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A Literature Review Furthering the Field of Expressive Arts Therapies Through Acts of Decolonization

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**Capstone Thesis: A Literature Review Furthering the Field of Expressive Arts
Therapies Through Acts of Decolonization**

Capstone Thesis

Lesley University Graduate School of Arts & Social Sciences

July 2023

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Expressive Arts Therapy

Professor Meg Chang

Abstract

This literature review examines how decolonization can further the use of expressive arts therapies by addressing racist structures and ideologies that impact the mental health field. In order to execute my research and develop my research question, I examine the normalcy of Western ideology's reinforcement of colonization through the normalization of behaviors including operations that currently cause harm. I came to my proposed question: How are the branches from the planted seed of colonization inflicting harm on the field of expressive arts therapies and those whom the mental health field seeks to serve? I urge examining our past and present by considering appropriation of Native culture, becoming aware of possible complacency, and recognizing systems of power that have normalized harm to Indigenous communities. This normalization also has damaging effects on other marginalized groups. Putting in the work to acknowledge the possible normalization within ourselves can help change our habits and prevent future damage as clinicians. I will prioritize moving forward, utilizing existing documentation to take concrete action focused on decolonizing institutional and systemic racism. The goal is to make structural changes that can have a positive impact in the mental health field while simultaneously helping advance the field of expressive arts therapies. We must bring to the forefront the academics and scholars who advocate for unprejudiced change in the mental health field and take action.

Introduction

For my thesis, I will be discussing ways of furthering the field of expressive arts therapies through acts of decolonization. The root of the problem is that colonization still exists today and, in many structures, remains well fortified. The seed of colonialism planted by European colonizers that resulted in the genocide of millions of Native American Indians hundreds of years ago continues to grow through its Western ideology that dominate various power structures today. By bringing to the forefront how Western ideologies are rooted in Eurocentric practices and continue to spread through colonized power systems, I examine how they reinforce disparities for marginalized communities and impact the field of expressive arts. This review includes how colonization is embedded in learning institutions' practices and policies, healthcare structures, curricula, and research methodologies.

This thesis will also highlight how superficial statements of supporting social justice with no action are not decolonization. Tuck and Yang (2012) point out the dangers in the trend of superficially adopting decolonizing language into education and warn that decolonizing is an action, not a metaphor. "When metaphor invades decolonization, it kills the very possibility of decolonization; it recenters whiteness, it resettles theory, it extends innocence to the settler, it entertains a settler future" (Tuck & Yang, 2012, p. 3). When someone uses decolonization as a metaphor it reinforces the cycle of harm caused by colonization. There must be a challenge to the power of the dominant narrative of what is considered knowledge in order to be equitable. In counseling psychology, Gone (2021) determined the focus on power has primarily centered its unfair and unequal distribution among different groups in society who face oppression,

exclusion, and marginalization. These groups have been systematically disadvantaged and deprived of self-esteem, opportunities, prosperity, and well-being due to limited access to power. Counseling psychologists have tried to address and rectify these power imbalances as part of their commitment to social justice.

This literature review explores how scholars uncover anti-racist research methods that facilitate the decolonization of evidence-based practices. It examines how Westernized norms can oppress individuals seeking support for the validation of creative arts therapy practices within our healthcare system without prioritizing the needs of the BIPOC communities they aim to serve. Furthermore, the review delves into personal experiences of harm resulting from colonization, both from my perspective as an Indigenous person of color and from that of perspectives of other peoples. The thesis also addresses the influence of dominant narratives on power, privilege, and oppression, emphasizing the imperative to disrupt the cycle that perpetuates oppression.

Method

The method I used to research the literature was similar to my approach to performance production. I have choreographed, staged, and produced a range of live performances in a variety of settings. For this thesis, I first pulled from resources that inspired the direction for my thesis and categorized them in a storyboard. I next applied the literature review criteria from the course syllabus, separated resources into different boxes, and used them as an outline for the paper. I used multiple databases, including Lesley University's online academic library, using search terms and rearranging the order, which increased results. To deepen my research, I consulted with professors,

peers, and colleagues for suggestions on articles and books and used them. I also used many references from articles I selected early on to expand my research, as well as books I already owned. These books included *Decolonizing Interpretive Research: A Subaltern Methodology for Social Change* by Antonia Darder (2019) and *Decolonizing Methodologies* by Linda Tuhiwai Smith (1999). From there, I handpicked quotes that stood out to me and sorted them into my storyboard outline to build my paper around.

I was mindful of my positionality while researching as a multiracial woman of color, which includes being a descendant of the Indigenous Prairie Band Potawatomi Nation Tribe and Kanāka Maoli ancestors. My ancestors have been directly impacted by colonization; both my parents were born during segregation and were forcibly assimilated to align with Western culture. I have experienced micro and macro aggressions, racism, discrimination, and oppression a majority of my life as a person of color. I am the first woman in my family to attend graduate school and I have been affected by implicit biases during my time in this graduate program.

I feel it is important to consider one's location of self when going into any therapeutic space and research. It can encourage people in the mental health field to reposition themselves in the conversation. I see it as an act of decolonization. It requires people to consider, often for the first time, how they arrived at a given moment, why they ended up here, who they are sharing this space with, and what that might mean for others.

