Spring 5-20-2023

Exploring the Effects of Intersectionality on Mental Health and Identity Development with Adolescents Through Culturally Humble Art Therapy

Cal Loiselle
cloisell@lesley.edu

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Capstone Thesis

Lesley University

May 5, 2023

Cal Loiselle

Art Therapy

Raquel Stephenson

Abstract

This study investigated the implementation of culturally humble art therapy directives centered around identity development and social justice with adolescents. Intersectionality theory was applied to examine the ways operating from a culturally humble lens benefits clients and art therapists. Existing research supports the application of cultural humility with various populations as a method of validating client's experiences and strengthening the therapeutic alliance. A series of art therapy interventions were implemented at a private non-profit children's psychiatric hospital with the adolescent inpatient units. The participants were between the ages of 13-18 and receiving treatment for mental health conditions, short-term stabilization, and assessment. This study provided an opportunity to practice culturally humble art therapy and experience the personal and professional benefits of utilizing the theory. Findings include the need for lifelong commitment to practicing cultural humility and self-reflection related to countertransference. Art therapists must work towards integrating intersectionality and cultural humility into their daily practices to best support client's needs and treatment goals.

Keywords: art therapy, cultural humility, intersectionality, social justice, art activism

Author Identity Statement: The author identifies as a white, middle class, able-bodied, neurodivergent, queer, genderqueer person of mixed European ancestry living on the stolen ancestral homelands of the Manissean, Mashpee Wampanoag, Narragansett, Niantic, Pokanoket, and Nipmuc Peoples.

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Introduction

Intersectionality, termed by Kimberlé Crenshaw in 1989, describes the ways that identities are compounded to create a person's experiences of power, privilege, and oppression (Anders et al., 2021). Cultural humility pushes cultural competence a step further to emphasize that learning is a lifelong process, not a one-time event at the beginning of a person's career, and includes taking action to challenge oppressive systems (Keselman & Awais, 2018). To be a culturally humble art therapist one must intentionally make efforts to grow self-awareness of their role in systems and the impact that power, privilege, and oppression has on the therapeutic relationship and life of clients (Jackson, 2020).

I explored this concept with adolescents as it is a developmentally pivotal time for understanding how systems affect their overall wellbeing (Boaz & Bat-Or, 2022). I implemented five culturally humble art therapy directives with adolescents in an inpatient mental health hospital to investigate the effects of the theory on the clients and myself. The directives focused on the connections between systemic oppression, adolescent mental health, and identity development. My motivation was to practice developing culturally humble art therapy directives and active reflection on the ways my privilege influences the therapeutic process.

Oppression in the forms of ableism, ageism, anti-Semitism, classism, heterosexism, racism, sexism, xenophobia, and others are perpetuated on internalized, interpersonal, institutional, and structural levels. Internalized and interpersonal racism and other forms of discrimination influence one another. Art therapists must actively work towards understanding whiteness and other socially constructed prejudices as they are internalized regardless of the

therapist's or client's skin color, which causes harm to all (Kuri, 2017). Those with power are ultimately hurt by the systems they perpetuate despite the ways that they benefit from them.

Institutions like mental health facilities, education centers, workplaces, and more uphold the oppression of people based on their identities. These institutions take power from already marginalized people and widen the gap between the oppressed and privileged. Structural oppression takes place in greater society and is the combination of all the systems that, for example, give privilege to white people and oppress Black, Brown, and Indigenous people. Discussing the realities of these systems within the art therapy community and with clients is integral to fostering a culturally humble practice. Many people fear discussing these topics with adolescents; yet they are navigating the consequences of these systems whether they are supported or not. These systems directly affect the outcome of their mental and physical health.

As a white, middle class, able-bodied, neurodivergent, queer, genderqueer, art therapist in training, I continue to reflect on the role my identities play in my interactions with clients. I am privileged in many ways and I aim to explicitly acknowledge the power differentials that exist in the therapeutic relationship. I am interested in exploring identity and the ways that systems of oppression encourage the internalization of the harm they cause. Individuals begin to think they are the problem when it is the greater systems that are the problem. Gipson (2015) asserts that to engage in social justice art therapy one must do more than recognize privilege and use new terminology. Both are important, but it must go deeper to foster inclusivity, self-reflexivity, and actionable change in the art therapy field and greater society (Gipson, 2015).

Literature Review

This review will focus on the current literature regarding the use of culturally humble art therapy with adolescents and related studies that add to the understanding of the utilized method.

Intersectionality and Cultural Humility in Art Therapy

The field of western art therapy began from a branch of Eurocentric psychodynamic theory that centered the therapist as the expert (Huss, 2015; Kuri, 2017). It focused on pathologizing, diagnosing, and interpreting a client's artwork from the therapist's perspective. Freud and other psychodynamic therapists believed that artwork was an extension of a person's unconscious and viewed artists as "lacking in superego," but simultaneously revered them for their ability to connect to their unconscious (Huss, 2015, p. 24). Client's artwork and identities that deviated from the "norm" of cisgender, white, male, neurotypical, and other identities of power were considered abnormal and promoted stigmatization as the therapists utilized their own privileged experiences as the norm (Talwar, 2010; Zappa, 2017). Moon (2001) challenged this by asserting that clients are the true experts of their own experiences, needs, goals, and cultures. Many textbooks on cultural competency offer one chapter per socialized identity category and imply that one could be prepared to work with a client with a particular background after reading the chapter (Anders et al., 2021). Art therapy research has followed a similar model where one study or chapter does not begin to cover a whole person's experiences and disregards intersectionality (Talwar, 2010).

Many art therapy researchers have focused on working with marginalized and oppressed people and failed to address how to work with clients who are grappling with the power and privilege they hold in society (Talwar, 2010; Gipson, 2015). There is also a pattern of therapists with privilege focusing on their marginalized identities and not focusing on how their privileged identities affect them and their clients. This takes the focus off the oppressive systems and continues the legacy of pathologizing "difference" instead of celebrating it and working to dismantle the systems that negatively impact clients (Talwar, 2010; Kuri, 2017). Learning basic

knowledge about people and cultures different from one's own is extremely important as an art therapist. However, the client is the expert on the way they interact with their culture which may or may not relate to the research a therapist has done.

Despite the art therapy field being dominated by middle class white women, there has been a growth of research on incorporating intersectionality, cultural humility, and social justice into the art therapy field by art therapists of color (Doby-Copeland, 2006; Talwar, 2010). In 1978, the National Alliance of Third World Creative Therapists (NATWCT) formed to encourage the recognition and dismantling of "institutional and professional racism" particularly in support of marginalized folks in need of mental health care (Doby-Copeland, 2006). The group consists of art therapists of color and they worked to form a committee within the AATA to advocate for recruitment of more art therapists of color and courses to train art therapists on the needs of diverse populations (Doby-Copeland, 2006). Despite some growth, art therapists of color are still underrepresented, under supported, and undervalued in the profession (Doby-Copeland, 2006; Johnson, et. al, 2021).

