for safety and fellowship through affinity groups... racial and ethnic minority organizations... social media platforms have provided trainees with virtual hangouts... engaging discussions that focus on affirming their identities and addressing intersectional experiences (p. 144).

Solórzano et al, (2020) notes the seeking out for safe affinity spaces as “microaffirmations” defined “as the subtle verbal and non-verbal strategies (with People of Color) that affirm each other’s value, integrity and share humanity” (p. 185). Gockel et al, (2022) proposed a series of open and critical dialogues to “unpack” oppression. The study formed several groups at an undergraduate university to create in-depth discussions. The study revealed through dialogue, it cultivated,

A potential liberatory space. Participants were able to name, reflect upon, and be affirmed in calling out experiences of oppression that are often marginalized or dismissed...



Dialogue has the potential to bring people from diverse background together to interrupt racism, classism, and other forms for oppression (p. 387).

The creation of open dialogue makes way for BIPOC individuals to be engaged in political activism for Latinx students to mitigate racial microaggressions (Hope et al., 2018; Ogunyemi et al., 202) and ‘resistance coping’ to devoid assimilation and to “combat White, Eurocentric norms, defying stereotypes, and confronting perpetrators directly” (Spanierman et al, 2021, p. 1049). Adams (2014) examined whether BIPOC therapists may be immune to such experiences and the decrease of emotional well-being. Additional coping strategies used by African American professionals in the workplace includes, “engaging in communication or confronting racism, forming professional networks, seeking mentorship, turning to religion/ spirituality, armoring or setting boundaries, and engaging in self-care” (DeCuir-Gunby et al., 2020, p. 3).

### **Reclamation of Our Voice: Protective Factors**

Protective factors to counter acts of micro-aggression, discrimination and racism include engagement in religious activities and connection with close family and friends (Williams, 2018). In response to race-related stressors BIPOC students enrolled predominantly in PWI cope by processing the event, sought selective support by reaching to other BIPOC students who are able to empathize and validate the experience, increased motivation to continue to work twice as hard to excel and attempt to educate their White peers (Griffith & Hussain, 2017). BIPOC faculty of color have experienced micro-aggressions and discrimination within the working environment attempt to limit or reduce the passing down of such experiences by cultivating safe space for BIPOC students (Pittman, 2012). Haskins et al, (2013) reported Black students seek support from BIPOC counsellors as a form of ‘proactive support’. In addition, Black students

seek ‘reactive support’ where White faculty had a reactive response when Black students addressed microaggression and/or race related stressors. There is mounting research on the use of humor and laughter to cope with experiences of microaggression. Houshmand et al, (2019) defined laughter as “remedy and medicine” (p. 8) for Indigenous and Black individuals when retelling experiences of microaggression. Additionally, laughter was adapted to bond and to decrease stressors of microaggression amongst Black women (Davis, 2019). Ogunyemi et al, (2020) revealed engaging in political activism by BIPOC students help to “buffer feelings of stress and isolation related to underrepresentation on campus, racial hassles, and racial microaggressions” (p. 109).

### **Reclamation of Our Voice: Expressive Arts**

Bradley et al. (2013), highlights the importance of the utilization of the creative arts for counselors for self-care,

Counselors who use the creative self-care strategies may experience the multiple benefits of engaging in the creative process—both personally and as a means of coping with the demands of a career... is to experience the creative process and to allow to use creativity as a means of communication, catharsis, or containment (p.461).

The expressive arts are also referred to as the creative arts, “the creative use of the artistic media (art, music, drama and dance/movement) as vehicles for non-verbal and/or symbolic communication, within a holding environment, encouraged by a well-defined client-therapist relationship, in order to achieve personal and/or social therapeutic goals appropriate for the individual” (Karkou., 2006, p.46). Sethi (2016) conducted a study with immigrant minority females using phototherapy to uncover experiences of racism in the labor market and at work.