Search Terms Used

The search terms I used when doing research were: *expressive arts therapies quantitative studies, decolonizing expressive arts therapies, decolonizing evidence-*

based practices, anti-racist research, decolonizing frameworks, Native American mental health, disparities in mental health, impact of colonization on mental health, and American Indian and expressive arts.

Literature Review: Colonization Roots of Harm

Decolonization Is Action

The pervasiveness of colonization complicates the act of defining decolonization. Just as the expressive arts are about the process over the product, so is decolonization, a process that can take many forms from an Indigenous perspective. It is the ongoing process of creating space by deconstructing the dominant cultural framework. (Napoli, 2018) noted there is no singular way of destruction, “This critical deconstruction of the pattern that has been imposed by an oppressor may be approached in several ways” (p. 15). The process takes time, (Smith, 1999) explained it is not immediate; it is “long-term process involving the bureaucratic, cultural, linguistic and psychological divesting of colonial power” (p. 101). Deconstructing included taking action; (Tuck & Yang, 2012) described decolonization as an action that “offers a different perspective to human and civil rights-based approaches to justice, an unsettling one, rather than a complementary one. Decolonization is not an ‘and.’ It is an elsewhere” (p. 36). It disrupts its cycle of colonial normalcy that involves creating space for world views to exist, “to have identity that is self-determined and authentic” (Napoli, 2018, p. 93), and not of the Western dominant narrative. Napoli (2018) explained two reparative steps of Indigenous methodology, “first, the recreation and centering of the cultural pattern of the Indigenous group, and second, the critical deconstruction of the national pattern imposed by the oppressor onto the Indigenous group” (p. 15). There are layers within the processes;

Smith (1999) asserted that the process of decolonization for researchers engages at multiple levels with imperialism and colonialism: “One of those levels is concerned with having a more critical understanding of the underlying assumptions, motivations and values which inform research practices” (p. 21).

Decolonization requires more than an eloquent diversity statement posted on a front page of an institution’s website, and it is not a metaphor, nor is it a metonym for a social justice movement; it specifically “requires the repatriation of Indigenous land and life” (Tuck & Yang, 2012, p. 21). On differentiating social justice from decolonization, Tuck & Yang (2012) noted the following:

It is not converting Indigenous politics to a Western doctrine of liberation; it is not a philanthropic process of ‘helping’ the at-risk and alleviating suffering; it is not a generic term for struggle against oppressive conditions and outcomes. The broad umbrella of social justice may have room underneath for all of these efforts. By contrast, decolonization specifically requires the repatriation of Indigenous land and life. Decolonization is not a metonym for social justice. (p.21)

Though decolonization can fall under an act of social justice, there should be careful consideration of distinguishing the difference between the two. Tuck and Yang (2012) argued the obscure equation of colonialisms that vanished the sweeping scope of land as the basis of wealth, law, power in settler nation-states is equivocation. Inserting a gesture towards Indigenous people without acknowledging Indigenous sovereignty or rights, speaking about colonialism while remaining silent on settler colonialism, declaring a ‘multicultural’ approach to oppressions, or forwarding a thesis on decolonization while disregarding unsettling and deoccupying land are all equivocations.

Understanding decolonization requires action, and when expressive arts therapists work with diverse populations, there needs to be ongoing work of honest self-examination of ways they may be consciously or unconsciously engaging in acts of colonization in their work.

Addressing the Branches of Colonization

To effectively take action in decolonizing the field of expressive arts therapies and advance, we must trace the ways colonization has branched out. Tracing these branches does not mean a complete rejection of all research and theory of the Eurocentric view; “rather, it is about centering our concerns and world views” (Smith, 1999, p. 41). Colonization has many branches, and in Menakem’s (2017) words, “Trauma can spread from one body to another, like a contagious disease-through families and from generation to generation” (p. 55); the harm it has caused continues from generation to generation. To understand the benefits and challenges of decolonizing we can pursue knowledge from scholars' work in an Indigenous worldview.

There are ways of decolonizing that can help disrupt the continued colonial harm, and there is struggle when doing so. The struggle is complex and multi-layered, and when mobilized as resistance can be transformative. Smith (1999) conceptualized the terrain of struggle in decolonization for Maori peoples through five dimensions. The five dimensions are: critical consciousness, alternate vision of the world, opportunities, movement or disturbance, and power relations. Understanding there are complexities in decolonizing work can help us move forward. The Maoris' Indigenous research methodology takes action by disturbing the dominant narratives' narrow worldview. Highlighting Kaupapa Maori research, Bishop (1998) stated, “Kaupapa Maori research,

based in a different world-view from that of the dominant discourse, makes this political statement while also acknowledging the need to recognize and address the ongoing effects of racism and colonialism in the wider society” (p. 212).

Napoli (2019) proposed that taking further steps to address colonization’s far-reaching branches should include exposing the damage caused by systems of authority disregarding the sovereignty of Native American communities. This is especially true “when providing mental health services. As yet another step, art therapists need to continually question and deconstruct contemporary practices of subjugated and situated knowledge, cultural appropriation, cultural genocide, and colonial amnesia in the field of art therapy” (Napoli, 2019, p. 180). I have seen firsthand the severity of the harmful results of the U.S. systems of authority that disregard the sovereignty of American Indian communities. Personal efforts of finding ways to continually question and deconstruct should be ongoing in the mental health field.