Johnson (2021) studied how art therapy graduate students of color experienced their schooling. The research identified themes of mis-/under-representation of cultures in curriculum, misalignment of comfort levels talking about identity between white and students of color, the need to diversify the curriculum, and need for representative mentorship (Johnson, et. al, 2021). These findings demonstrate the necessity for continued work on the art therapy curriculum as schooling greatly impacts the ways new art therapist's practice. Facilitating more conversations amongst all students around power, privilege, and oppression can foster growth of the field and research (Doby-Copeland, 2006; Johnson, et. al, 2021).

Adolescent Identity Development

There is a wealth of research and theories available on the general physical, mental, and identity development of adolescents. Adolescent identity development is shaped by many factors, including socio-cultural influences. Sebre, et. al, (2021) researched adolescent identity development through digital media by utilizing Michael Berzonsky's identity processing styles including the diffuse-avoidant, normative, and informational processing styles to study 359 adolescents in the United States. The study encouraged counselors to provide psychoeducation about the benefits of not avoiding negative feelings, positive coping strategies, and self-regulation tools to clients with diffuse-avoidant behavior but these skills can be helpful for all adolescents regardless of their current identity processing style (Sebre, et. al, 2021). Art therapy can be a helpful tool to address these concerns as it offers a less intimidating approach to confronting negative feelings and helps adolescents discover artistic coping skills.

Adolescent mental health and identity development are often associated with different human development stages and socio-cultural factors. Mental health of adolescents is a great concern as studies show that suicide remains the third leading cause of death in the United States for young adults of all races and sexes between the ages of 15-24 years old (CDC, 2020). There is a lack of research on adolescent identity development and their mental health through the art therapy lens. Kelemen & Shamri-Zeevi (2022) developed an art therapy open studio model with teens whose identity development had been deprioritized while they coped with mental health conditions. They offered a confidential group that empowered the clients to explore their autonomy, identity, peer relationships, and self-expression (Kelemen & Shamri-Zeevi, 2022). They posited that brain plasticity, activated through sensory exploration and use of art materials, would promote identity development (Kelemen & Shamri-Zeevi, 2022). The study showed that

the adolescent's identity development increased and more research on the intersections of adolescents, mental health, and identity development would be beneficial.

Effects of Systems of Oppression on Mental Health

With the increased accessibility of technology and news, police brutality and oppression can be widely recorded and shared. This catalyzes movements, but constantly consuming violence towards Black, Brown, Indigenous and other marginalized groups negatively impacts mental health and distorts people's perception of reality (Gipson, 2015). Art therapists and other mental health practitioners must work to understand all forms of oppression and the effects of white supremacy to begin the decolonization of the field and better support clients (Gipson, 2015). Gipson (2015) suggests that the art therapy field must develop ways of naming and understanding whiteness and the ways that it influences the use of art in therapy. This intentionally critical lens "...expands the use of art, creating new tools to unmask identity, raise ethical questions, and resist domination" (Gipson, 2015, p. 143).

Crenshaw (1991) identified intersectionality theory as an empowering method for exploring how knowledge about identity and systems of oppression prepares people to challenge those harmful systems. Celebrating difference supports the reimagining of a more just world, whereas pretending difference does not exist perpetuates further violence and dissonance between oppressors and the oppressed (Crenshaw, 1991). Introducing an intersectional approach with clients can illuminate themes of distress and resilience related to their life experiences and mental health (Crenshaw, 1991; Anders et al., 2021). Studies show that experiencing multiple forms of oppression negatively impacts an individual's mental health exponentially (Anders et al., 2021). Facilitating a therapeutic space where intersectionality is explicitly discussed was

found to strengthen therapeutic relationships and validate client experiences (Keselman & Awais, 2018; Anders et al., 2021).

Karcher (2017) situated the need for social justice art therapy within the context of the 2016 United States election by emphasizing the importance of understanding the ways that sociopolitical trauma affects the mental and physical health of marginalized folks who are targeted by discriminatory policies. By taking an ecosystemic approach, the practice of analyzing trauma as the result of current and transgenerational systemic oppression, art therapists can support the empowerment of their clients (Karcher, 2017). Art therapy can offer a therapeutic space for validation, externalization of oppressive narratives, and art activism which supports clients in their reflective and healing process (Karcher, 2017).

Culturally Humble Art Therapy

There has been an increase in culturally humble and intersectional art therapy studies in recent years that expands on the concepts and their application through art therapy practice. Zappa (2017) proposed a queer intersectional model of art therapy to support trans and gender-independent people in challenging social hierarchies of gender. They applied the theories to examine the ways art therapy literature has historically perpetuated the erasure and pathologization of gender identities beyond the binary (Zappa, 2017). Previous studies have "...failed to examine the possible influence of cultural marginalization and discrimination as a contributor to their mental health difficulties" and instead assumed that their difficulties were a result of the client's gender identity (Zappa, 2017, p. 131). When applied to research practices, queer theory suggests that clients contribute to the research process and ensure their subjective lived experience is captured in an affirming way (Zappa, 2017). Art therapists utilizing queer and intersectionality theory must recognize the historical and current effects of systemic oppression

on clients. Ethically, art therapists have a responsibility to challenge transphobia and other forms of oppressive systems that affect their diverse clientele (Zappa, 2017).

Keselman and Awais (2018) studied six art therapists working in medical art therapy settings to learn how they incorporate culturally humble practices with their clients. Art therapists with privilege must be aware of the burden that is placed on marginalized clients to educate people in their life about their cultural practices and lived experiences of oppression. Therapists must do their own research so as not to further the burden on the client in the therapeutic relationship (Keselman & Awais, 2018). The art therapists shared the importance of being aware of how they might unintentionally project their culture, biases, worldviews, and ways of artmaking and interpreting artwork onto their clients (Keselman & Awais, 2018). Multiple participants noted that it can strengthen the therapeutic relationship to directly address cultural differences, privilege, and limitations of the art therapist's knowledge with clients (Keselman & Awais, 2018). When designing art therapy directives, art therapists have the responsibility of considering a client's culture, needs, and life experiences when choosing materials and activities to support the specific goals of the client (Keselman & Awais, 2018). The art therapists applied culturally humble techniques to varying degrees and demonstrated that there are areas of growth that are continuous throughout life. The researchers found that using an intersectional approach improved the patient experience, treatment prognosis, retention rate, quality of care, and self-advocacy (Keselman & Awais, 2018).

Whyte (2020) is a Kanien'keha:ka First Nations art therapist who supported 32 Indigenous and incarcerated men in two art therapy murals that focused on identity development, wellness, and pro-social interaction in a Canadian Federal correctional institution. The Participatory Action Research (PAR) method of qualitative research was used to explore how

mural making could challenge the effects of colonization and oppression while building community and empowerment. The mural was designed through collective inquiry and participants chose the design and style. Whyte found that "...wellness can often be correlated with identity development, particularly with populations impacted by racial and ethnic oppression" (2020, p. 55). The researcher's shared lived experience, inclusion of a Mohawk First Nation elder woman, and culturally humble approach strengthened the therapeutic relationship. The research demonstrated how art therapy can support the creation of cultural safety and empowerment in an isolated and restrictive setting.

