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Confronting Culture Blindness: An Examination of Culturally Responsible Art Therapy

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CONFRONTING CULTURE BLINDNESS: AN EXAMINATION OF
CULTURALLY RESPONSIBLE ART THERAPY

By

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I dedicate my thesis to people who feel misunderstood. I hope that my research inspires people to take a deeper look around them in order to appreciate the beauty of diversity.
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ABSTRACT

The theory and practice of cross-cultural/multicultural counseling and art/expressive therapies were reviewed in order to develop and guide the current study. The current art therapist implemented an exploratory, qualitative, ethnographic design examining art therapy with four students in an educational institution in Lima, Peru. The students had varying diagnoses (suspected Asperger’s syndrome, suspected Attention Deficit Hyperactivity Disorder, Down’s syndrome, and moderate to severe Mental Retardation). The current art therapist led group art therapy sessions, maintained field notes, and conducted unstructured interviews with a school teacher over the course of four months. Upon completion, the current art therapist reviewed the field notes and interviews in order to develop themes concerning strategies and insights for practicing culturally responsible therapy. Twenty-two themes emerged from the data. The current art therapist divided the themes into four major categories according to layers of cultural identity: national culture, culture of work environment, childhood culture, and individual culture. After coding, analyzing, and reflecting upon the findings, the current researcher developed a visual model of how to consider culture within the therapeutic process. The proposed Culturally Responsible Therapy model (CRT) may help therapists to conceptualize clients as having a multitude of fluid, dynamic cultural strata including (but not limited to): global culture, national culture, culture of work environment, generational/age culture, and individual culture. Conceptualizing culture as a series of evolving layers may help therapists look deeper into a client and his or her particular situation in order to practice more culturally responsible, aware, and sensitive therapy. The current art therapist hypothesized that integrating both analytical and intuitive processes within the therapist-client relationship will lead to more culturally responsible, ethical, and effective counseling.
CHAPTER 1

THE IMPORTANCE OF CULTURE IN COUNSELING

There is an injustice in the distribution of counseling services in the United States. The Surgeon General reported that although minority groups experience the same rates for mental disorders, they do not receive the same amount of care as Euro Americans (Ancis, 2004; Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General, ND). Not only is there a disparity in the quantity, but there is also a disparity in the quality of mental healthcare that minorities receive. Western forms of counseling have been perceived as imperialistically perpetuating western status quo thoughts and behaviors instead of respecting alternate cultural beliefs and practices (Sue, Ivey, & Pedersen, 1996). An imperialistic approach to counseling is incompatible with respecting and embracing culture. If an individual’s culture is ignored or oppressed, counseling will not likely meet the client’s needs. To practice ethical, responsible, and effective art therapy both within and outside of the United States, art therapists must consider culture.

In this chapter, I address the need for practicing culturally responsible art therapy. Throughout Chapter 2, I review the previous literature on cross-cultural/multicultural counseling and art/expressive therapies. Chapter 3 describes the methods that I employed for practicing cross-cultural art therapy. Chapter 4 portrays my journey of cultivating cultural awareness and sensitivity during art therapy sessions with four unique Peruvian students. Finally, in Chapter 5, I synthesize the previous literature and my current research by proposing a conceptual and practical model for practicing culturally responsible therapy.

Call for Culturally Responsible Practice

There is growing awareness that current counseling practices are not sufficient to meet the needs of a rising multicultural population in the United States (Ancis, 2004; Sue, 1998). The U.S. Bureau of the Census (2000) projected that by 2040, Caucasians will comprise 56.2%; Hispanics, 21.7%; African Americans, 14.5%; Asian/Pacific Islanders,
8.8%; and American Indians/Eskimos/Aleuts, 1% of the U.S. population. Smart and Smart (1997) reported that with increased population diversity, counselors have increased responsibility to provide culturally sensitive mental health services. A movement for addressing culture in counseling has begun. For example, there has been a revision of the DSM-IV and the DSM-IV-TR to incorporate cultural factors for determining the suitability of diagnostic criteria (4th ed.; American Psychiatric Association, 1994; 4th ed. TR; American Psychiatric Association, 2000).

**Purpose of the Study**

Although it is less likely that minority groups have the resources or choose to seek therapy, “culture-compatible services can result in increased utilization” (Calish, 2003, p. 12). Hispanic Americans often experience language barriers in the United States, limiting their access to culturally compatible counseling. In the 1990 census, 40% of Hispanic Americans reported that they had difficulty speaking English (Mental Health…, ND). Art therapy may have the potential to be more culturally compatible for minorities within the United States than traditional verbal counseling strategies. Furthermore, cross-cultural art therapy may demonstrate an inherent advantage in reducing multicultural barriers. For example, when verbal communication is limited, nonverbal communication through art may assist with the expression of thoughts and feelings. The underlying assumption is that practicing culturally sensitive art therapy is an ethical endeavor and will lead to more effective treatment with clients from various backgrounds.

The main purpose of the study was to explore the use of art therapy with a group of Peruvian children in their native country. I also aimed to increase my Spanish-speaking ability and to gain awareness about Peruvian culture in order to practice culturally responsible, and thus, more effective art therapy.

**Justification**

Multicultural counseling research is needed for several reasons. First, mental health care providers have a responsibility to meet the needs of a growing multicultural population. Second, traditional mental health care has a “cultural bias favoring dominant social classes” so that treatment is not evenly distributed among members of each socioeconomic class (Pedersen, 1988, p. 161). Third, indigenous modes of coping and treatment may be more effective than Western counseling for various cultural groups.
(Pedersen, 1988). Fourth, Western ideas of healthy and normal may not apply to culturally diverse groups (Pedersen, 1988). Finally, “most therapists come from dominant cultures whereas most clients do not” (Pedersen, 1988, p. 161).

The field of art therapy is largely unrepresentative of the population as most art therapists are Caucasian females. Because the field of art therapy is unrepresentative of the population, it becomes increasingly important to provide training and promote awareness about multicultural art therapy practice in order to serve the needs of a diverse population. Although attempts have been made to serve the individual’s needs in multicultural art therapy, Calish (2003) discussed concern about how standards for multicultural education and competence in art therapy are unclear. For example, many programs do not encourage students to contextualize persons in their cultural settings. Furthermore, there is a “lack of, or haphazard application of, research information relevant to multicultural therapy” (Calish, 2003, p. 12).

The American Art Therapy Association attempts to confront this issue on a national level by requiring the content area of “culturally diversity issues relevant to art therapy practice” (p. 3) in the art therapy curriculum for programs providing art therapy education (American Art Therapy Association, 1999). Although many counseling and psychology programs offer coursework dealing with multicultural issues, researchers in the field of multicultural counseling exhibit concern about neglecting or overlooking cultural factors (Sue, Ivey, & Pedersen, 1996).

Several researchers indicate the need to consider clients within their cultural contexts in order to provide appropriate therapeutic interventions (Calish, 2003; Chuang, 2004; Dana, 1998; Harper, Harper, & Stills, 2003; Hocoy, 2002; Jones, Baker, & Day, 2004; Kottler, 2002; Scott & Borodovsky, 1990; Sue, Ivey, & Pedersen, 1996; U.S. Bureau of the Census, 2000). In order to contextualize client issues, a counselor must develop multicultural awareness. One way to develop multicultural awareness is to study abroad. Study abroad increases multicultural awareness in ways that alternate forms of education cannot (Kottler, 2002). When mental health professionals demonstrate willingness and openness to respect and embrace other cultures in practice, as well as theory, then the term ‘American’ may be more than a superficial thread uniting an array of distinct cultures.
Research Question

1. What insights and strategies are useful for practicing culturally responsible art therapy?

Definition of terms

Cultural identity: Cultural identity describes “how people comprehend who, culturally, they are” (Mathews, 2000, p. 5). Cultural identity is “the identification of communications of a shared system of symbolic verbal and nonverbal behavior that are meaningful to group members who have a sense of belonging and who share traditions, heritage, language, and similar norms of appropriate behavior. Cultural identity is a social construction” (Fong, 2004, p. 6). Cultural identity is “fluid, evolving, growing, and ever-changing” (Hooks, 1990; Takagi, 1996; Trinhg, 1989, Yep, 1998; as cited in Fong, 2004, p. 72-73). Cultural identity is furthermore “a vibrant, complex, and highly controversial concept in our increasingly diverse and fragmented postmodern world” (Tanno & González, 1998).

Race vs. ethnicity: “According to Federal classifications, African Americans (blacks), American Indians and Alaska Natives, Asian Americans and Pacific Islanders and white Americans (whites) are races. Hispanic American (Latino) is an ethnicity and may apply to a person of any race (U.S. Office of Management and Budget [OMB], 1978)” (as cited in Mental Health…., ND).

Overview of the Study

I demonstrated support for how art therapy can be a culturally compatible therapeutic modality in working with a Peruvian population. I implemented an ethnographic design in order to explore culturally responsible art therapy with a group of students (age 6 to 9) in an educational institution for children with different abilities in Lima, Peru, a South American city. I conducted biweekly art therapy sessions over the course of fifteen weeks. In each session, I attempted to promote the practice of culturally responsible practice. From my field notes and interviews with a school teacher, I offer insights and strategies about practicing culturally responsible art therapy. I found that my adaptive, client/culture-centered approach to art therapy stimulated my clients’ creativity and reduced the risk of imposing culture-specific concepts and behaviors.
Limitations of the Current Study

A limitation to the current study is that literature on the topic of cross-cultural counseling outside the United States is sparse. The obtained research in the current study reflects the resources and databases available through a Southeastern University. Although still lacking, most research has been conducted on immigrants or minorities living within the United States. The theory and practice on intercultural exchanges in the United States may not be sufficient to guide cross-cultural practice because other issues are involved (i.e. culture shock, racism, prejudice, etc.). My educational lens also influenced how I conducted and interpreted my art therapy practice.

Hopes for the Future

My hope is that cross-cultural art therapy research will inform counselors about approaches for bridging cultural barriers both within and outside of the United States. Even people who appear similar on the surface are not culturally homogenous. Counselors both within and outside of the United States must acknowledge the impact and current practice of cultural oppression. Furthermore, clinicians must advocate for minorities within the U.S. in order to reduce institutional barriers that deny them access to mental healthcare services (Sue & Sue, 1990).
CHAPTER 2

LITERATURE REVIEW

Culture needs to be considered in counseling because it influences people in very subtle ways. Oftentimes, people are not aware of their own cultural influences. When people are not aware of how their own culture influences them, they may be more susceptible to discriminating against or oppressing another culture, intentionally or not. Everyone has a cultural identity. Culture influences how people behave and perceive reality. Behaviors and perceptions are molded by many cultural factors such as heritage, socioeconomic status, regional inhabitance, and family upbringing. Because everyone’s experiences with these factors are distinct, everyone has a unique perspective for viewing and interacting with the world. Furthermore, with increased experience and exposure to different sets of ideas and behaviors, a person’s perspective has the potential to expand. With this expansion comes the possibility of personal and societal development.