Challenging the Dominant Narrative

Those that control our current societal dominant or grand narrative also control the defining of the dominant culture and its societal norms; these definitions are a direct result of colonization done by threat and force. There is a long history of threat and force put into legislation; examples of which include the following: the Bodies of Liberty Law in 1641 that guaranteed the legalization of enslaving Africans and Native Americans (Hanover Historical Texts Project, 2012); the Indian Removal Act in 1830 where the US government used military force to move Native American Indians to move west of the Mississippi (National Park Service, 2020); and the decades-long ban of Chinese immigrants through the Chinese Exclusion Act in 1882, which resulted in other

racist legislation (National Archives, 2022). The seed of colonization has grown and branched out, giving power to Western ideologies that have normalized institutional and structural racism as Western culture, and oppression as a way of life for marginalized communities. “The dominant western society has been at the forefront of inflicting trauma that is passed down from generation to generation for communities of color. Normalization of untreated intergenerational trauma silences those who are suffering from it” (Napoli, 2019, p. 176). Action must be taken to expose the dominant narratives’ view of history by “transforming our colonized views of our own history (as written by the West)” (Smith, 1999, p. 36) and by tracing back branches of colonialism with a critique of Western view of history. We must spotlight the harms embedded in Western ideology, acknowledging that “the dehumanizing tendencies within imperial and colonial practices are deeply encoded. The practices serve constantly to deny that colonized people actually have a rich knowledge base from which to draw” (Smith, 1999, p. 203).

There is power in the dominant narrative and that power has been used to silence the voices of marginalized communities for centuries. There are deep roots of racism in the dominant narrative that have continued to abuse marginalized communities through ongoing colonization. The repeated exposure to this abuse has a lasting effect on mental health without any accountability for the harm caused by the dominant narrative. Menakem (2017) argues that trauma caused by harm can be transmitted and amplified through multiple families and generations, and can turn into culture. Throughout months or years, this trauma can become part of a person’s personality; as it is passed on and expanded through other bodies it can become the family norm. The dominant voice of Western ideology has been at the forefront of inflicting trauma that is passed down from

generation to generation for communities of color. Normalization of untreated intergenerational trauma silences those who are suffering from it.

Shame, guilt, and years of silence and oppression can also lead to widely accepted behaviors as culture. Like ripples in the water from a rock thrown, unhealed trauma affects many other bodies over time through multiple generations and becomes normalized when the unhealed trauma goes unquestioned, and generations unknowingly replicate centuries-old trauma. Traumatic memories preserve an accurate account of events of trauma and when those traumatic events are silenced, harm occurs. When narratives are lost, intergenerational trauma is silenced, and the verbalization of a feeling of trauma can be challenging. In a world that is heavily dependent on verbalization of an experience, this can cause confusion and distress for the individual, and leave them suffering in silence. Menakem (2017) also points to the need to address the trauma caused by white-body supremacy, and exposing the negative impact also reaches into societal impact. Of white-body supremacy harm, Menakem (2017) stated the following:

For centuries, it was possible for white Americans to accept white-body supremacy without questioning it; to enjoy its privileges and to take them for granted; and to ignore or deny the ways in which white-body supremacy routinely harmed dark bodies. (p.5388)

This is something we must attribute to the dominant narrative and subsequently challenge.

Through the growth of colonization, Western ideology has become the standard within the mental health field and continues to harm marginalized communities.

Western therapeutic traditions have been established as the norm. Within the Western ideology, other cultures that do not align with Western traditions are pathologized, which results in misunderstanding and misdiagnosis of minority groups (Collins, 2022, p.13). Challenging the Western dominant narrative throughout training programs is an act of decolonizing the mental health field. To remain inactive is to be complicit in the oppression and discrimination caused by these standards.

Decolonizing Knowledge

I asked the question, *who decides what is knowledge?* It led me to consider the dominant narrative's effect on what is considered valid knowledge within the mental health field. The devastating effects of European colonization on Native American Indians have evolved over time, and the continuous harm thrives in the mental health field. We must acknowledge that European colonization has led to a Eurocentric-based dominant narrative that controls the validity of knowledge. There is power in that control that can be used to force harm on marginalized communities. Tuck and Yang (2012) expressed concern that the dominant narrative's perspective of colonized ideologies are embedded in all aspects of learning institutions. There is harm in "how settler perspectives and worldviews get to count as knowledge and research and how these perspectives repackaged as data and findings are activated in order to rationalize and maintain unfair social structures" (Tuck & Yang, 2012, p. 2).

The rationalization of colonized ideologies are embedded within the construction of knowledge itself. Napoli (2019) analyzed the dominant narrative's control through positions of power that have made it possible to control knowledge, truth, and reality. Universalism in psychology for example, can be a useful therapeutic factor in group

work but can also be harmful to cultures that deviate from Western norms. Anyone outside of those norms is at risk of being designated as abnormal by those who determine what is truth, knowledge, and reality. This gives those in positions of power the authority to justify and determine their actions.

Art Therapy

The perpetuating harm of the grand narrative does not allow for growth in all aspects of the mental health field. Napoli (2019) examined ethics in art therapy, arguing that, while there is value in utilizing Indigenous knowledge as a resource in the field of mental health, the field is structured to maintain silencing Indigenous voices. Literature written about Native American Indians has rarely been written by Native American Indians. Over the past several hundred years, the Native American Indian communities being researched have been caused harm by Western-based research. This continued harm through lack of Native American voices reaches beyond literature and is upheld by Westernized norms. There are limitations to drawing only from the Euro-American tradition when treating clients with different cultural and social heritages. Mayor (2012) suggested “that the existing writing often problematically includes essentialist discourse, color-blind statements, unqualified suggestions that the arts transcend difference, or 'how to' instructions for working with particular racialized groups” (p. 214).