Culturally Humble Art Therapy with Adolescents

Systemic oppression, discrimination, and disconnection from culture have been found to negatively impact adolescents' physical and mental health (Pepic et al., 2022; Kelemen & Shamri-Zeevi, 2022). Decades of research studies have shown that forms of discrimination along with cooperation and solidarity, "…are more a reflection of social, religious, or cultural identity than personal identity" which influences the perception and behavior of people (Boaz & Bat-Or, 2022, p. 2). Miner-Romanoff (2016) created an art program for incarcerated adolescents in Ohio that incorporated community exhibits and the sale of the participants' artwork for charity. The art program supported healthy identity development and the development of new skills like having patience, focus, and achieving a goal (Miner-Romanoff, 2016). The art making provided a space for the clients to express themselves and process the violence, family incarceration, and trauma that many of them experienced (Miner-Romanoff, 2016).

Including an element of displaying the social justice artwork that adolescents create has been found to be beneficial (Miner-Romanoff, 2016; Boaz & Bat-Or, 2022). Having art be witnessed helps to challenge the public's stereotypical beliefs and empower adolescents (Miner-

Romanoff, 2016; Boaz & Bat-Or, 2022). In Miner-Romanoff's (2016) study the adolescents reported that the act of displaying their art to the public increased their pride, sense of peer support, and positive identities. Creating art collaboratively with groups with opposing views or different languages creates a space for meeting, nonverbal communication, and the potential to grow empathy and understanding (Boaz & Bat-Or, 2022; Kelemen & Shamri-Zeevi, 2022). The group art therapy space can offer optimal conditions for intergroup contact to occur that can foster acceptance and understanding between group members (Boaz & Bat-Or, 2022).

A recurring pattern in culturally humble art therapy programs is the provision of material and application choices for clients (Miner-Romanoff, 2016; Whyte, 2020; Kelemen & Shamri-Zeevi, 2022). Art therapists have the potential to foster a safer space that encourages autonomy in a contained environment (Kelemen & Shamri-Zeevi, 2022). When given the opportunity to choose materials, content of the art, when to share, when not to share, and whether to display their art for others or keep it private, adolescents gain practice in making personal choices which builds identity development (Kelemen & Shamri-Zeevi, 2022).

Cultural humility acknowledges that learning and unlearning is a life-long process (Keselman & Awais, 2018). Naming the reality of systems of oppression and their impact through culturally salient art therapy directives with Native adolescents was found to improve mood immediately and foster "...longer-term outcomes, such as emotional regulation, resilience, self-esteem, and overall wellness" (Pepic et al, 2022, p. 52). Art therapists practicing cultural humility center mutual learning between client and therapist instead of regarding the therapist as the expert and the client as the learner (Kelemen & Shamri-Zeevi, 2022; Pepic et al, 2022). This challenges the power imbalance between art therapists and their clients, but the imbalance remains and must be acknowledged (Kelemen & Shamri-Zeevi, 2022; Boaz & Bat-Or, 2022).

Method

Five culturally humble art therapy directives were utilized with adolescents through the following method.

Participants

The series of art therapy interventions took place in the on unit group therapy room at a private non-profit children's psychiatric hospital. Individuals from two adolescent inpatient units (AIU) were invited to participate in the optional art therapy groups. The AIU serves adolescents ages 13-18 years old coping with mental health disorders and receiving treatment for mental health conditions, short-term stabilization, and assessment. The treatment team consists of a psychiatrist, family therapist, psychologist, pediatrician, nurse practitioner, nurses, and behavioral health specialists. The groups were supplementary to the patient's treatment regimens. Participants were cleared by their treatment team to participate in each session to ensure their safety. The units do not program together so two separate groups were held. Two behavioral health specialists accompanied the participants and art therapy intern for the sessions. The group was originally going to take place in the off unit art studio but due to staffing shortages, and clients who wanted to participate but were not cleared to be off unit, the groups took place on the unit so that any client who wanted to participate was able to. The groups consisted of around 12 participants and fluctuated as clients were admitted and discharged.

Materials

The sessions required a variety of materials for each directive. The materials utilized included tempera paint sticks, large white paper, colored pencils, a worksheet with an identity key, markers, scented markers, journal paper, colorful paper, glitter, glue, found objects, oil pastels, watercolor paint, and paint brushes. These materials can be substituted for similar

materials if needed and the directives can be used in an individual, group, or outpatient setting. Large papers with co-created “community agreements,” short age appropriate definitions, and quotes were taped to the wall as necessary.

Procedure

Each 45-minute session began with a review of the community agreements and an introduction to the directive and provided materials. After about 35 minutes of art making the participants were invited to share their name, pronouns, artwork, and process with the group.

During the first sessions, the community agreements were established and agreed upon by the groups. The art therapy directive was intersectional contour portraits. The definitions for intersectionality, power, privilege, and oppression were discussed and written on a large piece of paper for the clients to reference. The treatment goals included identity development, building awareness of systems of oppression, peer support, resilience, self-esteem, and confidence. Participants created a contour drawing of their face without looking at the page with tempera paint sticks. They were provided 11” x 17” paper to practice on and test out the paint sticks. They then used a 9” x 12” piece of paper to do one full page drawing of their face. Participants chose colors to represent the provided key of identities which included race, gender, sexuality, age, disability, ethnicity, and two blank spaces they could fill in on their own. Participants then filled in the small sections created by the continuous line process with the different colors to represent the different parts of their identity. The finished product revealed a whole person to emphasize that people are made up of all their identities simultaneously and cannot experience the world from the perspective of just one of their identities.

The second session focused on empathy and expanding perspective. Participants were introduced to the quote “don’t judge someone until you’ve walked a mile in their shoes” (James

Milson, 2022). The treatment goals for this directive included building empathy, identity development, understanding of stereotypes, empowerment, and resilience. Participants traced their feet on an 11" x 17" piece of paper and used colored pencils and markers to illustrate and write about how they see themselves inside of their footprints. On the outside they illustrated the ways they believe others and society view them based on their identities. During sharing time, the participants were encouraged to reflect on what it means to have empathy, how imagining what another person is going through is different from experiencing it, and how it is important to learn about other people's experiences and cultures.

The third session used gemstones as a metaphor for resilience. Gems are formed when minerals are forced together under pressure and heat over time. This can be compared to how resilient people are despite the difficult things they have experienced. This process was explained to participants along with a section from Maya Angelou's poem "Still I Rise." The treatment goals included improving self-esteem, peer support, cognitive reframing, and resilience. Participants journaled about the metaphor and poem. Next, they were led in folding an origami inspired gem to decorate with their strengths using markers and glitter to remind themselves of their resilience while recognizing the injustice of the challenges they have experienced.