Much of the literature about how to implement culturally responsive therapy is based on theory rather than definitive research findings (Sue, 1998; Molinaro, 1996). Molinaro suggested that increased attention to empirical explorations of culture will help to understand and develop strategies for multicultural counseling relationships. Pedersen (1988) called for multicultural research, acknowledging that multicultural issues are complex. This complexity is reflected not only by differences in cultural identities between the therapist and client (Calish, 2003), but also by the nature of counseling itself (Pedersen, 1996). In addition to the challenge of counseling clients of diverse backgrounds, it is also difficult to measure its effectiveness.

*What is Culture?*

Cultural identity influences the lens in which an individual views and interprets what happens in social and personal reality. Culture is an overarching term that describes multiple aspects that influence a person’s identity. Cultural identity is not an aspect of identity or a category. Rather, the lines of culture are blurry. Culture is fluid over time and space, and continuously influenced through each interaction. Cultural identity provides the framework for conditioning human behavior and thought (Calish, 2003).
People reflect culture by emotional expressions, attitudes, beliefs, and social exchanges. Culture involves the interaction among a variety of levels including gender, race, age, ethnicity, and social class (Ancis, 2004).

Ethnicity is often confused with culture (Ancis, 2004). People who appear to look and act similarly are often grouped into the same culture. However, ethnic origin, although it influences a person, is not culture. Everyone is influenced by culture. Cultural identity describes larger, group influences on a person. Ancis (2004) relayed that sociocultural background often influences how people react, cope, and interact socially. Because everyone comes from a specific cultural context, each person has a tendency to respond to situations and people in particulars ways. Schmidt (2006) presented a model that explains how various cultural factors influence a person’s identity.

![Diagram](Image)

Figure 1. Multiple Dimensions of Identity adapted from Jones & McEwen (2000) (Schmidt, 2006, p. 89)

The center core represents a person’s identity. The overlapping orbits represent contextual factors (i.e. race, socioeconomic status, spirituality) that influence personal identity (Schmidt, 2006).
Barriers and Bridges to Providing Culturally Appropriate Mental Healthcare

Culture blindness. Many Euro Americans forget that they are affected by culture. This lack of awareness perpetuates an ethnocentric view of culture. Having an ethnocentric view of culture limits personal and global understanding of how cultural identity is formed and maintained. “Culture is invisible without contrast” (Smith, et al., 2004, p.3). Wehrly (1995) acknowledged that people’s assumptions and behaviors are guided by largely invisible cultural forces. Culture plays an implicit role in people’s lives. Culture influences cognitive processes, belief systems, definitions and influence of family or kin, definitions of self, decision making and attitudes toward action, time orientation, verbal behavior, and nonverbal behavior (Wehrly, 1995). Fiske (1993) explained that a person outside of the “privileged” class is more acutely aware of his or her “unprivileged” position because his or her survival is dependent on those who hold the power (as cited in Hays, 2001). Because most counselors are from “privileged” classes, it is understandable that it has taken longer for Euro American counselors to gain awareness about how the current practice of counseling may be incompatible with many culturally different clients.

Reducing culture blindness. In order to reduce cultural blindness, it is important for a counselor to become more aware of a client’s emic perspective (or insider view from within a culture) (Wehrly, 1995). The counselor’s view of the client is from an etic perspective (or outside view of another’s culture). When people are not aware of their culture and the influences it has on how they perceive and interact within the world, then they do not believe they have other options for how to think and behave. Counseling is about presenting these options. Effective multicultural counselors are aware of numerous options, so that they can assist clients in selecting the options that fit with what they are willing and hopeful of accomplishing.

Limited approaches to counseling. A major concern for applying Western approaches of counseling to culturally diverse clients is that the treatment may be limited, cause harm, and perpetuate oppression (Ancis, 2004). Sue, Ivey, and Pedersen (1996) argued that a great bias already pervades the field of psychology. The field of psychology is largely influenced by Western philosophical thinkers (i.e. Plato, Socrates, Aristotle, etc.) and may be limited in scope for providing appropriate mental health services for a
wide variety of people. In line with this thought, many traditional forms of counseling may have limited applicability to culturally diverse clients because they are based on Western models of thought or “White culture” (Richardson & Molinaro, 1996, p. 238).

Contrasting worldviews. Wehrly (1995, p. 16) provided the following succinct descriptions of Western versus some non-Westernized cultural values concerning decision making and attitudes toward action:

Westernized, individualistic, middle-class cultures place much emphasis on planning and doing. Life is viewed as largely controlled by the individual, predictable with a reasonable degree of accuracy, and as something that needs planning...the individual assumes both the responsibility and the credit for the results of his or her decisions and behavior. The sense of self is highly influenced by personal achievements as well as by personal failures. Hence, there is often an ongoing feeling of urgency to work toward accomplishing “something.”

Lewis (1997, p. 124) also succinctly summarized many assumptions that Western counselors make when construing psychological theory and practice:

Valuing independence and the rugged individualist, most models focus on the individuation of the person as more important than the welfare of the family, the community, or of nature. Dependence is seen as a personality disorder. Emotional distress is seen to be contained in the individual and within this lifetime. Linear time along with cause and effect reasoning is the norm. Many therapists automatically assume that the individual must be changed to fit the existing system and that a person’s ancestral history such as slavery or genocide by the ethnic group of the therapist is not influential in the therapeutic process. Some therapists believe that they and their approach can be of greater help than the individual’s own indigenous healers.

In contrast,

Some non-Westernized cultures place more emphasis on “being” than on “doing.” Life is to be accepted; the individual is to flow with the tide of life rather than to control it. The individual is viewed as a part of nature or subjugated to nature. The status of the family into which one is born and one’s age and sex may be dominant ascriptive factors. Because status is ascribed rather than achieved, there is no sense of urgency “to do” or “to become.” An individual simply is and learns to live as a part of the cosmos.

When cultural values and personal practices are unfamiliar to clinicians, they are more likely to pathologize or misinterpret client behavior (Arredondo & Rice, 2004). Not
attending to culture and other contextual factors can be detrimental to the culturally
diverse client and can also perpetuate societal oppression (Ancis, 2004).

**Ethnocentric versus ethno-relativistic view.** The purpose of developing cultural
awareness is to help clinicians view the world in an ethno-relativistic manner. Viewing
the world in comparison and relative to other cultures helps people understand, rather
than judge other cultural practices (Calish, 2003). This type of thinking challenges
clinicians to recognize and critique the “hierarchies and systems of domination that
permeate society and that systematically exploit and control people” (Calish, 2003, p.
13). Calish pointed out that thinking relationally helps people understand the underlying
social systems that guide identity formation. Thinking relationally is a type of
understanding that moves beyond simple descriptions or dichotomous comparisons
between groups (e.g. similarities and differences). Pederson expressed that there are three
serious errors in multicultural counseling: overemphasizing similarities, overemphasizing
differences, and assuming that the role of therapy includes either overemphasizing
similarities or differences (Pederson, 1996). If similarities are emphasized, this leads to a
melting pot “in which the majority prevails over minorities, trivializing cultural identity”
(Peterson, 1996, p. 236). If differences are overemphasized, then stereotyping and
“hostile disengagement” occur in which the “need for common ground” (p. 236) is
disregarded.

**Stereotypes and biases.** People make judgments automatically. Attempting to
organize a flood of information encountered daily, people create categories based on
quick judgments. The function of constructing categories is to make sense out of great
amounts of information (Hays, 2001). Out of these categories, stereotypes about people
and places emerge. Stereotypes can often be misleading and result in prejudice and
oppression. Many people are aware that they fit into a stereotypical category. With this
awareness, they can either choose to act in ways that affirm or negate the applicability of
the stereotype (Hays, 2001). A bias can be conceived as a tendency—“a tendency to
think, act, or feel in a particular way” (Hays, 2001, p. 22). Biases may quickly guide
practitioners to more accurate assessments, but they may also lead to false assumptions
that may be harmful to the client. Compartmentalizing can be a useful tool in quickly
understanding social situations. However, when these compartments or categories
become fixed and rigid, stereotypes and biases can be limiting and oppressive. Stereotypes often limit understanding about the fluid nature of cultural and personal identity (Hays, 2001). Moreover, stereotypes play a role in systems of privilege when one group is perceived to be more powerful than another (Hays, 2001). For example, researchers claimed that

Educational materials and research have portrayed minorities in negative stereotypes; an implicit equation has been made between pathology and different lifestyles of culturally different groups; mental health services have often culturally oppressed minority clients; and counselors and psychotherapists have failed to recognize the biased assumptions present in theories about human behavior (Sue, Ivey, & Pedersen, 1996, p. xvii).

Although societal bias and stereotyping may always exist, the ability to become aware of these biases and make efforts to confront and change them is possible (Hays, 2001).

**Reducing stereotypes and biases.** Because biases and stereotypes act as barriers to conducting culturally sensitive treatment, it is important to consider how to reduce them. Rudman, Ashmore and Gary (2001) conducted a study about the adaptability of implicit biases. Implicit biases are assumptions that people make about themselves or others without being aware of them. This study indicated that increased awareness of other cultures reduced bias. Furthermore, awareness of bias helped to reduce bias.

**Retention.** Minority groups frequently do not remain in therapy for more than a few sessions (Ancis, 2004; Richardson & Molinaro, 1996; Sue, 1998). Sue and Sue (1990) suggested that culturally diverse clients terminate therapy early when counselors apply Western values in sessions without recognizing that the clients may be guided by other cultural values. Sue (1998) reported that the problems counselors cited most frequently in working with multicultural populations were cultural and linguistic mismatches between clients and providers. Because different cultures perceive, think, and respond to life in different ways, it is understandable that counseling practices may prove to be incompatible.

There are not enough minority clinicians to meet the needs of all minority clients; therefore, Euro American clinicians (which dominate counseling fields) must provide services to meet minority needs (Calish, 2003). In order to culturally diverse clients to receive appropriate care, Euro American counselors have the responsibility to develop
cultural awareness and strategies that are effective for various groups. Many Euro
American counselors lack bilingual skills and understanding about other cultural views
and practices (Gloria, et al., 2004; Arredondo & Rice, 2004; Scott & Borodovsky, 1990).

Advocacy for rights of culturally diverse. Many Hispanics suffer from economic
disadvantage, prejudice, and discrimination (Sue & Sue, 1999). These social injustices
act as barriers to accessing culturally responsive treatments. Multicultural counseling
involves addressing social inequities by advocating for the therapeutic rights of clients. In
a society of privilege, clinicians have a duty to become aware of how to help promote
awareness and respect of the needs for minority clients.

Celebrating Personal/Cultural Identity

There has been a movement to celebrate differences rather than similarities in the
United States (Talwar, Iyer, Doby-Copeland, 2004). In counseling, there is a danger of
minimizing the ethos or “special feel or flavor of a culture” (Cowen, 2003). “Just as
genetic diversity is essential for a healthy biological ecosystem, cultural diversity
contributes to a more accurate and meaningful psychological perspective” (Pedersen,
1997, p. 14). In counseling, the client’s personal identity and how he or she relates to his
or her culture is important to address.