Napoli (2019) points to these Westernized norms in academia: “In the construction of modernist definitions of humanity, human development, and psychology, there was an erasure and silencing of American Indian voices and perspectives as insufficiently elaborated, naive, or lower on the hierarchy of scientificity” (p.177). Colonization has reached into curricula, impacting the expressive arts field; and demonstrating how

power comes into play within systems. Napoli (2019) discussed a history in the United States of oppressive practices in art therapy that, “even unwittingly, perpetuate oppression of American Indian peoples. For art therapists to maintain an ethical contemporary practice, it is essential to decolonize art therapy systems, research, theory, and practice in general, and specifically through an American Indian perspective” (p.175). The silencing of Indigenous voices is ongoing cultural genocide, and we should consider any form of cultural annihilation genocide rather than the term murder. Eurocentric views held by those in positions of power inform the designation of best practices in arts-based treatment. The biases in Western psychology of preferring evidence-based practices as current theoretical approaches can contribute to cultural genocide; as Napoli (2019) states, “when working with Native communities, insisting on English language use without aligning with Native language reacquisition efforts, or calling Native traditional arts-based practices ‘art therapy’ instead of using the Native community’s traditional name, approach, and teaching protocol” (p. 179) is harmful. Imposing Western norms causes further harm to the Native communities being worked with. Using only Westernized approaches excludes cultures outside the Western norm, excludes marginalized communities, and sustains harmful practices.

Dance Movement Therapy

In Dance Movement Therapy (DMT) there is silencing of voices that are outside of the dominant narrative. Kawano & Chang (2019) asserted that in the education and training process of DMT professionals there is an absence of any social critique of the inherent ‘whiteness’ of its epistemology; that deficit reinforces the dominant narrative. They further discussed how art therapies are not exempt from the infiltration of the

cultural norm of white supremacy in areas of counseling. Multicultural education is rooted in white norms that direct a pedagogical approach that ignores race and other structural factors as a predominant instrument of oppression. Within the development of curriculum and literature in DMT, knowledge is “rooted in European-North American modern dance and academic-institutional, patriarchal norms where other voices are invisible and barely recognized” (Kawano & Chang, 2019, p.241). Further displaying harm at the hands of the dominating narrative, Kawano & Chang (2019) stated:

An example of domination in the field of DMT includes how dance/movement therapists of color have been mysteriously erased from the narratives of the profession... or how white scholars have taken credit for ideas that have been previously raised by scholars who are not represented in the mainstream.

Credibility and recognition are given to the white dance/movement therapist. (p. 242)

In the article, they deliver ways to take action toward decolonizing what is considered knowledge through a “critical arts-based inquiry model” to invoke change (Kawano & Chang, 2019, p.238). There are important considerations to make in regard to colonization’s impact on knowledge, and we must question “which type of knowledge is privileged in academia and society at large... whose and what type of knowledge is valued in society” (Kawano & Chang, 2019, p. 249).

Decolonizing Access

In my research to find support for decolonizing access in the field of expressive arts therapies, I found it important to acknowledge still-existing legislation that predates segregation. There is legislation that makes decisions on who is allowed to identify as

Native American Indian based on the measurement of blood; this blood legislation is called blood quantum. This legislation is controlled by the federal government through the Department of Interior (Salazar, 2023). Use of blood quantum not only allowed for early colonizers to create harmful restrictions for Native American Indians, but also has been used to benefit ongoing attempts at colonization. Blood quantum is a genocidal policy used by the government to limit the rights of Native American Indians as part of a strategy to further strip Native nations of their land and culture. This colonial tool would eventually lead to the eradication of Native American Indians' existence (Salazar, 2023). The United States is the only country with this harmful legislation and Native American Indians are the only race affected by it.

The Virginian Racial Integrity Act of 1924 had a loophole referred to as the Pocahontas Exception. Tuck et al. (2012) explained how “this loophole allowed thousands of white people to claim Indian ancestry, while actual Indigenous people were reclassified as ‘colored’ and disappeared off the public record” (p.13). This racialization of whiteness allowed for personal gain for the colonizers. This application of blood quantum rules allowed white people to maintain their whiteness while claiming descent from an Indian grandmother, exempting them from the one-drop rule that applies to African Americans. The one-drop rule of hypodescent was a constructed racist social hierarchy that placed whites at the top with societal benefits of power and privilege, while keeping African Americans as property and at socioeconomic and political disadvantage (Blay, 2021). It is both a colonist construct and an act of continued colonization; Suazo (2021) states, “Blood quantum emerged as a way to measure ‘Indian-ness’ through a construct of race. So that over time, Indians would

literally breed themselves out and rid the federal government of their legal duties to uphold treaty obligations” (para. 4).