The fourth session focused on imagining the ways that clients can utilize coping skills and alter their environments to support their needs. The treatment goals for this session included building self-advocacy, self-agency, and creative problem solving skills. The session began with looking at the Thich Nhat Hanh quote: "when you plant lettuce, if it does not grow well, you don't blame the lettuce. You look for reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce" (Goodreads, 2023). Participants created a 5 minute warm up drawing of themselves as a fruit, plant, or vegetable. They taped their drawings

to a large piece of paper with the quote and a ground line drawn on it to create a group garden. Participants used scented markers and collage material to create a personal garden around their chosen fruit, plant, or vegetable that protects them and supports their growth. Participants were told about the plan to create activist artwork to display in the hospital and given a piece of paper to help them brainstorm ideas and the materials they want to use for their project.

The fifth session focused on the participants creating art about one or more social justice movements they are passionate about. The treatment goals for the session included improving a sense of empowerment, self-agency, identity development, and confidence. The participants were offered markers, oil pastels, and watercolor paint. The artwork was displayed in a hallway near the hospital entrance so that people entering could see the participant's messages and in a virtual gallery that was shared throughout the hospital. The client's guardians signed a consent form for their art to be displayed without any identifying information.

Data Collection and Analysis

After each session, individual participant notes were recorded according to the hospital's requirements. I created response art to document my process, countertransference, and feelings that arose. Using a combination of writing and drawing I reflected on how the participants appeared to respond to the session, what they reported, and the artwork that was created. I thought about the physical sensations I had in my body and the thoughts I had before, during, and after completing the sessions. While making the response art, I attempted to achieve a mindful and nonjudgmental state to support more honest self-reflection.

Results

During the first sessions I explained to the participants that the group was an optional supplementary group that was a part of my work as an intern in a graduate art therapy program.

An overview of what art therapy is and how it is different from an art class was discussed. I taped a list of "community agreements" to the wall with suggestions like confidentiality, speak from your own experience (I statements), no one knows everything, be curious, open, and respectful. I chose to include "no one knows everything" to acknowledge that I am included in that and there is potential for mutual learning between the participants and myself. As a white person I have privilege and am continuously unlearning my biases, and I wanted to recognize that when discussing identity in the therapeutic space people may make mistakes. Each group was given the option to add or edit the community agreements. The first group chose to keep them as they were and the second group added "no bullying" and later in week two, "no haters." Each week I briefly revisited each of these disclosures and agreements at the beginning of the sessions and framed the community agreements as something that could be changed and updated. There were some participants who attended all five groups, others attended a few, and some only attended one due to admissions, discharges, meetings, and safety precautions. Despite the group being optional, both groups had an average of 12 participants while there were typically 17 patients in each unit.

Session One: Intersectional Contour Self-portrait

The original plan was for the group to take place in the art studio that is off unit so to participate the clients would have to be cleared to go off unit and staff would have to join. When I arrived at the unit to do the group, they lined up the clients who could go and realized that they did not have enough staff for us to go to the art studio and there were clients who wanted to participate but would not be able to leave the unit. I offered to do the group on the unit in the sunroom which consists of five small circle tables and ran to gather all the materials. I rushed down three flights of stairs, grabbed the materials, and quickly set up the space. This took up

about 10 minutes of the group. As I started the group with twelve participants, the largest group I had run, I questioned if what I had planned was going to be appropriate.

After introducing my name, pronouns, art therapy, and community agreements I briefly explained the definitions of intersectionality, power, privilege, and oppression. I wrote the definitions on an 11" x 17" piece of paper and taped it to the wall. While talking, I was catching my breath and sweating from running up and down the stairs. I hesitated before explaining the definitions as the group was running late and I worried that the concepts were too complicated or boring for the clients. However, in both groups the clients appeared invested and engaged in the discussion about the concepts. I was glad I trusted my plan and moved past the feelings of doubt.

Next, I introduced the concept of contour drawing without looking at the paper. Participants were provided tempera sticks and 11" x 17" pieces of paper to try the technique and I demonstrated how fast they can be done (figure 1). After about 10 minutes, participants were asked to pause and color code a key that included race, gender, sexuality, age, disability, ethnicity, and three blank spaces in case they wanted to include an identity that was not listed. Thin markers were passed out for participants to write their identities and most of the participants wrote out all of them. Participants were then shown my example of a 9" x 12" contour drawing that I had coded by using the identity key (figure 2). When all the sections are filled it reveals an image of a complete face to symbolize the ways that people's identities intersect and come together to create a whole person.

During the first group I did not specify that the markers were only for writing their identities and a few participants drew the contour drawings with the markers. I had not thought to specify that and in the moment felt it did not take away from the directive goals although some participants were less inclined to use a continuous line with the markers. During the second

group I was sure to emphasize that the markers were only for writing their identities. I walked around and reminded the participants to use a continuous line and at the end offered the option for them to share their name, pronouns, and artwork. During the last five minutes of the groups, the participants left in a staggered fashion which made it difficult to count the materials before they exited. A purple tempera stick was missing after the second group so I followed protocol for when an item goes missing. The tempera stick was eventually found by staff and discarded.

To reflect on the first sessions, I wrote the thoughts, feelings, and worries that I experienced leading the groups in pen (figure 3). The thoughts that were going through my mind were: "Should I go with my plan? Are the community agreements okay? What did I forget? What are everyone's names and pronouns? Where are they at in their day? Is this too much? Are they bored? Is this making any sense? What do staff think of me and what I am doing? Count everything?" The other thoughts and feelings that arose were "nervous, sweating, on the spot, adapting, way messier than I thought, cooling down, oops forgot to give specific instructions, biggest groups I have run, privilege, less anxious, breathe, take 2!" I used tempera sticks to draw a contour inspired representation of my feelings of nervousness (red face) and growth represented by the roots, plants, and nature inspired lines. I wanted to acknowledge the feelings of insecurity and honor the reality that I am in the beginning of my career. There is room for growth which is a positive thing and emphasizes the need to breathe literally and figuratively. The symbols of growth also represent the continuous learning process of cultural humility.

Session Two: Empathy and Perspective

After reviewing the community agreements, I explained the prompt by showing a blank example with an outline of shoe prints with "how I see me" written inside the prints and "how other people see me" on the outside. I was surprised by the resistance that some of the

participants had to tracing their feet on the paper for the directive. For those who felt uncomfortable doing so I suggested that they free-draw the shape or trace my example (figure 4). Many of the participants were thoughtful in pondering the quote and directive and some chose to use humor in their artistic expression. I noticed myself feeling much calmer and more prepared for the groups after the previous week as I was more familiar with the clients and chose to continue to hold the group on the unit. Most of the participants stayed to share their art at the end and there was a mix of serious and humorous things shared. One participant shared their negative view of themself and multiple clients challenged their view and shared that it also resonated with them. Others shared themes of self-confidence and one even demonstrated a dance move they are skilled in which prompted a small group dance moment just as the group was ending.