Client/Culture-centered Approach

The proposed Multicultural Counseling and Therapy theory (MCT) describes a
client/culture-centered approach (Sue, Ivey, & Pedersen, 1996). The authors conveyed
that in order to provide appropriate therapeutic interventions, it is important to consider
clients within their cultural contexts. They also asserted that responsible mental health
professionals need to consider that a client’s cultural values may not be compatible with
traditional views of therapeutic goals or processes. Therefore, effective approaches for
therapy vary for each individual of any heritage. This leads to the crux of their
manuscript: multicultural considerations complement various approaches to counseling
(i.e. cognitive-behavioral, psychoanalytic, behavioral, etc.).

Sue, Ivey, and Pedersen’s (1996) arguments against current practice maintained that
therapists impose values on clients that ensure the ‘status quo’ instead of embracing
alternative viewpoints. They asserted that “present theory and practice fail to consider the
influence and importance of cultural and sociopolitical forces” (Sue, Ivey, & Pedersen,
When someone is unaware of another’s cultural situation, it is difficult to demonstrate empathy (Richardson & Molinaro, 1996). Richardson and Molinaro (1996) suggested that empathy involves the capacity for seeing the world from the client’s cultural and personal point of view. When basic cultural values vary between therapist and client, a therapist might find it more challenging to demonstrate empathy. The culturally skilled counselor seeks to provide cognitive empathy where affective empathy is not possible (Sue & Sue, 1990). To implement cognitive empathy, counselors imagine themselves in the client’s position by contemplating the client’s cultural background, daily life experiences, hope, fears, and aspirations. Although it is not necessary for counselors and clients to share the same worldview, it is important that the counselor respect and attempt to use the client’s worldview to explain what is happening and trying to be accomplished through therapy.

Instead of relying on standard approaches for dealing with self-dialogue, social interactions, and situations, a person/culture-centered approach becomes essential within each therapeutic interaction. “The most basic therapeutic condition is a positive healing relationship in which clients feel at ease, trust the counselor, and are therefore willing to express their thoughts and feelings. Counselor characteristics that encourage such a relationship include warmth, genuineness, and empathy” (Thomas, 2000, p. 25-26).

Finally, allowing clients to choose the direction of therapy is empowering (Ancis, 2004).

Basic Principles of Multicultural Counseling

Pedersen (1988) offered a framework for conceiving multiculturally skilled counselors that involves developing skills, self and other awareness, and knowledge.

Developing skills. Skills include the counselor’s ability to respond to clients in a multitude of verbal and nonverbal ways (Pedersen, 1988). In addition, the counselor receives what the client does and says accurately based on cultural knowledge. Finally, the counselor must be able to use accurate interpretations of communication to develop appropriate interventions. Cultural competence not only involves recognizing and appreciating other cultural groups, but also the ability to effectively work with them (Sue, 1998). Furthermore, rapport in multicultural counseling depends on the counselor’s ability and willingness to understand and show concern for clients’ cultural backgrounds. During the first sessions, there are specific ideas to keep in mind. First, practitioners
“must establish rapport and trust in a relatively short period or risk losing the opportunity to help” (Hays, 2001, p. 23). Being well-informed about a client’s culture and situation will increase the likelihood of having a meaningful interaction with the client (Hays, 2001).

Along this line of thought, Sue (1998) suggested that cultural competence consists of three characteristics that involve scientific mindedness, possessing dynamic sizing skills, and being culturally proficient. Being scientific-minded involves forming hypotheses rather than coming to premature conclusions about a client. Having dynamic sizing skills refers to knowing when to “generalize and be inclusive and when to individualize and be exclusive” (Sue, 1998, p.445). To develop these skills, it is important for a therapist to avoid stereotyping clients. Clinicians can draw on personal experiences of being oppressed (e.g. sexism) in order to relate and elicit more empathy and understanding of an oppressed client. Being culturally proficient involves knowing specific information about the culture (i.e. sociopolitical influences) and using this information to develop potentially effective treatment.

Gaining self-awareness as a cultural being. “Counselor, know thyself” (Sue & Sue, 1990, p. 166). The process of being culturally aware of others is to become culturally aware of oneself. Sue et al. (1982) identified four awareness competencies that include becoming more self-aware, determining how personal values and bias may affect culturally different clients, being comfortable with perceived differences (i.e. beliefs, practices) that exist between therapist and client, and developing sensitivity to circumstances that may indicate that it is better for the client to work with a more culturally compatible clinician. Sue, Ivey, and Pedersen (1996) relayed that mental health professionals need to be aware of their own cultural identity and personal biases.

Several researchers raised the issue about how mental health practitioners are often culturally encapsulated (e.g. Richardson & Molinaro, 1996; Arredondo & Rice, 2004). Being culturally encapsulated presents major barriers to providing culturally sensitive therapy. Practitioners are culturally encapsulated when they are not aware that others have altering viewpoints and values. The process of becoming less culturally encapsulated begins with actively and thoughtfully developing self-awareness (Sue & Sue, 1999; Richardson & Molinaro, 1996; Calish, 2003; Dana, 1998). In order to develop
self-awareness, clinicians must become aware of their personal assumptions about life, values, biases, preconceived notions, personal limitations, etc. (Sue & Sue, 1999; Pedersen, 1996).

Practitioners not only have a duty to examine their own culture, but they must also become informed about their clients’ cultures (Sue & Sue, 1999). In treating individuals who hold different beliefs and worldviews, counselors have increasingly more difficult and complicated roles in practicing culturally sensitive therapy. The worldviews of the therapist and client influence the therapeutic interaction (Richardson & Molinaro, 1996). Therefore, a clinician must be actively aware of how his or her worldview influences what they say and do within therapy (Richardson & Molinaro, 1996). Even though Western trends look to quicker and simpler solutions, the world of therapy cannot be reduced to a one-size-fits-all fast food drive-through.

Each individual is unique and has a unique situation influenced by various interactions. It is important to be able to provide therapeutic interventions that function outside a counselor’s personal value system (Richardson & Molinaro, 1996). Furthermore, “objectivity and the ability to integrate different value systems as they relate to the problems presented by the client are critical” (Sue & Sue, 1999, p. 299). If a therapist is unable to implement interventions outside of his or her value system, then the counselor “may inadvertently be imposing his or her own standards and values on the client” (Sue & Sue, 1990, p. 163). By imposing in this manner, counselors engage in cultural oppression by not allowing for alternate explanations and responses. In order to intervene outside one’s cultural context, one must be aware of it. The purpose of therapy is not to convert people into ascribing to a way of looking and interacting with the world. In contrast, multiculturally sensitive therapy offers a safe place for exploring and resolving client issues.

Instead of compartmentalizing and branding humans, their thoughts, and their behaviors, mental health practitioners have the opportunity to expand their definitions of treatment. The basic ideas about how to implement culturally sensitive counseling include self-examination, other-examination, and an active process of developing and practicing interventions that reflect serious contemplation about the self and others. Just
as culture is constantly evolving, becoming a culturally skilled practitioner is an active, on-going process (Sue & Sue, 1990).

Part of performing a diligent self-examination involves acknowledging racist attitudes, beliefs, and feelings (Sue & Sue, 1990). Sue and Sue pointed out that most Euro Americans experience economic and social advantage in the United States. Oppressing minorities, even unintentionally or unknowingly, safeguards “white privilege.” Culturally competent Euro American counselors admit that they live in a racist society and experience many benefits just for being of Euro American descent (Sue & Sue, 1990).

Another important aspect of being self-aware is to recognize one’s limitations as a counselor. Being aware of one’s scope of practice allows a counselor to benefit clients by referring cases to other counselors that are better suited for a culturally diverse client (Sue & Sue, 1990).

**Developing other awareness.** After clinicians have a solid grasp about their underlying belief systems, it is important for them to understand the client’s core beliefs and values. It is not necessary to hold other belief systems. Rather, a culturally sensitive counselor acknowledges and respects other world views in a nonjudgmental manner (Sue & Sue, 1990; Calish, 2003).

Pedersen (2004) argued that multicultural counseling involves more than learning skills. Understanding a set of techniques and skills for working with culturally diverse clients as well as developing awareness about underlying values that influence client behavior will likely lead to more effective counseling (Richardson & Molinaro, 1996). In order to develop appropriate treatment plans, Calish (2003) suggested that it is not only important to learn about cultural values and ways of being, but it also involves realizing how multiple factors underlie the following: fundamental axes of societies, institutional systems, social issues, and possibilities for social change. “Understanding the cultural and sociopolitical context of a client’s behavior is essential to accurate assessment, interpretation, and treatment” (Sue, Ivey, & Pedersen, 1996, p. 2).

**Acquiring knowledge.** Knowledge involves understanding how minorities are treated in the United States, gathering specific information about the particular cultural group, maintaining a comprehensive knowledge of counseling and therapy, and exploring how the dominant culture’s sociopolitical system may limit access to mental healthcare
for minorities (Pedersen, 1988). Part of the process in developing other awareness involves researching what influences the person’s cultural identity including history, values, and lifestyle (Sue & Sue, 1990). Deeply learning about a specific culture and increasing knowledge about other cultures increases the effectiveness of a multicultural counselor (Sue & Sue, 1990). Sue and Sue (1990, p. 160) summarized the necessary actions for multicultural counselors to acquire cultural knowledge.

- Be aware of sociopolitical forces that have impacted the minority client,
- Understand that culture, class, and language factors can act as barriers to effective cross-cultural counseling,
- Point out how expertness, trustworthiness, and lack of similarity influences the minority client’s receptivity to change/influence,
- Emphasize the importance of world view/cultural identity in the counseling process,
- Understand culture bound and communication style differences among various racial groups, and
- Become aware of one’s own racial biases and attitudes

**Multicultural Counseling Theories**

*Common factors theory versus culture specific theory.* Thomas (2000) acknowledged that there is a debate in the cross-cultural counseling literature between using a common factors theory and a culture specific theory. A common factors perspective acknowledges that universal principles and techniques can effectively be used across cultures. A culture specific theory recognizes that unique principles and interventions must be designed to suit the needs of a particular culture in order to engage in effective therapy.

*Cultural role-taking.* The first step in cultural role-taking is to admit that the White counselor cannot fully understand or sense what it is like to live a lifetime being a minority and potentially experiencing oppression in the form of stereotypes and prejudice (Scott & Borodovsky, 1990). Scott and Borodovsky (1990, p. 169) delineated the basic perspective a culturally aware clinician has. The counselor is “faced with (a) a client whom he or she must get to know; (b) a culture that he or she must learn about; and (c) an individual client whose thoughts, feelings, and conceptions about her or his culture must
be understood as they pertain to the client specifically.” If the counselor is unfamiliar with the client’s culture, this can be an excellent opportunity to develop rapport as the counselor asks sincere, interested, and meaningful questions concerning the client.

*The Triad Training model.* The Triad Training Model (Pedersen, 1988; Pedersen, 2004) is composed of three elements:

(a) the experiential world of the counselor  
(b) the experiential world of the client  
(c) an anticounselor and procounselor who represent the internal dialogue of the client in the interview  

This model’s intention is to “make explicit the client’s internal dialogue” (Pedersen, 1997, p. 183).