The BIPOC immigrant participants met in groups to share their photographs and to discuss. Sethi noted “the photovoice methodology gave participants a voice... photovoice allowed participants to voice their concerns from their perspectives and multiple ways” (p. 26). As such, photovoice gifts empowerment and visibility to marginalized communities (Sethi, 2016; Wang & Burris, 1994). Fonseka et al, (2021), stated through the use of art-based research, “the voice of those who are marginalized and stigmatized reveals lessons on invisible social barriers and struggles but can also be a testament to self- affirmation and resiliency in response to oppression” (p. 47). Fonseka provided an overview of the literature how arts-based research can be used to uncover racism and consequently the positive impact it has on BIPOC individuals. As racism spread, the expressive arts provide an eradication of silence, as amplifying and making visible of the multiple identities, express experiences of oppression through storytelling and allowing marginalized communities to engage in the power structures through a transformative development (Flicker et al., 2014; Bochner & Ellis, 2003).

Dye et al, (2020) conducted a study with graduate counseling students on the mitigating impact of mindfulness as a form of self-care during stress. Self-efficacy, wellness, and burnout. The study yielded greater awareness of their need for a better self-care practice, an awareness of emotional state, increased bodily awareness, stress management burnout prevention, and increased overall well-being (Dye et al., 2020). Nelson et al, (2018) explored self-compassion as self-care for graduate students and counselors. The authors provided self-care activities such as hugging practice or soothing touch, compassionate letter writing or a self- compassion break as a simple practice to integrate self-compassion. For international students during the pandemic lockdown, Geréb et al, (2022) examined how the use of online self-help arts-based activities can be of support. The results of the study found “arts therapy based (ATB) self-help tasks served to

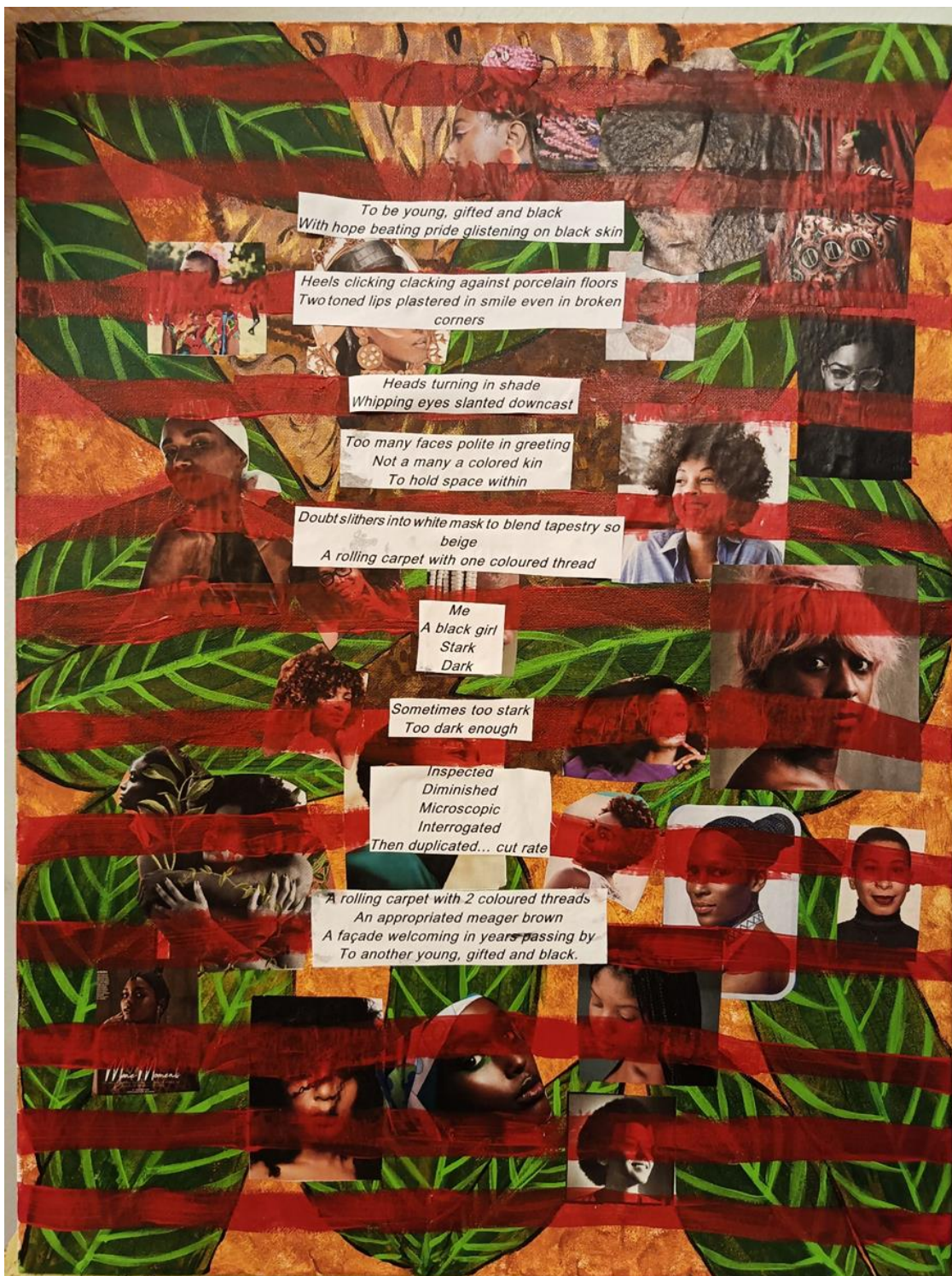
help the international students contain their stressful reactions, express ambiguous emotions, and reconnect with coping strategies” (Geréb et al., 2022, p. 5). According to Geréb et al, (2022) creative arts therapies “provide different methods to activate resources and coping abilities and increase action flexibility, self-efficacy, and empowerment” (p.18).