When reflecting on the sessions, the phrase "meet them where they're at" came to mind (figure 5). It was valuable to witness the different levels that the clients engaged with and a reminder that humor can be an important tool in therapy. I wrote other words like: "exploring, thoughtful, jokes, sharing, and words." The waving green line through the drawing represents the ups and downs of the groups and adapting as they progressed. The other lines represent the energy and connections that I felt during the group including a sense of calm and breathing which was a large contrast from the first sessions. The first group was delayed due to a scheduling issue but I was able to adapt the timing of the directive without becoming too overwhelmed and the clients were able to complete their artwork despite having less time.

Session Three: We are Gems

I began these sessions by briefly discussing how gems are formed and then asked for volunteers to read the first three stanzas of Maya Angelou's poem "Still I Rise." In both groups there were multiple eager volunteers to read the poem and they took turns reading the stanzas.

They then discussed the possible meaning behind each part and how it relates to the gems and Maya Angelou's life. Next, I led them in the folding process and gave them a quick background on the origin of origami and how the activity is a branch off from the traditional forms of origami that come from Buddhist traditions but that it is different as we are not using it for religious practices (figure 6). I wanted to make sure that I adequately provided context for Maya Angelou's life, poem, and the history of origami all in a succinct and easily understandable way. I used the example of how Maya Angelou gained strength and resiliency from experiencing misogynoir but that it did not mean that what happened to her was okay. I asked the group what they thought of when they heard the word resilience and a client in the first group summed it up with a scrunched up face of disgust. I asked them and others to expand on that facial expression and the group discussed how they often hear the word resilience to describe themselves from doctors and therapists. It felt important to acknowledge that resiliency does not mean that what they experienced was fair or meant to happen. Instead, the emphasis was on how supports could help others from having to experience similar injustices and the strength in vulnerability. One client asked if they could include the negative things that contributed to their strengths on their gem in the first group which encouraged me to explicitly suggest the option in the second group.

I had printed out a sheet of birthstones in color to show the groups to help them to choose their paper colors while they were journaling about the poem and ideas. I forgot to show the first group the sheet as there was so much to keep track of. I had written on a sticky note the basics of what I wanted to share about gems, Maya Angelou, and origami but had forgotten to write the birthstone piece. After the first group I added it to my sticky note and remembered to share it with them. The participants appeared to find it interesting and enjoyed sharing what stone was theirs and their loved ones. If I were to do this directive again, I would include the birthstones as

it opened conversations about important people, events, and provided further connection to the theme of the participants being gems.

The original plan was to have the group be five consecutive weeks long but before the third week could start, I became sick with COVID and was out the whole week. When I returned, I did this gem directive and I noticed that my hands were cold and clammy while setting up for the group. I wondered if this was because I was nervous, cold, or sick which in turn made me more nervous. After the first group my hands felt less clammy and I recognized that I was feeling stressed about missing the previous week and wondering if the clients would be engaged or remember the goals of the first two sessions. Because of this focus on my hands, I chose to trace them to start my response art (figure 7). I used markers and chalk pastel to draw my hands balancing holding all different gems to represent the clients who attended the sessions. On my hands I pasted the sticky note that I had in my pocket during the sessions. I did not reference the sticky note in the sessions often but feeling it in my pocket helped me to remember the things I had written on it and make sure I included it all. I wrote other words that came to mind like: "context, participation, peer support, learning together, remember all the parts!, listening, different levels, hold space and experiences, breathe, balance, negative and positive, strengths, running out of time, and share as you go." As I held these thoughts in my mind, I was also attempting to honor what clients were sharing and their process.

The first group ran out of time to be able to share thoroughly as a group so I asked them to hold up their gems before leaving and to look around at each other's gems. I had intended to have time to share individually but I noticed that many of the participants were discussing their gems and choices as they were creating them and they seemed invested in the art making process. In the moment, I felt it was important to give them the time to finish up their artwork. In

the following few weeks after this directive, I had three separate clients bring up the directive to me in passing and mention how much they enjoyed it. One client offered that their parent was proud of their work and placed it on their fridge. It was affirming to hear from these clients that the directive was meaningful to them and that they were still contemplating it weeks later.

Session Four: Growing strength

Due to missing a week, I contemplated if I should continue with this directive or if I should shorten the series by a week as I was least clear about this directive. The directive started off as "imagining change" by having the participants draw a challenge in their life related to greater systems of oppression and then transform the art through collage or paint to express a new way of coping or changing the situation. It felt too broad and complex of a concept for some of the participants to grasp in the time allotted. The goal of the session that I wanted the clients to explore was the cognitive reframing concept that they and their identities are not the problem, the oppressive systems are the problem and challenging them can be empowering and liberating. While researching these topics I came across the quote from Thich Nhat Hanh that states: "when you plant lettuce, if it does not grow well, you don't blame the lettuce. You look for reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce" (Goodreads, 2023). This is only the first half of the quote and without the second part it begins to explore the concept of not blaming oneself for problems caused by oppressive systems in a more approachable way than my original activity.

After consulting with my site supervisor, another art therapist, and meeting with a peer on Zoom to discuss my options I decided to go with the theme of planting a garden of strengths and challenges. Participants were asked to represent themselves as the fruit, plant, or vegetable they drew in the warmup and what helps them to grow and protects their growth. For my example, I

drew a large tree for coping skills protecting my carrot from a groundhog that symbolized anxiety, a bumble bee to share my thoughts with, and rain to show caring for my physical needs (figure 8). The participants appeared engaged and motivated to draw and share the warmup. Two participants chose to draw a cannabis leaf and staff redirected them to draw something appropriate and they began to create a garden together. Two other participants from the same group were redirected for their behavior and asked to leave five minutes early by staff. Most of the participants slowly left the group and a few shared their artwork with the smaller group that stayed. One participant depicted a fence protecting their garden from their anger and described plans to continue working on the artwork after the group ended. Another represented PTSD by a crow and their supports as a scarecrow protecting their garden.

There were some logistical challenges with the timing of the groups as a therapeutic group had been rescheduled during the time I was supposed to do my groups. The morning of the groups I met with the AIU staff to plan a time for me to run them later in the day. After finishing the first group, I counted the materials and took longer to clean up since I had brought around eight different materials for the clients to choose from. This caused me to be late for the next group. I set the materials up on a counter and had each table choose their materials. I had learned from losing a tempera stick in the first group to count the materials at each table so that if something were missing, I could better pinpoint who might have taken the item. A yellow scented marker was missing so I had to fill out another report but was able to determine who was at the table. I felt sad that an item had gone missing again from one of my groups as I felt like I was not doing my job well enough. Ultimately the main concern is safety and a marker is relatively low risk but it was unfortunately not found. I had put the scented markers and glue on the tables to minimize the need for passing things out during the first group and the participants

immediately began smelling them when they entered the group room. This made it difficult for the group to focus on the quote and directions as they were mainly invested in smelling the different scents. For the second group I only put the oil pastels on the tables to start for the warmup and then passed the markers out with the rest of the materials which appeared to improve focus on the warmup and quote.