*ADDRESSING model.* The ADDRESSING Model (Hays, 2001) is an acronym that assists clinicians in considering a variety of cultural influences on a client. They are as follows:

- Age and generational influences  
- Developmental or acquired Disabilities  
- Religion and spiritual orientation  
- Ethnicity  
- Socioeconomic status  
- Sexual orientation  
- Indigenous heritage  
- National origin  
- Gender  

*RESPECTFUL model.* The RESPECTFUL Model (Ivey, et al., 2002) is another helpful acronym that reminds clinicians to consider the following cultural influences:

- Religious/spiritual identity  
- Economic class background  
- Sexual identity  
- Psychological maturity  
- Ethnic/racial identity  
- Chronological/developmental challenges
• Trauma and threats to well-being
• Family background and history
• Unique physical characteristics
• Location of residence and language differences

The RESPECTFUL and ADDRESSING models can be helpful reminders for clinicians. Although all of these cultural factors influence personal identity, not all of these factors must be addressed within counseling in order for a clinician to practice cultural sensitivity. Therefore, it is important to listen to what the client wants to explore in therapy.

**BASIC-ID Multimodal therapy.** Hays (2001, p. 160) adapted Lazarus’s (1997) model of multimodal therapy with the following cultural considerations:

- **Behavior:** cultural influences, norms, and expectations regarding clients’ behaviors;
- **Affect:** cultural differences in the expression of affect and feeling;
- **Sensations:** cultural influences on how one experiences or conceptualizes physiological phenomena;
- **Cognition:** culturally related beliefs, values, attitudes, and statements about self and others;
- **Interpersonal relationships:** cultural norms regarding relationships and cultural identities of and influences on partner, friends, family, and networks; and
- **Drugs:** culture-specific conceptualizations of illness, health, approaches to health care, and alcohol/drug use.

Knowing this information about a client’s cultural beliefs and practices is likely to assist clinicians in practicing culturally aware and sensitive counseling.

**Culture in all Counseling**

All interactions involve multiculturalism (Arredondo & Rice, 2004). Therefore, the purpose of multicultural counseling research is not to establish a separate field, but to “validate the role of “culture” in all counseling and psychotherapy” (Pedersen, 1988). People may appear to be culturally similar or dissimilar, but each individual has a set of different experiences and perspectives that affect his or her cultural identity. Furthermore,
“culture does not always override individuality…individuals can often be considered a culture unto themselves” (Kaplan, 2003). There is a level of cross-cultural exchange in every therapeutic interaction (Cattaneo, 1994). Sometimes that level is low when working with people who are culturally similar to the therapist. Other times it can be high in which cross-cultural conflicts in therapy occur. Furthermore, art therapists bring their own cultural ideas and beliefs into every session (Riley-Hiscox, 1999). “We live in a nation where institutional racism and politics can influence how we provide mental health services to people who are different from ourselves” (Riley-Hiscox, 1999, p. 148).

**Multicultural Counseling as an Evolving Process**

There is not a strict formula for practicing multicultural counseling. It is an approach that varies for each individual depending on his or her needs within a cultural context (Pedersen, 1996). Even if people of different cultures have similar issues, they cannot be treated in the same way (Pedersen, 1996). One approach is not superior to another (Pedersen, 1996). By ascribing the notion that Western counseling practices are “right” trivializes and minimizes historically helpful practices (Pedersen, 1996). Certain techniques may prove useful; however, abiding by rigid structures may not be beneficial to clients due to the dynamic nature of both counseling and culture (Pedersen, 1996). Learning several strategies or facts about a person’s culture does not guarantee therapeutic gain (Pedersen, 1996).

Furthermore, it is impossible to know the intricacies of every culture and each member of that culture (Scott & Borodovsky, 1990). The current task for multicultural counseling researchers is not to develop set ways of doing therapy (Pedersen, 1996). Rather, multicultural counseling that is sensitive and adaptive to the client’s personal and cultural context will likely be more effective (Pedersen, 1996).

Attempts to construct a culture-specific model for conducting counseling for various populations may be of minimal help (Pedersen, 1996). A sensitive, evolving approach must be taken in order to meet the needs of people in a dynamic, rapidly changing society (Pedersen, 1996). Assuming that the others’ needs and wants are the same as counselors’ is problematic (Pedersen, 1996). It is impossible to feel and see from someone else’s perspective no matter how culturally similar to oneself he or she is. How can clinicians make assumptions about how other culture’s think and feel?
Culturally sensitive counseling is not a static process. Multicultural counselors have the responsibility to continue informing themselves about cultural and personal shifts of their clients. Cultural identity and the practice of counseling are both dynamic and involve constant adaptations (Sue & Sue, 1990).

*Culturally Appropriate Interventions*

Sue and Sue (1990) constructed a comprehensive set of ideas that address how to implement culturally appropriate strategies and techniques in counseling. The first refers to how culturally skilled counselors have the ability to generate a variety of verbal and nonverbal responses. Second, the counselor needs to develop skills for clear communication. Clear communication involves sending and receiving verbal and nonverbal messages accurately.

With a cultural knowledge base of typical nonverbal and verbal behavior, a counselor will better be able to decipher and send messages to his or her client. Third, the culturally aware counselor has the duty to seek institutional intervention in order to meet the needs of the client. Meeting the needs of the client may mean having a flexible role that includes outreach, consultant, and facilitator of indigenous support systems. Finally, the culturally competent mental healthcare service provider describes his or her therapeutic style, recognizes the limitations of this style, and anticipates the effects of this style on the client. Being forthright about one’s treatment approach and by considering how the client will be affected by this style helps the client realize that the counselor has the client’s best interest in mind.

*Qualities of a Culturally Sensitive Practitioner*

Ancis (2004) described how clinician awareness, knowledge, and behavioral flexibility are essential elements of competence with diverse clientele. Sue (1998) summarized the duties of a culturally competent practitioner. They include being knowledgeable about the culture of the client, being sensitive and flexible in dealing with the clients, and achieving credibility. The qualities that describe someone who can understand minority-group experiences include “enlightened, nondefensive, open and skilled counselors” (Sue & Sue, 1990, p. 165).

Hays (2001) conceptualized three characteristics for being a culturally effective therapist. They include humility, compassion, and critical thinking ability. Having
humility allows a person to “avoid judging differences as inferior” (p. 19). Humility involves realizing that one does not possess superior knowledge or experience to help a particular client. Different cultures have different strategies and all strategies have positive and negative aspects. Different approaches may be comparable or more effective than Western models of counseling. Having critical thinking skills enables a therapist to be aware and skeptical of his or her own assumptions. Being critically aware allows a therapist to search for and welcome alternative explanations. Part of using critical thinking is remaining flexible and open to alternative explanations, thoughts, and behaviors that may challenge or contradict personal beliefs. These challenges about fundamental assumptions about health, illness, and helping can be refreshing for clinicians (Ancis, 2004). Being challenged helps clinicians remain alert and actively listening to clients.

Hays (2001) presented several obstacles to compassion which include defensiveness, fear, ignorance, pain, and attachment. When counselors are defensive, they feel a need to justify a belief or statement (Hays, 2001). By being defensive in this way, a counselor takes the focus off of the client’s experience. When the client does not feel that the focus of therapy is on him or her, he or she may withdraw and attempt to protect themselves emotionally by creating distance from the therapist.

If a therapist is aware of having physiological sensations associated with feelings of defensiveness, fear, and pain, then he or she is likely focusing more on oneself than the client (Hays, 2001). To reduce discomfort and self-focus, it may be helpful to breathe deeply for a few seconds (Hays, 2001).

“A strong therapeutic alliance can not be established if the counselor is unresponsive or dismissive of a client’s beliefs, perceptions, and needs” (Ancis, 2004, p. 13). A study conducted by Gim, Atkinson, & Kim (1991) revealed that counselors were rated as more effective when they acknowledged the importance of ethnicity and cultural values in the client’s experience (as cited in Ancis, 2004). Another study conducted by Zhang and Dixon (2001) demonstrated that a counselor who conveyed interest, respect, and appreciation for other cultures and the client’s cultural heritage received higher ratings of expertness, attractiveness, trustworthiness, and helpfulness.
A way to develop a therapeutic alliance is to incorporate humor which allows people to connect on a human level (Hays, 2001). Another way of connecting is through self-disclosure. The clinician who self-discloses carefully decides whether the information will benefit the client (Hays, 2001).

Fear of one’s abilities as a counselor also limits the potential for a therapeutic alliance to form. Fear can be elicited by stereotypes that the counselor has for the client, as well as a lack of confidence about knowing enough information about the client’s culture (Hays, 2001). The more culturally unaware a counselor is about a client, the better chance he or she will be fearful of a client or about working with a client (Hays, 2001). It is easy to make assumptions about a particular group of people when one does not have exposure or information about a particular group (Hays, 2001).

Pain is also as an obstacle to compassion in that both therapist and client bring their personal issues and expectations into a therapy session (Hays, 2001). It is the therapist’s role to focus on the pain of his or her client. It is important to remember that the client may have had other encounters with a White counselor. These previous interactions influence how he or she will respond to the current counselor. It is important for the therapist to allow the client to express personal pain without taking it personally.

Attachment can also convolute a therapeutic interaction. When a therapist is attached to a particular theoretical framework, he or she may neglect the client’s concerns. Being attached to a certain way of conceptualizing a client’s issue may lead to inaccurate assessments and proposed interventions. Listening to the client is more important that listening to a preconceived conceptualization.

When a cross-cultural mistake is made, it is often helpful to consult a member of the client’s cultural group in order to gain a better understanding of the client’s position (Hays, 2001). Mindfulness involves “being aware of one’s experience in the moment” (Hays, 2001, p. 30).

Practical Ways to Implement Culturally Sensitive Counseling

Culturally welcoming environment. Sue (1998) offered a practical suggestion about making the therapeutic environment more culturally familiar by posting information and notices in the client’s language of origin.
Using familiar healing strategies. “Culturally relevant concepts are integrated with traditional approaches or traditional therapeutic approaches are rearranged and modified in order to make them more responsive to the values and needs of the client” (Ancis, 2004, p. 215).

In order to engage in culturally responsive interactions with clients, it is important to be aware of and responsive to how a client expresses distress through symptomatic expressions and so forth (Ancis, 2004). By learning how to listen to the client’s

Using a specific procedure for diverse clients counteracts the complex nature of multicultural counseling (Ancis, 2004). Therefore, the focus of culturally sensitive counseling is not based on a certain theoretical construct or strategy; it is on the interrelationship and understanding between the clinician and client (Ancis, 2004). “An exclusive focus on techniques or treatment specifics is limited” (Ancis, 2004, p. 219).

Focusing on therapist-client relationship. The therapeutic relationship formed between therapist and client may be the most effective way to help clients. A way to accomplish this is to remain fully present while listening to the client’s story (Ancis, 2004). The culturally sensitive clinician incorporates a client’s biography into the session. The clinician listens to the client to learn about his or her experience. The best approach might be a “teach me” or “show me who you are” approach. Hearing their stories may be the best therapeutic tool or advice to be given to multicultural counselors. Multicultural counseling is not mutually exclusive from traditional counseling. Multicultural counseling is an approach that can be utilized with anyone—with counselors and clients from similar or different cultures.