Blood quantum has restricted Native American Indians' access from crossing North American borders from Canada into the U.S. for not meeting an arbitrary percentage of blood measurement, even though they are of Native American descent. Unlike other scholarships based on ethnicity where people can apply based on self-identification, a majority of scholarships for Native American require a federally recognized tribal-issued ID card to qualify. This limits Native American Indians who are not able to acquire a tribal card from access to these scholarships. If I had not kept up my efforts with keeping my card, I would not have been able to acquire the scholarships that allowed me to be in this position writing my thesis. During my practicum, I worked with a young Native American Indian client who was adopted. They expressed wanting to experience connecting with their community by attending a summer camp for Native American Indian children. My client disclosed needing a tribal card to register, and though she was eligible for one, her Caucasian adoptive mother made little effort to help with the process and my client missed the deadline. I recount these stories because the current normalcy of colonization within our society affects all marginalized communities, and that regularly reaches into the mental health field.

When marginalized communities lack equitable access, their voices are diminished by those with power and privilege. And when those of power and privilege become complacent, those inequities are reinforced. Collins (2022) points out, “One problem that needs to be changed is that the creative arts lack training, research, and writing about people of color, and cultural competence training is necessary for therapists to

work with both people of color” (p.19). To take this a step further, Estrella (2023) pinpoints how expressive arts therapy must start calling out how the impact of power structures is bound to privilege and oppression; she asserts, “The impact these contextual dynamics have on our theories, training, research, and practice needs new voices, and this piece issues a beginning call towards this examination” (p. 1). In order to address the call, we must take a look at the way in which colonizing policies segregate people of color in various aspects of the mental health field.

Kawano & Chang (2019) challenge the status quo by encouraging broadening the criteria for “what a dance/movement therapist looks like” (p. 251) to diversify recruitment and retention of diverse professionals, and assert that doing so “does not mean that the standards are being lowered, as has been feared by some educators” (p. 251). There are biases in learning institutions that segregate those outside the dominant narrative, and these institutions need to be held accountable for the harm they cause. Kawano & Chang (2019) noted, “Some educators expressed having reservations about admitting international students because they believed that they [would] hold back the other students’ learning. As when stereotyping, a single experience may color other experiences with international students” (p. 246). These “reservations” cause disenfranchisement by restricting those without privilege access to education within the field. Kawano & Chang (2019) also discuss other biases of accepting students with a specific dance background of Western forms of dance such as ballet or modern dance.

These biases that enable segregation of students with diverse backgrounds are not found only within the dance/movement therapy modality; they are spread across the creative arts field. In order to be equitable and inclusive, admissions policies need to be

questioned and examined for embedded biases and assumptions. Requiring proficiency in the modality as a prerequisite excludes those who may not have had access to musical instruments, art supplies, studio instruction, private lessons, tutoring, technology, and other materials because of low socioeconomic status. In this way, prospective students of diverse backgrounds outside of privilege are left by the wayside. What styles or forms that are considered for proficiency and who decides that criteria also needs examining. Kawano & Chang's (2019) encouragement of broadening the criteria promotes access to those who are underserved. Doing so will allow for new and/or historically silenced voices to enter the mental health field, making one step closer toward decolonizing dominant narratives. Equitable changes in learning institutions' admission policies are a step towards decolonizing access. Bermúdez et al. (2016) stated, "[working to decolonize learning institutions] challenges us to become advocates and to recognize our responsibility for accurately representing participants' voices, cultures, and experiences, especially those who have been historically ignored, silenced, or oppressed" (p. 202). To decolonize access also requires disrupting the dominant narrative.

Decolonizing Research in the Field of Mental Health

Harmful research methods that hold Western ideologies as superior marginalize people of color. Within professions such as art therapy, subjugated knowledge manifests as non-Native researchers and practitioners being situated as experts and Native peoples being situated as subjects (Napoli, 2019). I emphasize a need to decolonize the dominant narrative of what is considered research and how research is conducted. Gone (2021) employed decolonization as a framework: "Decolonization has

yet to garner an appreciable presence in counseling psychology...decolonization is an innovative and generative framework for conducting research that encompasses diverse qualitative methodologies and methods” (p.260). Tuck et al. (2012) considered the dominant narrative as a symbol of colonialism and warned to not overlook the symbolic and existing violence of settler colonialism.

Tuck et al. (2012) noted that there is a history of excluding all focus on or examination of settler colonialism in liberal arts education, pointing to complicity in settler colonialism by fabricating the settler as indigenous to the land he occupies. This example of challenging the silence around historical impacts of colonialism is action towards decolonization in the mental health field.

Repurposing Indigenous knowledge as part of the dominant narrative is also continued colonization through appropriation. Napoli (2019) asserted the following:

U.S. mainstream consumption of Indigenous spirituality and healing practices has not been grounded in a respectful relationship with Native leaders. Instead, the many rich and varied Native spiritual and healing traditions have been flattened under the concept of the shaman and treated as frozen in the past, universal archetype, and/or metaphor. (p.178)

This is one of many examples of Native American erasure by continued acts of colonization within research, and when a group is being “sufficiently silenced and fragmented, the dominant culture becomes internalized as what is right or natural rather than what has evolved historically as a social construction” (Napoli, 2019, p. 179). It creates another layer of challenges for colonized communities' ability to see a need to

decolonize minds, to recover themselves, and “to claim a space in which to develop a sense of authenticity” (Smith, 1999, p. 24).