For my response art, I focused more on seeing what happened with the artmaking and less on writing words than in my other response art (figure 9). I believe this was because I was experiencing many emotions during and after the two groups. I felt overwhelmed by the change in schedule, the need to get home on time, and the pressure to clean up quickly and start the second group right away which is represented by the three clocks in the upper left corner. The three orange triangles represent the clients who were redirected by staff and the yellow lines represent the missing yellow marker. The pink represents the calm and thoughtful moments. The squiggly colors are all the thoughts and feelings in my head and the tears acknowledge my overwhelm and stress related to time and the lost marker. The large red ear with my earrings on it shows how I was attempting to listen to the client's thoughts and needs as well as a client who disclosed information to me that I then had to report to their treatment team.

At the end of the groups, I attempted to explain the plan to make artwork that would be on display physically and virtually for the next week and gave those who were left at the end a half sheet of paper with a cloud outline, a space for their name and materials, and the following prompt: "What social justice issues are you passionate about? What do you want people to understand? What would the world be like if everyone worked together to solve these problems? You will have the option to have your art displayed at the hospital and in a virtual gallery!" A

few clients stated that they were interested and a staff member took extra copies in case the participants who left early wanted to brainstorm ideas.

Session Five: Imagining Change Through Art Activism

For the final group I explained the above prompt and reiterated that participation was optional to create art based on a social justice issue or identity that is important to the clients that would then be displayed physically in the hospital entryway and in a virtual gallery. While the clients made their art, I walked around to each individual and asked if they wanted to be in one or both shows and what the title of their piece would be. I had originally planned to bring many different items for clients to choose from for materials like the previous week but because of how overwhelming it was I decided to bring oil pastels, thin markers, and watercolor paint. My supervisor suggested that I explain how the markers can be used with the water to intentionally make them bleed and the oil pastels will be resistant to water. I appreciated this idea as resistance is an important theme in activism. When I arrived at the unit for the first group, more than half of the unit was lining up to go outside as it was a particularly nice day after many cold days. The staff asked for me to wait to start until those going outside left and as soon as they left the therapy dog came to visit. By the time the remaining clients were ready there were only 20 minutes left of the group. In the moment, I decided that it was best to do a different directive than attempt to have a few clients create art on the involved prompt in such little time. I was able to run the second group which had a total of 15 participants and was the largest group I have ever run. Nine clients chose to have their art displayed in one or both galleries. Themes that arose in the client's artwork included environmental justice, mental health, identity, and animal welfare.

My example art depicted red bricks of oppressive systems being dismantled and the building of a loving and supportive community (figure 10). The large paintbrush references the

way that art activism can be a tool to help make these changes and the strong tree represents the need for growth and reconnection with the environment and one another. A Black Lives Matter and inclusive pride flag are placed at the entrance of the community building. I showed this example to illustrate the option of creating art that actively shows the world changing.

My schedule was planned around having five weeks to run the group, which turned into six, and then we planned for me to run an art therapy group off unit in the art studio for long term patients who can leave the unit. The last meeting went into the seventh week and the start of my new schedule so there were only two participants that were able to do the group. I felt frustrated that more participants were not able to contribute but the first group was so large that a sufficient number of clients were able to contribute. Both participants in the second group chose to submit their artwork for the galleries. After they made the artwork, I was not sure if they could be displayed because of the content. One participant made artwork about ending gang violence which included an image of a gun. The physical gallery is right when people walk into the hospital so there is no opportunity for a content warning. I informed the client that the art could be in the virtual gallery but not in the physical one because of that and they appeared understanding. The second participant painted an alien and explained that they wished people would be more like aliens who are not misogynistic, racist, or homophobic. They wrote a phrase on the artwork that could potentially be taken as a drug reference so I gave them the option to change or cover the words for the shows and they decided that they would keep the artwork instead and not put it in the shows.

I felt disappointed that I had to tell the participants that their art could not be displayed in both shows. I worried about how it would affect the therapeutic relationship as I had originally told them they could be displayed and then had to inform them they could not be. Feelings of

frustration around censorship arose as I wished that I did not have to limit the participant's expression and sharing. Given the location and treatment goals of the participants I understand that it was necessary and believe it did not greatly impact the therapeutic relationship. I waited to do the response art until after I ran the second art group (figure 11). Using oil pastels and markers, I let the materials flow and intersect. As I drew, I focused less on the outcome of the art and instead on the feelings that arose during the last two sessions. I reflected on the overall themes that arose in the last two sessions but also in all the sessions and wrote them: countertransference, flexibility, adaptability, and cultural humility. Each theme is linked to a different mark making pattern.

Once I collected all the artwork from the groups, I had to contact the participants' social workers to obtain the consent to display their artwork from their guardians. This gave me practice with connecting with other members of the treatment teams and with participants' guardians. I was able to install the physical gallery immediately due to consent forms patients sign when entering the program. For the virtual gallery, I edited the images of the artwork on Pixlr to fix the lighting and cropping. The program for the virtual gallery is called Kunstmatrix and provides a virtual space for the artwork to inhabit and be shared. I titled the gallery "Imagining Change" and wrote a short artist statement to accompany the shows.

Discussion

The results reported above detail the experiences of this writer while utilizing culturally humble art therapy directives with adolescents at a private non-profit children's psychiatric hospital. The themes of countertransference and cultural humility appeared most salient when reflecting on the art therapy sessions discussed above.

Countertransference

Creating reflection artwork supported the processing of countertransference as the literature suggested (Miller & Hill, 2011). Countertransference is related to self-reflection as examining it showed me areas of growth that I can focus on more independently. As a white art therapist, I must be in touch with my intentions and the way that I discuss intersectionality as it has become a signal word for white therapists to increase their social capital (Kuri, 2017). This includes reflecting on the biases that I have been socialized to believe related to my whiteness and other privileges and interrogating the ways they influence my art therapy practice. Art therapists must commit themselves to continued self-reflexivity of their power relations and questioning the systems within the art therapy field and greater society (Gipson, 2015; Kuri, 2017). Art therapists have the privilege and responsibility to facilitate a therapeutic space that is culturally humble and supports the questioning of power imbalances within the therapeutic relationship, the client's interpersonal interactions, and institutionally.

When art therapists take "...an active role in social justice, it is imperative for that therapist to ask themselves what their motivation is and in what ways they are asserting their privilege" (Jackson, 2020, p. 117). During each session I introduced my name, pronouns, and included the disclaimer that no one knows everything, including myself, and especially as a white person in a position of power when compared to the clients. I worried that this would become repetitive or take away from the session as I had to redirect the conversation multiple times after sharing that I use they/them pronouns as some clients were confused or excited to see themselves reflected in an adult. With the continuous flow of clients, I wanted to ensure my privilege was acknowledged, sharing pronouns was modeled, and that the client's personal knowledge and experiences were valued so I continued the sessions that way.