Studies Conducted on Culturally Sensitive Practice

Multiculturally responsive study in the United States with Asians. Zhang and Dixon (2001) performed a comparison study between a multiculturally responsive counselor and a culturally neutral counselor condition. The multiculturally responsive condition took place in a therapeutic setting rich with Asian art, crafts, a map and pictures. Participants were greeted in their native language. Counselors in the multiculturally responsive condition asked participants to indicate where they lived on the map and demonstrated an interest in knowing more about Asian culture, including
differences in nonverbal communication. At the end of the session, researchers concluded the session by saying farewell in the participants’ native language.

In the culturally neutral condition, counselors were trained to demonstrate the same level of skill and interest during the session. However, they did not include culturally familiar artifacts or ask questions about the clients’ culture.

The researchers used Barak and LaCrosse’s (1975) counselor rating form (CFR) (as cited in Zhang & Dixon, 2001). The participants rated the multiculturally responsive counselors as more expert, attractive, and trustworthy. In addition, participants rated the counselors as better able to work with and understand people from different cultures. Zhang and Dixon (2001) determined that the study was limited in its generalizability because it was conducted on international students and not real clients. However, they proposed that international students could have been experiencing some level of cultural adjustment.

Multicultural counseling study in the United States with Latinas. Dixon Rayle, et al. (2006) formulated a “comadre” wellness group approach for ten Mexican women aged 25 to 53. Latina counselors led ten group sessions in Spanish. One session involved making collages about their future goals using magazine and newspaper images, words, makers, crayons and drawings. Over ten weeks, the counselors focused on several areas of their clients’ wellness including physical, occupational, emotional, social, acculturative, and spiritual. The authors used Dixon Rayle’s, et al. (2003) previously developed Latina Wellness Assessment (LWA) as a pre and posttest measure. The LWA, created in Spanish, uses 53 self-report items on a five point Likert scale to determine level of wellness on various scales.

The researchers observed that the group moved from a structured, psychoeducational to a more fluid, process-oriented format. The results from the LWA indicated that group members experienced a significant increase on the wellness scales. Dixon Rayle, et al. (2006) concluded that having Latina counselors assisted with developing group member trust and rapport. In addition, Latina counselors were able to help Mexican women overcome the stigma of receiving mental healthcare. Furthermore, the group format for Mexican women experiencing similar issues created an atmosphere of social support and a sense of community.
Peeks (1999) described the experience of Latina adolescents in a social skills group at an outpatient mental health clinic over the course of six months. Two bilingual, bicultural therapists used both Spanish and English in the group sessions. The group members were bilingual and experiencing depression, anxiety, maladaptive social skills, or lowered motivation in school.

The counselors noticed that many group members acted “shy” by not actively participating in the group (Peeks, 1999, p. 152). Because group members acted shy or had a difficult time expressing themselves, the counselors decided to use art to elicit more responses from the clients. They reasoned that by creating art, the participants were able to externalize thoughts and feelings. During subsequent sessions, the counselors asked clients to create drawings and collages (using magazines, colored pens, pencils, and paper) about what it meant to be shy or unable to express oneself. They also used art as a way to continue therapy outside of the group and to bridge what they learned in the clinic to other areas of their lives.

Peeks (1999) reported that group members were better able to identify systems and beliefs that affected their lives. The group also provided an outlet for expression and an expansion of cultural and individual awareness. Peeks (1999) underscored the importance of art work and other special projects in eliciting responses that may have otherwise been unheard.

Ramos-Sánchez, Atkinson, and Fraga (1999) conducted a quantitative study to gather data from Mexican American college students. The students were asked to rate a ten minute pre-recorded mock audio cross-cultural session using the Counselor Effectiveness Rating Scale (CERS) and the Cross-Cultural Counseling Inventory—Revised (CCCI-R). The CERS (Atkinson & Wampold, 1982) has ten items that measure perceptions of counselor credibility including expertness, trustworthiness, utility, and attractiveness (as cited in Ramos-Sánchez, et al., 1999). The CCCI-R (LaFromboise, Coleman, & Hernandez, 1991) assesses perceptions of counselor cross-cultural competency (as cited in Ramos-Sánchez, et al., 1999). It includes 20 items designed to assess competence in three areas: cultural awareness and beliefs, cultural knowledge, and flexibility in counseling skills (as cited in Ramos-Sánchez, et al., 1999).
Multicultural Counseling Theory: Latinos and Latinas


Figure 2. Incorporating Culture and Language in Therapy (Santiago-Rivera, 1995, p. 14)

This model may be useful in cross-cultural counseling with Latinos and Latinas, especially with regards to beliefs about psychological and physical health, the counselors’ therapeutic approach, intervention strategies, and resources that counselors can utilize.

“In working with traditional Hispanics, the most appropriate counselor would be bilingual and bicultural. Unfortunately, there are few therapists who fit this description” (Sue & Sue, 1999, p. 299). Many needs of culturally diverse clients have not been clearly communicated and met due to language barriers between therapist and client (Sue & Sue, 1999). Sue and Sue (1999) offered specific ways to approach the therapist-client relationship with Hispanic clients. First, it is important to clarify the roles of a physician, counselor, and client. Next, it is important to discuss goals and select techniques that
Hispanics will find familiar or comfortable. When goals are discussed, it is important to consider the likely changes and effects on the client, his or her important primary relationships, and his or her relationship with one’s cultural group. Paniagua (2005) recommended that family and group therapy with a problem-focused approach be used with Hispanic clients in order to be compatible with a social value of *familismo*.

*Intrinsic Values of Latino and Latina Clients*

Although learning a list of values for a particular culture is useful, clinicians must keep in mind that individual differences exist. Some people do not feel that Hispanic accurately describes them and prefer to be called Latino or Latina (Paniagua, 2005). A description of general Latino and Latina values was included in order to underscore how there are variations in how people view reality.

In terms of wellness, many Latinos and Latinas believe that the body and emotions are inseparable (Gloria, et al., 2004). Therefore, the experience of physical pain is related to emotions, and vice versa. The causes of illness and misfortune are often attributed to external sources. For example, mental illness may be viewed as punishment from God. Because how people view disease varies, the ways for treating illness also vary. Therefore, it is important to observe and respect traditional forms of healing (Arredondo & Rice, 2004). Due to the stigma of receiving therapy, many Latinos and Latinas feel skeptical about participating (Gloria, et al., 2004). When Latino/a clients do participate, there may be times when they feel uncomfortable verbally expressing their feelings.

Paniagua (2005) recommended that family and group therapy with a problem-focused approach be used with Hispanic clients in order to be compatible with a social value of *familismo*. *Familismo* refers to having strong family ties and loyalty (Lee, 1999). Family members function cooperatively by depending on each other. Maintaining family honor and respect is important (Altarriba & Bauer, 1998). Although family affiliation is valued, there is an adaptable family structure that includes friends and distant relatives. In many traditional Hispanic homes, children and adolescents are not allowed to argue with their parents; they must always show respect to the father.

Another common value among Latinos and Latinas is *personalismo*. *Personalismo* refers to values that honor interpersonal interactions, emotional
supportiveness, personal connection, and encouragement (Gloria, et al., 2004). Because many Latinos and Latinas prefer to initiate meetings with polite conversation, *personalismo* is frequently misunderstood and labeled as resistance by Western counselors. The clinician must be aware that many Latinos and Latinas value *personalismo* and will want to engage in more conversational dialogue (Lee, 1999). The Latino/Latina client may also want the clinician to treat him or her more familiarly by disclosing more personal information and using first names (Lee, 1999). *Simpatía* is another value of highly regarding pleasant and non-conflicting social relationships (Altarriba & Bauer, 1998).

Paniagua (2005) presented ideas about the different perceptions between having a mental illness or disorder and being insane. People with a mental illness or disorder are said to have an *enfermedad mental*; whereas someone insane is called *loco*.

The original term of *machismo* contained an essence of honor, loyalty, and ethical behavior (comparable to chivalrous or knightly behavior in European history) (Lee, 1999). The role of men in Hispanic families is typically dominant, as he makes the major family decisions (Altarriba & Bauer, 1998). The role of women is typically more passive and reflects the values of *marianismo, hembrismo*, and *aguantando* (Lee, 1999). These values honor a woman’s quiet strength. These values respect the woman’s ability to complete a multitude of tasks within and outside the home. *Aguantando* refers to enduring in which a woman passively and respectfully acquiesces to male authority. It is important for clinicians to observe gender roles within the family in order to provide culturally suitable interventions (Paniagua, 2005).

*Religion and spirituality.* Religion and spirituality often play a significant role in many Latino/a lives. Paniagua (2005) suggested that therapists who attempt to understand the client’s magical or spiritual thinking may be more effective. Paniagua (2005) asserted that it is important to listen to and support clients’ spiritual or magical explanations about their mental illness. First, it helps a therapist and client to establish trust and rapport. Second, the clinician can use this belief as a framework for guiding therapeutic interventions and promoting behavioral change. In addition, it might be important for a therapist to seek supplementary help from a curandero. Curanderos are traditional healers who “use herbs and spirituality to treat the mystical or supernatural roots of
psychological disturbance in some Latino cultures, especially Mexican Indian” (Lee, 1999, p. 95).

Every counseling style involves particular procedures or rituals for effecting changes in clients’ values, knowledge, thought processes, habits, and environments. But the rituals associated with a given style may be more acceptable in one culture than in another. In effect, cultures can differ in the kinds of interventions they tolerate and encourage. A culturally compatible counseling approach recognizes and adjusts to such differences (Thomas, 2000, p. 27-28).

Alternative Therapies for Various Cultures

*Narrative intervention using art and journaling.* Keeling and Nielson (2005) designed their method using heuristic inquiry in which participants were considered co-researchers. Seven Asian Indian women age 22 to 30 participated in the study. There were three weekly sessions using a narrative approach to resolving issues. The participants created artwork before the narrative intervention in order to externalize their issues. The researchers reported that creating drawings before narrative interventions fulfilled a client need of exploring issues alone in contemplation. Journaling and drawing outside of the session also appeared to empower members to voice their issues within the group.

*Drama therapy.* A drama project team implemented a program in a high school to help immigrants and refugees adjust to Quebec and learn French (Rousseau, et al, 2004). About fifty students aged 12 to 18 from various countries (e.g. China, Russia, Romania, Pakistan, Iran, Iraq, Mexico, South America, and the Caribbean) participated in at least one 10-week program. The drama team focused on developing a safe environment for expressing emotions; therefore, artistic performance was not an objective of the project. Participants acted out situations spontaneously by using four large cubes and strips of fabric as props. After a situation was improvised, the drama team would elicit alternative responses from the participants. To evaluate this program over three years, the drama team held meetings with teachers and other school staff to discuss perceived strengths and weaknesses of the program. A Transcultural Psychiatry Team not belonging to the drama team analyzed individual sessions by documenting themes that were initiated by the clients, group dynamics of support and tension, and how outside traumatic events affected group members. The results indicated a positive response from teachers and
students. The researchers attributed this acceptance with the program’s ability to meet student needs of addressing social tension and self-empowerment.