There are more challenges in decolonizing research; Smith (1999) points out; “there are powerful groups of researchers who resent indigenous people asking questions about their research and whose research paradigms constantly permit them to exploit indigenous peoples and their knowledges” (p. 17). This colonial subjugation creates mistrust when working to decolonize research with members of Indigenous communities. These resentful researchers enforce the systemic issues through hierarchy systems. Describing this control (Darder, 2019) stated, “Decolonizing interpretive research designs aim to demystify the artificial limits of colonizing and racialized formations and economic hierarchies of domination” (p. 2). Decolonizing methodologies are not concerned with a specific method or rigid framework, “but much more with the context in which research problems are conceptualized and designed” as well as “the institution of research, its claims, its values and practices, and its relationship to power” (Smith, 1999, p.ix). Maori communities have seen positive outcomes of revitalization of their culture with decolonizing traditional research and are an example we should learn from. Bishop (1998) points to Maori communities' amplified political consciousness: “This consciousness has featured the revitalization of Maori cultural aspirations, preferences, and practices as a philosophical and productive educational stance and a resistance to the hegemony of the dominant discourse” (pp. 111-112).

The current approach to research clearly implements harm and furthers oppression of marginalized communities. Research impacts the mental health field, and

if it is inequitable in its structure, its inequities spread throughout the entire field, reinforcing colonization.

Methods and Frameworks

Carter (2020) discussed anti-racist methods of researching and poignantly states, “Psychoanalytic research has been racist insofar as it has been inactive and inattentive to its implication in racist ideas and policies and it has been inactive and inattentive far more often than not” (pp.2-3). Kimani (2023) argues colonialism and racism are inextricably linked. Together, they are a potent force that influences the dominant narrative and adversely affects the health of a culturally and racially diverse society. Research in psychology and mental health is “inattentive to dynamics of racism and power as they affect the lives of patients and research participants, the perspectives of researchers, the needs of clinicians, and the role psychoanalytic research might play in the wider world” (Carter, 2020, p. 2)

Racist research results in racial disparities; there is evidence in hundreds of studies that structural racism mediates racial disparities in health (Ben-Cheikh, 2022). Additionally, inequities are documented at various levels in mental health care, and this racism negatively impacts physical and mental health. Carter (2020) poses a different approach:

Antiracist research would be guided by a desire to attend to the role of race in human life and to identify and advance policies and ideas that serve racial equity...Psychoanalytic ethics are a policy, as are best practices for psychoanalytic treatments, as are the rules and mores that govern life in psychoanalytic institutes.

So too are the epistemologies, methodologies, methods, and ethics that guide psychoanalytic research. (p. 4)

Racial health disparities should also be taken into consideration with regards to intergenerational trauma and looked at through a critical race theory lens. Offering a way to take in this trauma (Coleman, 2016) stated, “Psychologists need to reconceptualize the effects of trauma from a non-Western point of view, understanding that historical trauma can have lasting consequences.” (p. 574). Similarly, Kawano & Chang (2019) posed a challenge for methods of DMT: “Instead of holding the existing curricular knowledge as the ultimate truth, expanding the epistemology of how one knows with and through the body and dance can develop and amplify the profession” (p. 251). DMT norms may unintentionally oppress trainees; this can be rectified by drawing from critical race feminist theory and critical pedagogy. Doing so can offer an integrated dialectical approach to examining power dynamics that live in the US within education and training in the field of DMT (Kawano & Chang, 2019). “Creating agreements and protocols to hold the community of dance/movement therapists accountable for ethical, reciprocal conduct are certainly a part of the development of liberatory consciousness” (Kawano & Chang, 2019, p.251). Accountability is key when utilizing decolonizing methods and frameworks. Hernandez-Wolfe (2011) suggested ideas for creating an epistemic platform rooted in a “decolonizing paradigm” (p.293) by utilizing a framework for those engaging with minority communities within all aspects of the mental health field. They encourage moving away from assimilating to Eurocentric social norms, and argue that the concepts of cultural humility and cultural equity can bridge a pathway to that change.

Decolonizing Research Method for Family Science

The dominant narrative's control of knowledge in the mental health field extends to research affecting the field of expressive arts therapies. Bermúdez et al. (2016) called into question the dominant construction of knowledge, stating, "Researchers using decolonizing methods seek to acknowledge and call into question the historical experience of colonization in research, especially in terms of how research is conducted and how it perpetuates the subjugation of participants' local knowledge" (p.192). The rigidity of a Western view needs to be recognized. Bermúdez et al. (2016) examined how the forcing of a norm of one narrow view of what a family should look like was controlled for years by a handful of elite researchers (who were mostly white American men) that had access to resources and the privilege of spending years in college to obtain advanced degrees. This rigid view was based on the perceived function and dysfunction of families that did not look like the elite researchers. This narrow view implemented by the few privileged researchers completely disregarded people's intersecting identities. Bermúdez et al. (2016) stated in response to the disregard, "Decolonizing research is a critical engagement of subjectivity and reflexivity that pays attention to the biases of the researcher's context, culture, knowledge, and dominant discourses of influence" (p.193). There needs to be an awareness of the dominant narrative that requires "an understanding that Western ideologies and research bring with them a particular set of values, biases, and practices that affect and are affected by knowledge production" (Bermúdez et al., 2016, p.193).

Bermudez et al. (2016) noted how oppression was furthered by Western-biased Eurocentric research. There are challenges for those who use non-Eurocentric

methods; there is a lack of publication, a struggle to be taken seriously. Bermudez et al. (2016) encouraged the use of these questions for approaching decolonizing research, especially in the field of family science:

- What type of research do we want to do? Who is the research for?
- What difference will it make?
- Who will conduct the study?
- Who will own the research, and who will benefit from it? (p.199)

Utilizing these questions can help disrupt the cycle of the dominant narrative and move researchers towards action.