While facilitating the sessions, I attempted to ground myself physically and note the messages my body was sending to myself and others. At times I noticed myself sweating and out of breath. I looked at the signs to see if they were caused by outside factors, like running up the stairs, or from countertransference feelings of insecurity and nervousness. I found that when my physical and personal needs were met, I held a greater capacity for reflexivity. This highlights the important role that proactive self-care plays in minimizing countertransference. As thoughts arose, I tried to remain nonjudgmental to allow myself the opportunity to reflect honestly on the thoughts I had towards the sessions and clients. Instead of mentally punishing myself for a biased thought, I attempted to remain curious about the origin of it. Creating the art responses encouraged open curiosity and allowed me to reflect more deeply with self-compassion. It can be difficult to prioritize time for creating response art, but as art therapists it is an especially valuable way to reflect on countertransference and therefore worth dedicating time to in daily practice. I experienced countertransference with clients whose identities were similar and different from mine. Continuing to process those feelings through artwork, personal therapy, and supervision is imperative to my future practice.

Cultural Humility

Cultural humility interrogates power imbalances and holds oppressive systems accountable for the harm they cause. Another main tenet of cultural humility is the commitment to lifelong learning and self-reflection. This research process occurred continuously before, during, and after implementing the method. This included researching books, articles, and communicating with my supervisors and peers. Cultural humility "...requires one to stand for what is just and take a stance for equity by advocating through dialogue with others and actively engaging in critical self-examination" (Jackson, 2020, p. 117). When I was unsure of how to

proceed, talking with professional individuals in my life provided me with new perspectives. This provided practice with embracing collective support and rejecting the internalized individualistic ideology that insists people must only rely on themselves. Challenging this societal programming is especially important when discussing cultural humility. Honoring and integrating multiple perspectives discredits oppressive institution's claims that the narrative of the privileged is the norm and singular perspective. This includes incorporating my lived experience, client's viewpoint, and perspectives outside of the art therapy field when possible and appropriate into my practice.

When choosing quotes and creating directives, I included diverse perspectives that begin the process of making "...sense of the epidemic of dehumanization in our culture" (Gipson, 2015, p. 144). This is an area of continuous growth as these perspectives and themes must be intentionally woven throughout an art therapy practice to avoid the common occurrence of only addressing these topics during certain holidays or retroactively after a traumatic event. As the method progressed, I felt more comfortable and encouraged to continue to try these and other directives that center intersectionality. When reflecting on the challenging incidences of the method, I was reminded of the importance of rejecting the white supremacist value of perfectionism and accepting that there is room for growth, rupture, and repair. Having to reflect and adapt in the moment provided valuable practice with reflexivity and encouraged self-reflection after each session.

This method demonstrated the importance of incorporating cultural humility into art therapy practice for art therapists and clients. Making a conscious effort to practice cultural humility in art therapy sessions regardless of the topic of the session is recommended. Art therapists have the power and privilege to explore their positionality in the world and work to

understand the ways that it impacts their clients. Cultural humility is not an exact science and takes continuous effort that must be sustainably incorporated into the daily practice of art therapists. When a culturally humble intervention does not go as planned it provides an opportunity to repair and strengthen the therapeutic relationship, learn, and improve next time.

Limitations

Due to having COVID 19 and programming challenges, the sessions took place across seven weeks instead of the intended five weeks. The groups were not closed groups and they may have had more fluctuation in participants than they would have if the sessions had met as intended. Most of the sessions required adapting in the moment due to scheduling, an issue with the directive, or interpersonal reasons. A limitation of this paper includes the lack of diversity in the advisors, supervisors, and peers who reviewed this material as there may be biases that were not found due to similarity of backgrounds.

Implications

This method suggests the importance of continuing to strive for cultural humility personally and professionally. I would be interested to see the outcome of this group if it were run consecutively and with a closed group of participants. I had plans to ask clients a quick check-in question on their current mood and energy levels at the beginning of each session and instead chose to focus the whole time on the directives. In a smaller group, or slower paced setting, I would be interested in trying to incorporate more time for a warmup and sharing at the end. More research is needed on the ways that cultural humility can benefit art therapists and their clients. This begins with creating more policies for diversifying the curriculum and make-up of the art therapy community. Utilizing culturally humble methods is not limited to art therapy directives that focus on identity. Cultural humility and reflection on countertransference

must be incorporated into all areas of art therapy practice. Offering art therapy directives that support clients with identity exploration can help improve their understanding of the ways that intersectionality affects their mental health. This emphasizes to clients that the causes of their oppression, and subsequent mental health challenges, are not their fault and instead are a result of systems that aim to prevent them from thriving. Art therapists must be committed to continuously educating themselves on intersectionality through training and personal practice of actively challenging oppressive systems. Incorporating accountability and connection within the art therapy community will help to support practitioners in this work.

Conclusion

This study provided me with experience utilizing culturally humble art therapy and active reflection on countertransference. My findings suggest that practicing cultural humility and self-reflection require steady commitment throughout personal and professional spheres. Art therapists must work towards integrating intersectionality and cultural humility into their daily practices by developing new directives and reimagining those that exist. An intersectional approach supports client's needs and treatment goals by validating the ways that systemic oppression affects their identity development and mental health. Art activism empowers adolescents to embrace their identities and advocate for their needs while building confidence. These approaches strengthen the therapeutic alliance and support the art therapist's responsibility to work towards dismantling systems of oppression.

References

Anders, C., Kivlighan, D. M., III, Porter, E., Lee, D., & Owen, J. (2021). Attending to the intersectionality and saliency of clients' identities: A further investigation of therapists' multicultural orientation. *Journal of Counseling Psychology, 68*(2), 139–148.

Boaz, S., & Bat-Or, M. (2022). Jewish and Arab youth create murals in public space: Community-based art therapy exploratory research. *Peace and Conflict: Journal of Peace Psychology, 28*(4), 470–479.

Centers for Disease Control and Prevention. (2020). *WISQARS leading causes of death data visualization*. https://wisqars.cdc.gov/data/lcd/home

Crenshaw, K. (1991), Mapping the margins: Intersectionality, identity politics, and violence against women of colour. *Stanford Law Review, 43,* 1241–1299.

Doby-Copeland, C. (2006). Things come to me: Reflections from an art therapist of color. *Art Therapy: Journal of the American Art Therapy Association, 23*(2), 81–85.

Gipson, L. (2015). Is cultural competence enough? Deepening social justice pedagogy in art therapy. *Art Therapy: Journal of the American Art Therapy Association, 32*(3), 142–145.

Goodreads. (2023). *A quote from Thich Nhat Hanh*. https://www.goodreads.com/quotes/153586-when-you-plant-lettuce-if-it-does-not-grow-well

Huss, E. (2015) *A theory-based approach to art therapy: Implications for teaching, research and practice.* Routledge.

Jackson, L. (2020). *Cultural humility in art therapy: Applications for practice, research, social justice, self-care, and pedagogy.* Jessica Kingsley Publishers.