Rousseau, et al., (b) described a related program in which forty newly arrived immigrants and refugees in elementary schools used art and storytelling to portray myths from their heritage, myths presented to them by the researchers, and myths from the host country. The authors found that creating art forms and stories using myths helped the children become aware of the “culture gap between home and school, past and present” (p. 9). Using myths was a way to integrate collective cultural identity and personal cultural identity. Participants adapted traditional and modern myths from their original and host cultures to represent their present situations and inner conflicts.

**Music therapy.** Researchers implemented music therapy in a way that was sensitive to Sudanese culture. Music was a well-established Sudanese spiritual practice of healing. Therefore, clients responded well to music therapy because it was similar to and respectful of their cultural practices. The researchers presented case vignettes about how music therapy was a culturally compatible therapeutic modality for high school student refugees from Sudan integrating into Australian culture. Although the researchers attempted to be culturally sensitive, they discovered that the role of music varied for Australian music therapists and Sudanese students. The music therapists used the physiological, emotional and aesthetic properties of music to address issues. In contrast, the Sudanese refugees used music to access their spiritual world, to determine their sickness and to heal. In addition, they used improvised song to promote social change. The authors noted these different interpretations and practices to make recommendations for working more effectively with Sudanese refugees. The authors pointed out that their insights into this culture are limited and it cannot be assumed that other Sudanese clients will respond as effectively to this type of treatment. Paniagua (2005) suggested music or *cuento* therapy. *Cuento* therapy may be useful in working with children because it involves storytelling.

**Advantage of Using Art and Expressive Therapies Cross-culturally**

There are different styles of expressing oneself through art, visual expression can evoke feelings of awe, bewilderment, fear, sadness, and anger, to name a few. These feelings transcend verbal language barriers. Most major psychological theories are
“heavily language dependent. This reliance on verbal skills as the dominant mode of expression place many people at a disadvantage, including people who speak English as a second language…” (Hays, 2001, p.162). Nonverbal modalities such as art therapy may have the capacity to elicit more responses from clients than traditional verbal counseling (Hays, 2001). “Nonverbal therapies may be more effective because they give clients something to look at and something to do with their hands” (Hays, 2001, p. 162). To avoid problems of misunderstanding the meaning of artwork across cultures, it is “better to let clients interpret their own work” (Hays, 2001, p. 163).

Multicultural art therapy is an art as well as a science. Particular information must be understood by a clinician, but knowing how to apply that information in a counseling session is an art. There is a marked difference between translating and interpreting. So much of communicating is implicit and culturally derived and assumed. This is why learning more than just the words of a culture and learning how to ask questions about the culture in a sensitive way is very important. Multicultural art therapy is like learning a new language. Both the client and therapist are engaged in learning a new language. Because art therapy is a non-traditional approach to counseling, it might be especially conducive for using a person/culture-centered approach. This type of interaction values individual expression, instead of behavior conformity. When people feel comfortable expressing themselves instead of adapting their behavior to suit the needs of an authority figure, it is more likely that lasting changes will take effect.

Art therapy is a minority field. Many people are unaware of its existence and the therapeutic benefits that can be offered to culturally diverse clientele. Art therapists can therefore use this minority position as a way to parallel and relate to the experiences of minority clients. The way that art therapists can gain credibility is through educating the public of its worth. Art therapists have the responsibility to advocate for the needs of their clients. Art therapists may be of greater help to clients if they determine whether or not art therapy is well-suited for a particular client. Furthermore, a culturally sensitive art therapist discusses how art therapy might assist the client, explains his or her role, examines and uses preexisting indigenous healing methods, and continually reflects and dialogues about the art therapeutic relationship between therapist and client in order to determine whether art therapy is the most appropriate healing modality for the client.
Art therapy has a unique position in the mental healthcare helping profession. Art therapy is a nontraditional form of counseling that utilizes art to address and resolve client issues. The uniqueness of art as nonverbal, tangible expression contributes to the possibility that art therapy may be more effective cross-culturally than traditional verbal therapy. Art therapy has an opportunity through deliberate reflection to be a progressive, ethical field that values diversity by empowering rather than oppressing culturally different clients (Hocoy, 2002). Art therapy can potentially help the mental health field by using art and its inherent qualities that embrace diversity and complexity of the social sphere.

Limitations of Cross-cultural Art Therapy

“No less than others, art therapists are products of their cultures” (Calish, 2003, p. 11). Hocoy (2002, p. 141) warned that art therapy has the danger of perpetuating “Western cultural imperialism.” Art therapists must be cautious not to engage in cultural imperialism by indicating that one art form is superior to another. To explain, it is important to reflect upon how the materials and the ways that art therapists use materials express cultural values. In multicultural counseling there is an increased chance of miscommunication. Uniformed clinicians often misinterpret a client’s typical cultural expressions. In addition, art therapists need to be aware that art therapy is also a theoretical construct bound by Euro-American thought (Hocoy, 2002, p. 141). A treatment modality (as well as any theoretical construct) will always be culturally and historically derived. People may become aware of their culture, but they can never escape it. The issue in multicultural art therapy is not that people have different ways of thinking and resolving issues. The issue is that art therapists who wish to treat culturally diverse clients acknowledge and respect these differences. They must also understand them well enough to develop culturally appropriate interventions, keeping the client’s best interest in mind.

Hocoy (2002) also addressed the issue about making cross-cultural interpretations of client artwork to inform treatment plans. A person’s culture influences his or her interpretations. Symbols that are considered archetypal or universal may actually be culture specific (Hocoy, 2002). Hocoy (2002) presented research to suggest that art therapists working cross-culturally focus on process, experiences in the here-and-now, and the meaning that the client gives to the artwork.
Cross-cultural Art Therapy

The current study focused on how to develop an intercultural therapeutic alliance with children through cross-cultural art therapy. The existing literature on cross-cultural art therapy is sparse. Arrington and Yorgin (2001) used art therapy to assess the psychosocial health of children living in an orphanage in Kiev, Ukraine. They reported that using puppets during the initial in-take sessions helped the children gain trust in the researchers. Moreover, the researchers found that staff members at the shelter were surprised at how well the children’s artwork reflected their issues (e.g. early trauma, drug abuse, sexual activity).

Furthermore, the researchers noted that art therapy is rarely mentioned as a treatment modality for psychological issues. For this reason, the authors (one a psychologist, the other a psychologist and art therapist) introduced themselves primarily as psychologists in order to receive immediate recognition for their skills. However, the authors suggested that without the aid of art therapy, accessing and treating the children’s issues would have been significantly more difficult. Initially minimizing the role of art therapy may illuminate how art therapists tread cautiously assuming that art therapy will be viewed skeptically by other cultures, instead of showing confidence and supporting their profession. Based on the observations of Arrington and Yorgin (2001), art therapy may have an advantage in cross-cultural therapeutic exchanges. The field of art therapy has been struggling with its identity as an independent profession (Malchiodi, 2000; Gussak, 2000; Moon, 2000). It has been difficult to gain respect and acknowledgment for this field because there is an emphasis on linear thinking and verbal exchange in the United States. With this in mind, art therapy may have the unique capacity to establish its identity as a useful cross-culturally counseling modality.

The literature on cross-cultural counseling is also sparse. Leung (2003) acknowledged that most theory and research on multicultural counseling has focused on ethnic and diversity issues within the United States. There has yet to be a movement to expand counseling practice globally (i.e. implementing worldwide standards). Leung offered logical support about how counseling in the United States is culturally encapsulated. For example, counseling psychologists may be in danger of ignoring other effective traditional, indigenous treatments for mental health issues because counseling
psychology has developed into a widely respected professional discipline. Instead of observing and reflecting upon how other countries promote mental health, American counseling programs often exclusively focus on Western counseling ideology. Leung reported that counseling psychology programs have the duty to inform students about alternate, international forms of mental healthcare. Another reason that counseling in the United States is culturally encapsulated is that the techniques in which American psychologists follow to conduct research limits the type of information that can be gathered. Being aware of alternate ways for conducting research may also be an important step for integrating counseling information and strategies across cultures.

Leung (2003) suggested that long-term counseling programs of a few months or more would help to build international connections and help meet local needs. Because many art therapists appreciate creativity and seeing the world from different perspectives, the field of art therapy may have an inherent interest and advantage for spurring on and developing cross-cultural relationships. Furthermore, art therapists may have an inherent advantage for appreciating and respecting the unique aspects of other cultures.

**Multicultural Art Therapy: Theory**

Due to the lack of theory and research in cross-cultural art therapy and cross-cultural counseling, the topic of multicultural art and other expressive therapies were reviewed to gather more information to develop rationales for the current study. Most of the literature on multicultural art therapy has been theoretical and has included case illustrations. Calish (2003) noted that there is little literature on the field of multicultural art therapy. Talwar, Iyer, and Doby-Copeland (2004) also noted in reviewing the literature that there is a significant lack of publications regarding the role of cultural aspects in art therapy and counseling in general. This lack makes it more difficult for art therapists to effectively train for work with other cultures because the knowledge base for intercultural therapeutic interactions using art is minimal. Calish mainly drew from multicultural counseling sources and reiterated the need for better training and awareness of multicultural issues.

Hocoy (2002) and Calish (2003) observed that art therapists are bound by art therapy culture. Hocoy asserted that art therapists may psychologically harm clients by being “culture blind” (p. 141). Talwar, Iyer, and Doby-Copeland (2004, p. 44) referred to
cultural blindness as an “invisible veil.” Covered by an invisible veil, many people are unaware of how cultural conditioning influences their behavior and beliefs. Being culture-blind means treating all clients in the same manner without considering cultural identity (Hocoy, 2002). Hocoy warned of making inaccurate interpretations of symbols found in artwork. Many symbols that Americans believe to be universal may not apply in certain cultural contexts. Making inaccurate interpretations may lead to misguided, ineffective art therapy. Hocoy suggested that inaccurate interpretations can also be made when working with culturally similar clients, but working with culturally different clients may lead to more misguided interpretations and art therapy.

Hocoy (2002, p. 144) offered practical advice for art therapists working with culturally diverse clients. For example, art therapists will better serve culturally diverse clients if they are aware of how and if art therapy may be integrated into current indigenous practices. Hocoy (2002) proposed the need for research across cultures in order to develop better strategies for working with culturally diverse individuals.

Hocoy (2002) presented the challenge to art therapists to question their profession’s identity in order to avoid promoting the status quo and misinterpreting, pathologizing, or marginalizing culturally diverse groups. Art therapists have a unique position as a growing field to demonstrate insight and progressiveness in working cross-culturally.