Expressive Arts Embracing Decolonization

In its truest nature, Expressive arts therapies (EXAT) encompass all art modalities in therapeutic practices and welcomes decolonization. Estrella (2005) shared, “Expressive therapists use a multimodal approach—at times working with arts in sequence, at other times using the arts simultaneously, and at still other times carefully transitioning from one art form to another within the therapeutic encounter” (p.183). Expressive arts mirror Indigenous values of harmony through engaging through an unbiased movement of modalities. The focal point in expressive arts therapy is as indistinguishable from other psychotherapy approaches, and “includes sensitivity to each client’s needs, rooted in the capacity of the human imagination to reveal creative solutions to complex problems” (Kossak, 2015, p. 4). Expressive arts therapies' goals towards health and well-being are multidimensional and multisensory, which can contrast from a rigid use of single art modalities. Expressive art therapies are not chained to one modality that has the freedom to explore which helps serve the diverse

needs of the group. There are layers to expressive arts therapies that can take in all of a person's intersecting identities: “Expressive arts therapy sits at the borders of many disciplines: art, aesthetics, education, human development, philosophy, psychotherapy, and social action, to name a few” (Estrella, 2023, p. 1).

Estrella (2023) speaks of mestiza consciousness and expressive arts therapy as a framework outside of the dominant narrative. To embrace mestiza consciousness is to embrace new ways of knowing. Estrella (2023) describes this new paradigm of practice:

The contradictions, ambiguity, and multiplicity inherent in the wild zone inhabited by expressive arts therapy are given creative possibilities through an embrace of mestiza consciousness...Like mestiza consciousness, the arts therapies resist the additive approach of “arts + therapy.” Instead, arts therapies propose a continual creative process of breaking down the concepts of “the arts” and “therapy” to create a new paradigm, a new practice of care rooted in the imagination and the creative process (pp. 1-2).

Embracing a new way of knowing and resisting product over process creates a space where decolonization can take action. This space is outside the Westernized norms; Estrella (2023) describes the following:

Expressive arts therapy lives on the borderlands between and within many cultures – the cultures of art and therapy; the cultures of social action and clinical practice; and the cultures of specialization and singular professional identity, and pluralist disciplines (particularly in the arts, and in the arts therapies). (p. 3)

These borderlands welcome decolonization of expressive arts therapies.

Decolonization Through Creative Writing

Expressive therapies themselves can be used to explore decolonizing research and knowledge within the mental health field. Mayor & Pollack (2022) dissected Decolonizing Intersectional Feminist Practice of Critical Reflexivity (DIFCR) in Social Work through their own creative writing process. They acknowledged the ways in which positionality and feminist scholarship are frequently composed on cis-gendered, heterosexual, white, and middle-class women; this scholarship is focused on patriarchal impacts without investigation of ways in which Western ideologies and structures, colonization, and intersecting identities significantly influence how we act, what we think, and who we are. For practitioners to engage in a decolonizing approach to reflexivity there would need to be examination of all intersecting identities of those being served and be held accountable to ancestors, community, and land.

Mayor & Pollack (2022) demonstrated this creative writing approach by sharing details of their experimentations with a writing prompt: "If my therapeutic practice came with a warning label in COVID-19, what would it say?" (p. 387). Topics discussed in Mayor & Pollack (2022) article include "Counseling as Neoliberal, Disembodied Product, Colonial and Gendered Norms in Micro-Practice, and The Presence and Absence of Our Whiteness" (pp. 388-390) in regard to decolonization, in hopes to disrupt reproducing harmful structures and engage others in action.

Discussion

To further our field, we must take a social justice approach and understand the power differentials, power dynamics, and privilege lying at the core of U.S. culture as well as their influence on societal structures (e.g., laws, policies, government) and institutionalized forms of oppression (e.g., inaccessibility, inequity)" (Suzuki et al, 2009,

p. 849). The dominant Western cultural norms have deep roots in colonization. Colonization continues to oppress Native Americans in particular and has spread through all marginalized communities. Colonization impacts all branches of the mental health field, and Eurocentric views hold the power. In learning institutions, colonization shows up in segregating admissions policies, curricula that consist of problematic material that is harmful to Indigenous cultures, racist research methods, and structures that create obstacles for those of low socioeconomic status. Being knowledgeable in a counseling theory is not enough.

Colonization appears in mental health care through control of what is considered valid treatment, who gets treatment, criteria for licensure or certification, what is considered knowledge, and who has access to treatment. Ivey (2011) asserted these are all impact key social justice issues people seek treatment for. Issues of racism, sexism, poverty, abuse, homophobia, ableism, and other forms of oppression that cause stress can negatively impact development of the brain for newborns and children as well as negatively affect brain neurogenesis and plasticity in adults of all ages.

While evidence is clear in how detrimental the impacts of social inequities are, Ivey (2011) makes an important connection of social justice issues impacting neural plasticity. The brain can rewire itself. Change can happen regardless of genetic background, age, or life experience, and effective counseling helps with not only changing minds but brains as well. Because the mind and body are connected, to make changes in the brain, the body must be included. If effective counseling helps with making change in the mind, utilizing expressive arts therapy interventions with a focus on the body will have a greater positive impact on neural plasticity. If the field of mental

health is to truly support the mental health and wellbeing of individuals, then it must make a change to contribute to social justice issues. Just as the brain has the capacity to change, so does the field of mental health.