James Milson - Writing & Things. (2022). *"Judge Softly" or "walk a mile in his moccasins" - by Mary T. Lathrap*. https://jamesmilson.com/about-the-blog/judge-softly-or-walk-a-mile-

in-his-moccasins-by-mary-t-lathrap/#:~:text=Do%20So%20Much!-,%E2%80%9CJudge%20Softly%E2%80%9D%20or%20%E2%80%9CWalk%20a%20Mile%20in%20His%20Moccasins,a%20Mile%20in%20His%20Moccasins.%E2%80%9D

Johnson, T., Deaver, S. P., & Doby-Copeland, C. (2021). Art therapy students of color: The experience of seven graduate students. *Art Therapy: Journal of the American Art Therapy Association, 38*(1), 50–56.

Karcher, O. P. (2017). Sociopolitical oppression, trauma, and healing: Moving toward a social justice art therapy framework. *Art Therapy: Journal of the American Art Therapy Association, 34*(3), 123–128.

Kelemen L. J., & Shamri-Zeevi L. (2022). Art therapy open studio and teen identity development: Helping adolescents recover from mental health conditions. *Children, 9*(1029), 1029.

Keselman, M., & Awais, Y. J. (2018). Exploration of cultural humility in medical art therapy. *Art Therapy: Journal of the American Art Therapy Association, 35*(2), 77–87.

Kuri, E. (2017). Toward an ethical application of intersectionality in art therapy. *Art Therapy: Journal of the American Art Therapy Association, 34*(3), 118–122.

Miller, R. B. (2007). The role of response art in the case of an adolescent survivor of developmental trauma. *Art Therapy: Journal of the American Art Therapy Association, 24*(4), 184–190.

Miner-Romanoff, K. (2016). Voices from inside: The power of art to transform and restore. *Journal of Correctional Education (1974-), 67*(1), 58–74.

Moon, Catherine Hyland. (2001). Chapter 4: Creating the studio space. In *Studio art therapy: Cultivating the artist identity in the art therapist*. Jessica Kingsley Publishers.

Pepic, V., McWilliams, S., Shuler, S., Williamson, H. J., & Secakuku, A. (2022). Evaluating the impact of a culturally sensitive art program on the resilience, perceived stress, and mood of urban American Indian youth. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center, 29*(1), 37–58.

Sebre, S. B., & Miltuze, A. (2021). Digital media as a medium for adolescent identity development. *Technology, Knowledge and Learning, 26*(4), 867.

Talwar, S. (2010). An intersectional framework for race, class, gender, and sexuality in art therapy. *Art Therapy: Journal of the American Art Therapy Association, 27*(1), 11–17.

Whyte, M. K. (2020). Cell block brushes: Art therapy-based murals for Indigenous and incarcerated men in federal correctional services. *Canadian Art Therapy Association Journal, 33*(2), 54–61.

Zappa, A. (2017). Beyond erasure: The ethics of art therapy research with trans and gender-independent people. *Art Therapy: Journal of the American Art Therapy Association, 34*(3), 129–134.

Appendix

Figure 1.

Session One: Intersectional Contour Self-portrait Warm Up

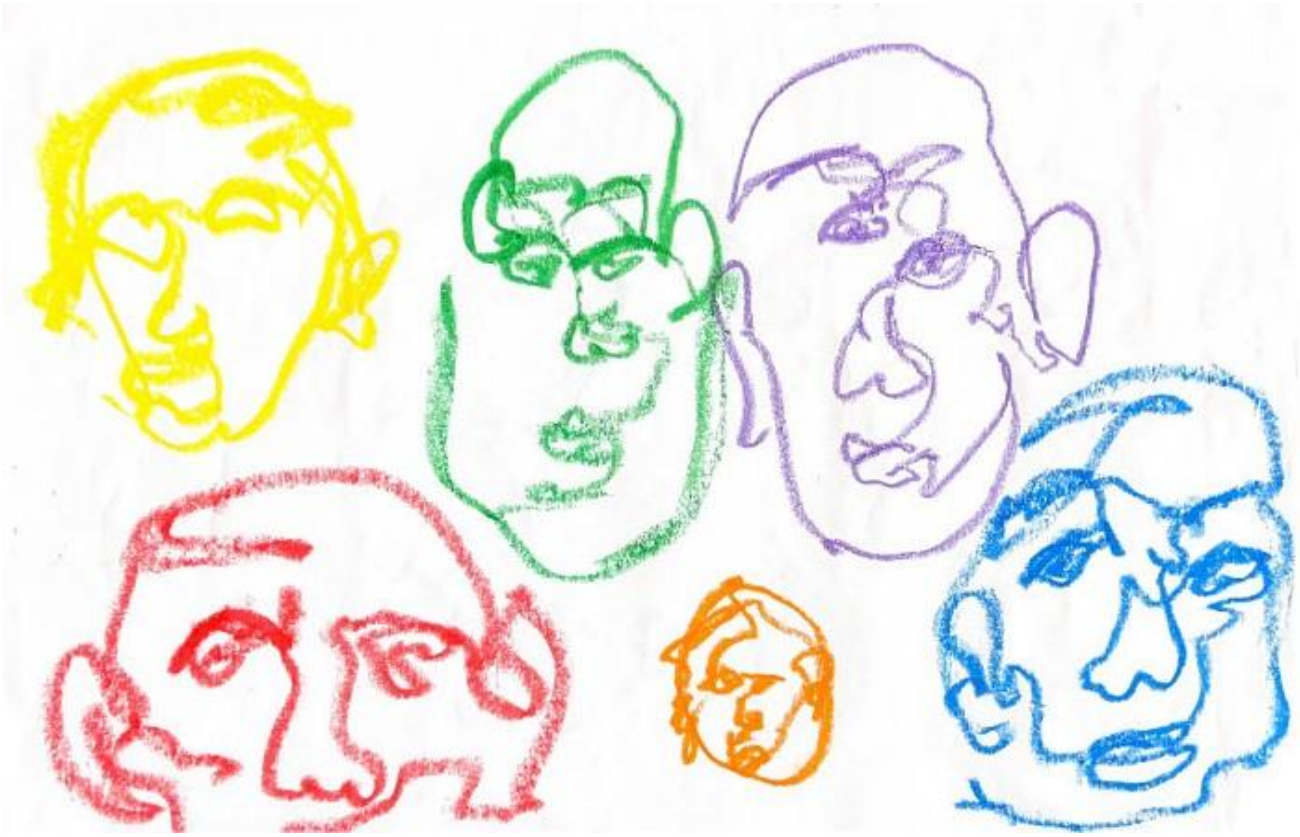

Figure 2.

Session One: Intersectional Contour Self-portrait

Figure 3.

Session One: Response art

Figure 4.

Session Two: Empathy and Perspective

Figure 5.

Session Two: Response art

Figure 6.

Session Three: We are Gems

Figure 7.

Session Three: Response art

Figure 8.

Session Four: Growing strength

Figure 9.

Session Four: Response art

Figure 10.

Session Five: Imagining Change Through Art Activism

Figure 11.

Session Five: Response art

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: Cal Loiselle

Type of Project: Thesis

Title: Exploring the Effects of Intersectionality on Mental Health and Identity Development with Adolescents Through Culturally Humble Art Therapy

Date of Graduation: May 2023

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

Thesis Advisor: Raquel Chapin Stephenson