Henderson and Gladding (1998) presented theoretical ideas supported by a case example for how the creative arts can be used to treat clients of various cultural backgrounds who suffer from psychological disorders. Henderson and Gladding offered a case illustration of how important it is to create a culturally friendly environment (by including artifacts and pictures from the clients’ culture in the treatment setting); and, furthermore, to seize opportunities that promote understanding a culturally diverse client, especially when language barriers exist. In order to recognize these key opportunities in cross-cultural communication, art therapists are present with their clients and, thus, are able to act spontaneously. For example, the counselor knew only minimal Spanish, but was able to listen to how a grandmother who was helping her family move into a new country felt like the carved sculpture on the therapist’s desk: a mule carrying a burden. This exchange opened the way for the therapist to inquire about what the grandmother
missed from her old home. Using this information, the therapist was able to develop expressive interventions that helped the grandmother integrate cultural traditions of Mexican dance with her new environment. The authors’ maintained that culture influences how people creatively express themselves. Moreover, knowing how people creatively express themselves will assist therapists in developing effective treatment plans.

Along this line of thought, Hiscox (1995) considered how art therapists may neglect to see how therapeutic needs are different between two closely related cultural groups (e.g. African Americans and West Indians). Hiscox points out that assuming that members of a racial group experience similar issues neglects the uniqueness of ethnic and personal uniqueness. Many researchers (Hiscox, 1995; Dufrene, 1991; Acton, 2001) called for art therapists to exhibit respect for cultural traditions (e.g. religious practices, customs) and to offer a safe, empathic space in which the client does not fear being rejected or misunderstood due to cultural biases and stereotypes.

Kaplan (2002) described how workshops on culturally competent art therapy convey the message for art therapists to be sensitive to culturally different clients. However, this is only one aspect of a culturally skilled counselor. Kaplan conveyed that grouping people by culture may not be helpful, as it may create even more stereotypical thinking. Treating each individual as unique with unique situations and issues will likely improve the efficacy of treatment. Riley-Hiscox (1999) and Kaplan (2003) called for art therapists to demonstrate respect and appreciation for the humanity and culture of all people. This respect will foster awareness that limits stereotypes or biases that result in oppression and racism.

Gerity (2000) suggested that art therapy students become familiar with their own unique heritage. She instructed students to create a puppet of a historical figure from their family and/or cultural heritage with whom they related. Gerity described one student as being unable to connect with her Asian cultural roots. This disconnection led Gerity to question how this student would be able to help her clients gain awareness and appreciation of their cultural backgrounds if she could not do this for herself. By gaining awareness and appreciation of one’s cultural roots, art therapists will more likely be able to acknowledge, appreciate, and respect their clients’ cultural roots, easing some cross-
cultural barriers in counseling. Gerity also used an analogy of artists drawing from the same still-life model and cultural beings viewing how the world functions. Each artist and cultural being has a unique perspective on the still-life model and world. Each view is different, but a clearer picture of the still-life and world can happen by collaborating information. Gerity called for a reform in counseling strategies by suggesting that clients become less dependent on conforming to what the therapist thinks is best for them. Sustained therapeutic change occurs when clients value and empower themselves. Gerity described how art therapists have unique strengths. Many art therapists possess strengths of artists that include flexibility for working with a variety of materials, and skills of viewing objects relationally, from different angles and with focused detail or overall gestalt. Art therapists with these artistic strengths may be well-suited for working with culturally different clients.

Art therapy may be especially conducive for working cross-culturally because art-making is nonverbal expression, serves as a metaphor for revealing client issues, and employs multiple senses (Malchiodi, 2005). Art therapists have the unique expressive tool of art and imagery that assists in incorporating healing strategies from other cultures (Acton, 2001). Furthermore, creating art may be an acceptable form of expression in cultures where verbally expressing emotions is considered inappropriate. Malchiodi asserted that therapeutic benefit can be gained through the symbolic expression of telling stories through creative arts. Enns and Kasai (2003) indicated that expressive therapies, including sand play (similar to Hakoniwa) and art therapy, may be more cross-culturally compatible than traditional verbal counseling styles. For example, art has been traditionally used in Japan as a holistic healing form affecting both mental and physical health. Because artistic and spiritual values are linked in Japanese culture, art therapy appears to be a compatible treatment modality. Enns and Kasai maintained that people with more interdependent identities may prefer Hakoniwa and other holistic therapies, like sand play and art therapy.

Children in Art Therapy

Malchiodi (2005) focused on how children across cultures interact with the art therapy process. She indicated that children’s stories about their artwork or play reflect their issues and how well they are able to cope with them. In addition, observing how
children interact with the art materials and art process reflects how they feel and respond outside of therapy sessions. Therefore, the coping strategies children learn through art therapy are generalized to other areas of their lives. Malchiodi suggested directives that may help art therapists gather information about clients’ cultures including drawings of homes, maps of neighborhood and/or community, creations of favorite heroes, and depictions of cultural traditions (e.g. birthdays, holidays).

**Sensitive Selection of Materials**

Malchiodi (2005) suggested using a variety of materials that are culturally familiar to clients. In addition, sensitive art therapists include multicultural supplies (e.g. crayons, marker, and clay) that come in a variety of skin tone shades. Helpful collage materials include magazine pictures of varying beliefs, lifestyles, and ethnicities. Dufrene (1991) and Westrich (1994) also suggested using multicultural art forms and processes. After rapport is established, using different materials and techniques may be used to stimulate interests and build on clients’ skills.

**Art is Not a Universal Language**

Contrary to commonly held beliefs, art is not a universal language. “Art therapy cannot be assumed to be a universal construct” (Hocoy, 2002, p. 141). However, the ability for creative arts to be a transcultural “facilitator for growth and recovery” (Lewis, 1997, p. 123) looks promising. Art forms are products of culture and subject to different interpretations. Although creative expression is common to all cultures, how people creatively express themselves varies (Cattaneo, 1994). Therefore, cross-culturally sensitive art therapists are cautious about interpreting art and assuming that art therapy can be used effectively with all cultures. Cattaneo (1994, p. 185) asserted that

By abandoning the stance of universality of artistic expression, the art therapist must abandon old values, beliefs, and judgments in the arts. One must instead learn to value the subjective experience and aesthetics of each individual. This learning can enable honest communication and interaction.

Wengrower (2001) illustrated how being an art therapist influences one’s cultural identity. Considering art therapists as part of an artistic culture, it may not be necessary to “abandon” traditional artistic values. More importantly, it may be useful to become aware of these artistic values so that they do not limit the possibility for new interactions with
clients. Following Gerity’s (2000) logic, by embracing and respecting their own art therapy heritage, art therapists will be able to embrace and respect other cultural groups. Furthermore, gaining awareness of alternative aesthetic values will help art therapists gain role clarity in working cross-culturally (Cattaneo, 1994).

Talwar, Iyer, and Doby-Copeland (2004) observed that art therapy, like other counseling fields, is influenced by Euro American values. In order to avoid an ethnocentric monocultural approach, art therapists, and other counseling professionals, must also recognize how cultural values influence how they perceive treatment for mental health. In line with this thought, Riley-Hiscox (1999) maintained that art therapists need to be open to new paradigms to treatment that may conflict with dominant, ethnocentric views. Riley-Hiscox further promoted the development of a new worldview that takes culture, language, ethnicity, etc. into consideration. The way this new worldview may develop is through awareness of one’s cultural self.

Art therapists, who take the opportunity to learn about how art has been used for healing in other cultures, may be able to develop interventions with high client response rates (Acton, 2001; Westrich, 1994).

Realizing that each individual is affected, but not defined, by his or her culture will help art therapists treat each therapeutic interaction as a unique exchange. By treating each exchange uniquely, art therapists will be better able to remain present with clients, without making assumptions guided by stereotypes and biases. Therapists who treat clients the same without considering culturally identity risk being “color blind” (Acton, 2001, p. 109). There is no reason to neglect or ignore culture in therapy. By understanding culture’s role in everyone’s lives, art therapists will be better equipped for constructing helpful models for culturally sensitive care.

The Myth of Cultural Competence

Lewis (1997) suggested that a general multiethnic awareness cannot be achieved through research or practice with a variety of cultural groups. Lewis reflected upon therapeutic and teaching experiences in which she experienced a lack of cultural understanding. She described how often culturally diverse clients would be referred to her for creative arts therapy. Lewis claimed that she was effective in working with African American clients, not by understanding the depth of their experiences with
oppression and racism, but because she used a culturally compatible vehicle of creative arts to facilitate expression, growth, and recovery. Culturally effective art therapists demonstrate a willingness to explore various aspects of their clients’ cultures (Westrich, 1994).

Art therapists are restricted, just as any other counselor, by their cultural background because culture influences their beliefs, experiences, and interpretations of those experiences. Although it may be challenging, therapists must avoid forcing their concepts of reality on their clients (Moon, 2000). The therapist must relinquish the idea of being the sole expert and allow clients to be experts of their own cultures. The power dynamics in cross-cultural art therapy may need to be shifted in favor of the client in order for therapy to be effective. Dufrene (1991) addressed the need for more dialogue between art therapists and indigenous healers.

**Beginning a Cross-cultural Art Therapy Session**

Lewis (1997) pointed out that it is important for art therapists to ask their clients about how they conceptualize therapy and expression through creative arts. In order to build a therapeutic relationship based on honesty, therapists must also address their limitations concerning knowledge of cultural values and practices.

Malchiodi (2005) suggested directive art therapy techniques because nondirective techniques may be intimidating for many children during the first session. Furthermore, Westrich (1994) observed that cultural norms often determine whether or not a structured or unstructured approach is best through the course of therapy.

**Gaining Self-Awareness through Art Therapy**

Moon (2000) offered suggestions of art directives to help art therapists develop a deeper understanding of their cultural heritage in order to appreciate other cultural heritages. One intervention involves constructing a portrait of one’s personal culture by gathering information from a variety of sources (e.g. conversations with relatives, memories from childhood, library searches, etc.). While researching, focus particularly on beliefs about healing practices and the role of art in one’s culture. A second intervention includes capturing one’s personal values that are reflective of one’s culture. A third intervention is making a “bias box” (p. 194) in which a therapist makes a collage on the inside of the box about stereotypes associated with various cultures. A fourth
activity is to create an art piece reacting to the bias box. A final activity is to research the role and significance of visual art in a cultural group and consider how a client’s relationship with art can inform art therapy practice.

Art therapists and other mental healthcare professionals have a responsibility to continually develop “self-awareness, knowledge, and skills to have a multicultural perspective” (Talwar, Iyer, Doby-Copeland, 2004, p. 46; Cattaneo, 1994).

Ethnic Humor in Therapy

Mango-Hurdman and Richman (1994) conducted theme-based art therapy sessions (several focusing on humor) to facilitate expression and build group cohesion among Hispanic and African American clients. They reported that ethnic humor surfaced spontaneously. Although ethnic humor may reveal identity and cultural issues (Mango-Hurdman & Richman, 1994), Riley-Hiscox (1999) cautioned art therapists to be aware when ethnic humor borders on racism. How the art therapist responds to ethnic humor is important in order to maintain the dignity and respect for members of all cultural groups.

Multicultural Art Therapy: Practice

There is little art therapy research conducted on various cultures. Most of the studies are qualitative and descriptive and do not include efficacy measurements. Fitzpatrick (2002) implemented a qualitative, phenomenological research method that involved semi-structured initial interviews. The data included the researcher’s observations and artwork created by the participants during four art therapy session over four weeks. The participants were two Bosnian women refugees. One intervention included creating images of their ideal homes and surrounding landscapes that “feel safe and comfortable” (p. 155). Fitzpatrick provided extensive detail and offered interpretations about one participant’s experience. Based on her observations, Fitzpatrick determined that art therapy was beneficial for the clients in remembering, addressing, and containing their trauma and emotional turmoil.