### **El Duende Processing Painting**

The El Duende One Canvas Process Painting involves the artist creating multiple layers of imagery on one canvas over a continuous period of time. The definitive Spanish definition and translation of El Duende is unknown as it holds multiple meanings. “El Duende exists in moments of discovery, reflection, and soul-searching and is thus thought to be helpful for learning and growth” (Chilton et al., 2021, p.137). This art technique gifts space for containment of tension, emotional release, and the unknown (Miller 2022). Miller (2022) conducted art-based research with art therapists on the role of the interim period of the El Duende One Canvas Process Painting. The central elements of the El Duende include “sustained art making over time on one surface; artistic and imaginative exploration of evolving and transforming imagery; the integral use of interim periods and the inclusion of continual visual documenting” (p. 24). The interim periods between the addition of a new layer generate stillness, the ability to work with tension, inspiration, comfort, and no desire to change the design of the canvas. During the interim period of the El Duende process, the marked “the growth of an authentic voice” (Miller 2022., p. 31) allows for individuals to sit in the unresolved tension on the exploration of the unknown (Miller, 2022).

The impact of microaggression and racism experienced by BIPOC interns and BIPOC therapist negatively impacts the mental and physical health and the environment they engage in.

Such is the scope of the impact on BIPOC interns and therapists, this population must seek or cultivate self-care and coping strategies to reclaim their sense of self and decrease racial stressors. The expressive arts such as the El Duende One Canvas Painting is one such technique which can be used to process, to contain and reclaim empowerment in the midst of microaggressions and racism experiences.