When isolating branches of colonization, the harm may seem insignificant but that is by design. Ben-Cheikh (2022) argued “there is a need to repeat and highlight the persistent racial inequities and advocate for anti-racist approaches to clinical care” (p. 239) and offers the image of “an iceberg’s tip of underlying institutional racism that contributes to maintaining racial inequities and social injustice, in different systems of our societies, in many countries, worldwide” (p.239). The issue is bigger than the dominant narrative suggests. Kawano & Chang (2019) discussed reconceptualizing the dominant narratives’ portrayal of people of color and other marginalized communities of having deficiencies through counter-storytelling and counternarratives. Dialoguing about how white students and educators enact their dominant values and make decisions is essential to constitute change. Unfortunately, “not everyone in academic departments or in mental health services supports helping ordinary people; community groups; as well as government, city, or private organizations become citizen advocates who work together for positive social and environmental changes” (Roysircar, 2009, pp. 288-289). Choosing to be consistent with our own work and not fall into complacency is key. It is time our field took action to “understand the political and economic forces that cause so much of the alienation, depression, and self-hatred in their clients” (Roysircar, 2009, pp. 288-289).

When we are not engaging in conversations we can continue with inner dialogue. We can analyze societal normalcy within ourselves by analyzing what we are already

doing. Taking a stance that social justice is part of our professional obligation (Ivey, 2011) stated, “It is clear that counseling curricula are going to change, but it is important that these changes include critical information on social justice” (pp. 111-112). We can effectively take action by using this information for social change. Examining knowledge is also essential in taking action. Addressing knowledge (Gone, 2021) noted, “Finally, a decolonization approach to knowledge that emphasizes denaturalization will rethink the received view of scientific knowledge” (p. 267). Questioning and challenging the dominant narrative's control of knowledge and research within the field of mental health can lead to a paradigm shift in the field of expressive arts therapies.

Conclusion

Disrupting the cycle of colonization through the decolonization of structures impacting the field of expressive arts therapies is essential in furthering the use of expressive arts therapies. The Eurocentric view our society takes in the mental health field has a trickle-down effect that negatively impacts the use of all expressive arts therapies. Bermúdez et al. (2016) offered, “So often people with a history of being colonized continue to suffer the ripple effects of colonization through policies and practices that keep them in oppressed positions” (p.193). We must challenge structures that remain unexamined and take action to stop this cycle of colonization. Bishop (1998) described how there is a cycle established where the concept decides what is collected as data that will result in validation and promotion of the initial concept. The irony in this hegemony of concepts is the exact problem that liberatory research is intended to disrupt. The mental health field is causing harm to those it is trying to serve. Ben-Cheikh (2022) proposed how to take action toward addressing the harm cause by the field:

Let us move forward with concrete actions targeting the racial inequities whatever the institution and whatever the field. Let us implement concrete institutional intervention plans specifically aimed to tackle institutional racism and systemic discrimination without letting a terminological controversy slow or inhibit our actions. Let us bring out the huge scientific documentation already existing about racism and mental health and look at the past recommendations which often remained words on papers. Finally, let us listen to the academics when they call for a structural change in the medical and psychiatric curricula. (pp. 241-242)

The mental health field needs to be willing to question the dominant narrative and its roots of colonization. Taking action to examine where there is structural racism and not continue to ignore the systemic issues would be a major change benefiting all aspects of the mental health field. I end by asking this question, “Would it truly be so hard to ask oneself the question, “where are race and racism here?” (Carter, 2020, p.4)

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Acknowledgement

I would like to acknowledge The Prairie Band Potawatomi Education Department, Accelerate the Future Foundation, and Lesley Dean's Scholarship for their financial support. It has been an honor and a blessing to be the recipient of these academic awards that made it possible for me to complete this thesis.

I would like to express my sincerest gratitude to my advisor Donna Socha for her continuous support, invaluable guidance, and generous time. Her unforgettable dedication in helping me navigate my academics, work, and life balance has been an inspiration I will carry on with me.

An immense thank you to my professors: Carter Carter, Meg Chang, and Karen Estrella whose teachings and work have motivated the direction for my thesis. Your contribution to the mental health field is extraordinary, I would not have been able to complete this project without your work. The grace, validation, encouragement, and effort you all have so kindly given me has been remarkable.

A heartfelt appreciation to my expressive arts therapies cohort for being my advocates and supporting my voice. Thank you to Mitchell Kossak for valuing me and accepting me into the Expressive Arts Therapies Graduate Program.

Thank you to my friends and colleagues who were supportive and respected my time. Thank you for your compassion, understanding, and definitely for all your patience when undertaking my research and writing.

Finally, I would like to thank my family, especially my parents, Frank and Georgie. Your tenacious encouragement and endless love keep me going. This thesis is dedicated to you both.

THESIS APPROVAL FORM

**Lesley University
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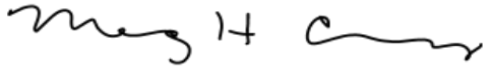
Type of Project: Thesis

Title: Furthering the Field of Expressive Arts Therapies Through Acts of Decolonization

Date of Graduation: September 15th, 2023

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

**Thesis Advisor:___
Meg H Chang (signed)**

A handwritten signature in black ink, appearing to read "Meg H Chang", written over a horizontal line.