**Figure 7:** *A Voice Burdened & Silenced*



## Discussion

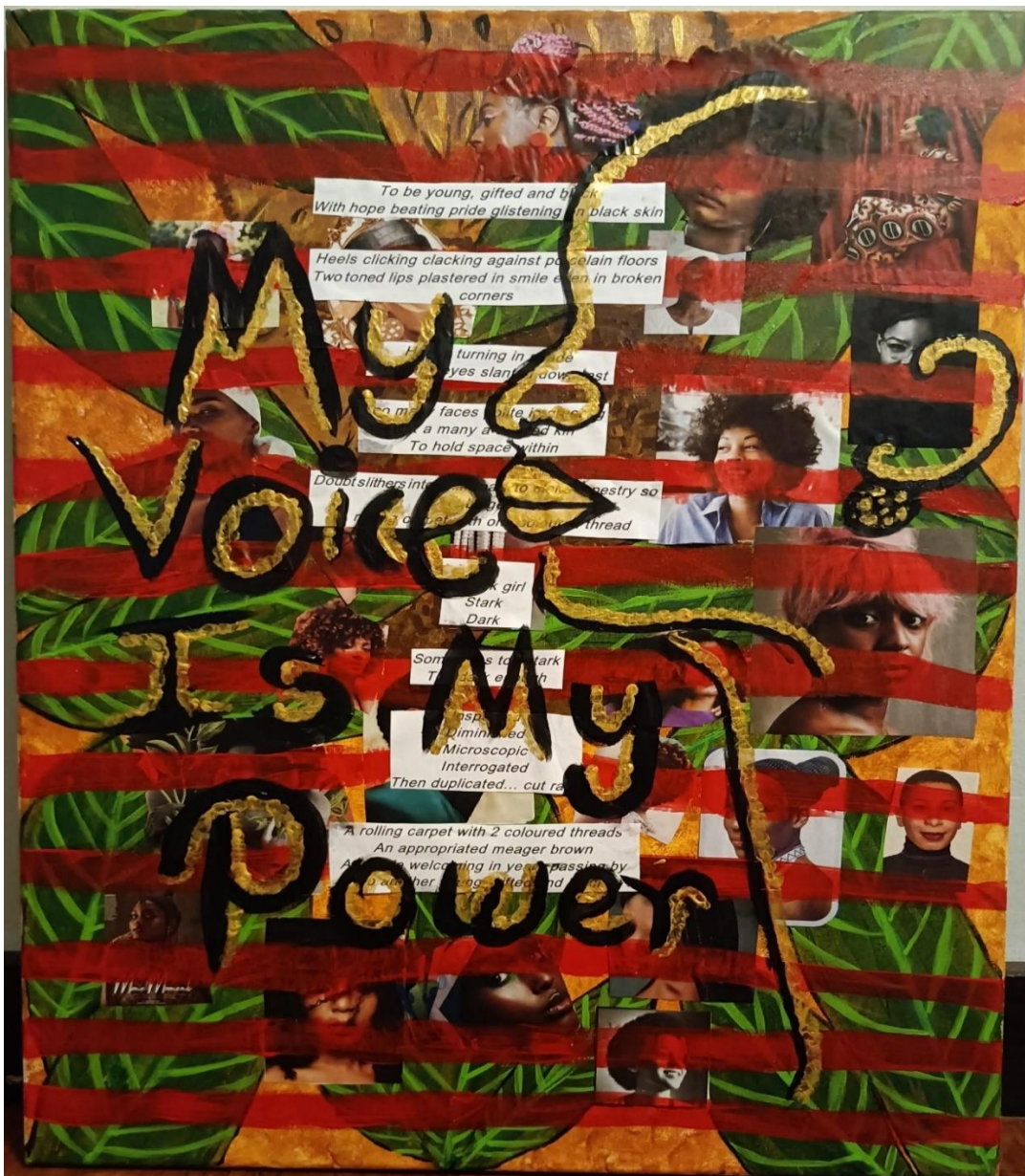
I lost my voice throughout this journey of authoring my thesis. My voice wavered, was controlled and was stifled. This rendered me incapable of speaking power and life into my own being. At the start of this journey, my heart was spoken to a different thesis topic. My initial thesis topic was to focus on the creation of a community engagement for BIPOC patients' experiencing microaggression and racism at an eating disorder facility using the El Duende One Canvas Process Painting. As the BIPOC patients' experienced microaggressions and racism whilst in treatment, I was determined to introduce the expressive arts within the BIPOC group I facilitated. This determination was influenced by the desire to complete my thesis and also witnessing the need for the BIPOC patients to reclaim their own voice within a multicultural framework using the El Duende One Canvas Processing Painting. However, as I readied my art materials I was met with many roadblocks and disappointments at my site. In the end, after much deliberation with my site, I felt pressured to change the nature of my thesis to a literature review. I witnessed the BIPOC patients' desire to incorporate the expressive arts within the BIPOC group sessions and the desire to integrate their race and cultural identity for processing their microaggression experiences and their eating disorder diagnosis. Additionally, my own heart was set-on exploring this topic and gifting the expressive arts to the BIPOC patients. As the door closed on my initial thesis topic, I became entrenched in grief. I was silenced. This grief robbed me of my own autonomy and power. My voice moved from an open room into a dark enclosed room without light. My grief decorated a home within me. When I finally named the grief, I was holding, its traveling belongings had already unpacked and evicted my voice to the dark.

Naming the grief was the first step in the reclamation of my own voice, and it was the awareness and acceptance that I had also experienced my own microaggressions in tandem with the patients. It was through reflection on my own experiences as a BIPOC intern at my site, I realized I wasn't on the outside of the microaggressions experienced by the BIPOC patients, but rather within it. As I facilitated the weekly BIPOC group, I absorbed the experiences of the BIPOC patients and played a role in this entire journey. After this reflection and realization, I then made the decision to slightly change the focus of my thesis to center BIPOC interns and BIPOC therapists' experiences with microaggressions and racism within the field. As the pathway on my journey changed course, the grief silently unmade its home. I became unstuck as I began the process of locating new research late into the term. I resonated with the data collection and discussions within the research articles. I was not simply reading research that conducted studies' within various settings and methodologies. I was reading my own life experiences played out in the p-value, in a scoping review, in the discussions and in the limitations. Here lay the importance and beauty of representation, even within context of research. My experiences and emotions were validated as I combed through each article. I felt seen and heard within these articles. Although there is limited research on microaggression experienced by BIPOC interns and therapists, it felt good to know I was not alone in these experiences. I also felt important enough for these researchers to focus on microaggression experienced by BIPOC interns and therapists. The research helped to underscore and highlight my own experiences and gain additional knowledge on how other BIPOC interns and therapists navigate microaggressions and racism. Whilst it was validating to know I am not alone in these microaggression experiences; it is sad to note these microaggression experiences have become normalized. Especially in the mental health field where such occurrences of microaggressions

should be acknowledged, made aware and be held accountable. Most importantly, the institutions should be at the helm aiding BIPOC interns to navigate microaggressions at their sites and within their own institutions. Institutions should provide the affinity spaces and the tools for BIPOC interns to navigate such experiences and to prevent BIPOC students from being silenced. For BIPOC therapists within the field, microaggressions should not be one of the battles they need additional armor for. It should be in the policy in every work environment to help prevent these experiences from occurring, and to take immediate accountability and action of such occurrences.

My self-care plan throughout this journey consisted of cultivating small moments to breathe and to recenter. Listening to music at my site or whilst writing my thesis brought both pleasure and focus. I engaged in conversations with the other BIPOC interns at my site and with my BIPOC peers who had similar experiences. Hearing their own stories, frustrations, disappointments, and their self-care plan, not only validated my experiences but also created a small community of support. Laughter propelled my voice unsolicited without thought within this community space. The laughter was both surprising and a remembrance of what was before the grief made itself at home. The El Duende One Canvas Process Painting became a container to hold the multiple layers of experiences and my intersectionality within one canvas. As I added each layer with paint, poetry, and collages, I reflected and released the final remnants of grief onto the canvas. As I researched, wrote, edited, and felt stuck, I added a new layer. As I reflected on my internship experience, I added a new layer. Multiple layers of identity and experiences as a BIPOC intern presented in one frame. My self-care plan helped to reclaim my voice and reignite my autonomy and power I had lost. As I glanced at my canvas whether to grab a cup of

tea, to prepare to enter my site or placed nearby as I sat down to write, witnessing the layered art captured has become the symbolism of my voice throughout this journey.



**Figure 8:** *My Voice is My Power*

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## Appendices

### Figure 7 Poem: *A Voice Silenced and Burdened*

To be young, gifted, and Black  
With Hope beating pride glistening on Black Skin  
Heels click clacking against porcelain floors  
Two tones lips plastered in smile even in broken corners  
Heads turning in shade  
Whipping eyes slanted downcast  
Too many faces polite in greeting  
Not a many a colored kin  
To hold space within  
Doubt slithers into white mask to blend tapestry so beige  
A rolling carpet with one coloured thread  
Me  
A Black girl  
Stark  
Dark

Sometimes to stark

Too dark enough

Inspected

Diminished

Microscopic

Interrogated

The duplicated... cut rate

A rolling carpet with 2 colored threads

An appropriated meager brown

A façade welcoming in years passing by

To another young gifted and Black

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**THESIS APPROVAL FORM**  
**Lesley University**  
**Graduate School of Arts & Social Sciences**  
**Expressive Therapies Division**  
**Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy**

**Student's Name:** Kahelia Smellie

**Type of Project:** Thesis

**Title:** My Voice Is Tired: The Reclamation of Voice Through the Expressive Arts to Aid in Self-Care and Processing for BIPOC Interns and Therapists Amidst Microaggression Experiences: A Literature Review and Autoethnography

**Date of Graduation:** May 20, 2023

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

**Thesis Advisor:** E Kellogg, PhD