Appleton and Dykeman (1996) employed a therapeutic approach with Native Americans in which art was instrumental in providing culturally congruent therapy. Ten participants aged seven to 17 took part in 50 minute sessions for seven weeks. Counselors implemented a session termination ritual called a “talking circle” (p. 226) in which members passed around a feather or stone, taking turns to express reactions to the group
process. The art activities were guided by themes about self-identity in relation to others and their environment using materials such as soft chalks, magazine collage, felt-tip pens, and newsprint. Highlighting the importance to select culturally significant art materials, experimenters reported that participants had a challenging time finding magazine images that represented themselves. The counselors implemented culturally familiar practices such as passing around an object found in nature and terminating the final session of therapy with a “friendship dance” (p. 229). The counselors reported that they gained insight into clients’ cultural values and practices. They also concluded that using art interventions in this manner with Native Americans provided a safe place for expression in order to foster healing and growth.

Transformation through International Counseling

It seems that once we are away from our normal environment, separated from family and friends and colleagues, insulated from usual influences, we are free to think and feel and behave in ways that we would not ordinarily consider. We often face situations in which we are exhausted, disoriented, confused, apprehensive—intense stimulation and emotional activation that makes us ripe for change. What we usually do to get our needs met does not work any more; we are forced to develop new ways to communicate, to transport ourselves, to make sense of a world that does not follow the rules according to which we are accustomed. If this is to be a truly a transformative episode, then we are able to carry the lessons with us back to our homes and our offices. We can draw on these experiences in a way that allows us to become more flexible, creative, and powerful in the future (Kottler, 2002, p. 208).

Living and studying in Perú provided me with an avenue for self and other exploration. I developed better Spanish-speaking skills in order meet her needs and more deeply connect with Peruvians within and outside of group art therapy sessions. Acquiring Spanish facilitated the acquisition of cultural information in Perú, but will also assist the researcher in conducting more culturally compatible therapy for Hispanic Americans in the United States. Being outside of the United States presented opportunities for questioning the participants’ and my personal cultural values and practices. By documenting these cultural experiences and ideas, I seek to apply what I learned to my work with an array of culturally diverse people upon her return to the United States. By living in another culture, I experienced increased cultural and personal awareness that contributes to more flexible and insightful ways of thinking and interacting with various
clients. I seek to distribute this information to people working in the helping fields, especially with clients who are culturally different from themselves.

Hadis (2005) reported several effects of studying abroad including how students became more informed of international affairs, more fluent in other languages, and more knowledgeable of host country’s society and culture. In addition, students were more independent, outgoing, confident, friendly with people from other countries, and less inhibited about having other cross-cultural experiences. The researcher seeks to enhance the knowledge base of counseling practice, especially art therapy, with a Hispanic population. With enhanced awareness of other cultures, there are greater opportunities to dispel prejudice and oppression. “The Other is in each of us, and we’re all in this together. Maybe if we could believe and act on this idea more consistently, social justice would become the norm in this world” (Hays, 2001, p. 194).
CHAPTER 3

METHODOLOGY

Research Design

An ethnographic design was implemented in order to develop strategies and insights into becoming a more culturally responsible, aware, and sensitive art therapist. The underlying assumption is that being a more culturally responsible art therapist will lead to more effective treatment. The researcher conducted unstructured interviews and gathered field notes on her experiences conducting a series of group art therapy sessions with a group of Peruvian students. Being a participant-observer, I attempted to gain an emic (or insider) perspective of Peruvian children’s experiences interacting with a Euro American art therapist. I also reflected about my experiences from an etic (or outsider) perspective being a Euro American art therapist in a Peruvian culture. I assumed a nonjudgmental orientation by acknowledging that there are multiple realities. I did not seek to impose my standards of behavior and cultural values onto the participants.

Participants

I contacted educational institutions that were interested and might potentially benefit from art therapy services. Upon determining a suitable fit between an agency and art therapy services, I recruited a classroom of four students (aged six to nine) to participate in art therapy. The students demonstrated mild behavioral and/or emotional complaints and attended an educational institution in Lima, Peru, a South American city. The children and their parents or guardians gave verbal and written informed consent to participate in the current study. In discussing the participants, I have changed their names in order to protect their anonymity.

Stimuli and Apparatus

Art supplies. Materials that were used in art therapy were non-toxic and included play dough, tempera paint, water color paint, paintbrushes, high-quality paper, markers, crayons, oil pastels, round-tipped scissors, collage images, glue, and pencils. Great care was taken to select age-appropriate materials and adapt artistic processes for varying ability levels.
Digital camera. A digital camera was used to take pictures of completed participant artwork.

Instruments

Interviews. During semi-structured and unstructured interviews, I gathered demographic information (including age, gender, grade level, ethnicity, etc.). In addition, I asked the teacher about the participants’ history of wellness (including emotional, mental, and physical), interests, school performance, familial circumstances, and experiences with art, art therapy, and counseling.

Procedure

Interviews. I conducted semi-structured interviews with a classroom teacher at the initiation and termination of art therapy. I also conducted unstructured interviews with the teacher throughout art therapy sessions.

Art Therapy Treatment. I conducted twenty-two, sixty-minute sessions of group art therapy over a four month period. Specific times and days were arranged to fit the classroom’s schedule. The interventions selected for this study were constructivist in nature, drawing upon the needs of the group members. I focused on providing participants with a healing, expressive outlet through art-making. I sought to empower participants by discovering and building upon their strengths in the art process. Each session involved an art-making experience designed to meet individual and group needs. The initial sessions involved delineating group guidelines and rituals in order to create a safe and open environment. After establishing the group, structured interventions were implemented to promote comfort with using art materials and to develop group rapport. Subsequent sessions involved theme-based art activities in order to provide structure and stimulate responses. Group members guided the art therapist in determining art therapy interventions that facilitated the therapeutic process.

Field notes. The current researcher wrote field notes immediately following each session to develop categorical data.

Validity

As a participant-observer, I am a possible and likely source of bias. To minimize researcher bias and facilitate accurate observations, I wrote field notes immediately following sessions and before talking with anyone. I complemented my field notes with
semi-structured and unstructured interviews with the teacher as well as the artwork created by the students. Collecting information from three sources (the teacher, students, and me) provided greater internal validity for the study.

Analysis

I reviewed my field notes from art therapy sessions and interviews with the school teacher in order to identify themes that reflected insights and/or strategies for practicing culturally responsible art therapy. I continually asked myself, “How did I consider culture?” as I perused all of my recorded observations and interviews. I developed a list of potential themes throughout this process. I next consolidated my list ensuring that I did not repeat ideas within the themes. I realized that some of the data fit into more than one theme; however, I tried to select the best fit. I subsequently sorted my data into the master list of themes. At times I realized that a theme I developed did not answer my initial question of how I considered culture. I continually readjusted my themes to address insights or strategies that I learned in order to practice culturally aware and sensitive art therapy. Upon reflection, I realized that I could divide the cultural considerations into four major categories ranging from macro to micro levels of cultural identity.
CHAPTER 4

FINDINGS

I reviewed my field notes (from twenty-two art therapy sessions) and interviews with a classroom teacher over the course of four months from September 14, 2006 to December 20, 2006. I identified twenty-two themes that provide answers to my research question: What insights or strategies are useful for practicing culturally responsible art therapy? I divided the twenty-two themes into four major categories. The four major categories are as follows.

1. National Culture
2. Culture of Work Environment
3. Childhood Culture
4. Individual Culture

Some of the data fit into more than one theme or category; therefore, the lines that delineate various themes are blurry.

I determined three strategies of practicing culturally aware art therapy within a Peruvian culture: using culturally familiar stimuli, speaking in Spanish, and encouraging social norms. I distinguished two ways to integrate into setting/classroom culture: determining compatibility of art therapy approach and complying with guidelines. I detected the following five techniques as helpful for respecting the culture of children: incorporating play, simplifying concepts/language, using visuals cues, providing direct assistance, and offering positive encouragement. I identified twelve factors that were useful in demonstrating sensitivity to the individual culture of each client: individualizing approaches, considering abilities, recognizing communication styles, determining graphic developmental level and style, respecting attention span/working pace, gauging interest in the art materials/processes, being aware of emotional needs, honoring individual qualities, considering familial circumstances, reprioritizing the client, developing self-awareness, and trusting instincts.

National Culture

I considered the Peruvian culture within art therapy sessions by using culturally familiar stimuli, speaking in Spanish, and encouraging social customs.
Using Culturally Familiar Stimuli

The following examples describe how I introduced or directed art interventions that used culturally familiar people and places that the students were able to recognize.

I created paper puppet Peruvian police officers. I made a male and female with coffee complexions and dark hair tones. I dressed them in the appropriate green police uniform. I included both sexes to show that males and females could be officers. I was conscious to use appropriate colors for the uniforms, skin, and hair. (field notes, 9/26/06)

I designed the format of the neighborhood model to emulate a typical neighborhood in Lima, Perú. After living in Lima, I was aware of the various aspects of a typical neighborhood. I included an area for a park, a soccer field, a roadway, a section for apartment-style homes, a restaurant, a bakery, and a church. (field notes, 11/7/06)

I hypothesized that using culturally familiar stimuli helped the students feel more connected to the art process. My rationale is that if the people and places looked familiar the students they were better able to relate to them. This connection especially appeared to occur in making the neighborhood model. However, there are other factors that might have attributed to the connection that the students displayed to the neighborhood model (e.g. enjoyment for hands on play, inciting creativity with engaging material).

Speaking in Spanish

Speaking Spanish, the native language of the students, also greatly enriched the communication and feelings of connectedness among all involved parties. It was often helpful for me to review Spanish words and phrases that I would likely use before each session. The following is a segment of what I wrote to prepare myself for introducing an intervention based on the theme of community.

¿Qué es una comunidad? Uds. son parte de la comunidad. Nuestra clase es parte de la comunidad. Las profesoras…nuestras familias…deportistas, médicos, zapateros, costureras, taxistas, bomberos, panaderos, policías, sacerdotes, ambulantes… [What is a community? You are part of the community. Our class is part of the community. The teachers…our families…athletes, doctors, shoemakers, seamstresses, fire fighters, taxi drivers, bakers, police officers, priests, street vendors…] (preparing intervention, 10/3/06)
Although reviewing words that I used to introduce interventions was useful, during the initial sessions I found it difficult to respond spontaneously in order to manage behavior. The following examples instances of how I felt inhibited in using Spanish to communicate with the students.

When Ricardo and Enrique were fighting before they entered the classroom, I had wanted to help manage their behavior. I had difficulty with the language. I found it difficult to say what I would have wanted to say to help manage their behavior. Commands like “Siéntete/sientense [sit]” did not flow readily in this highly active time. (field notes, 9/19/06)

I am working on speaking up more and being more assertive with my Spanish. It is taking practice and time to feel comfortable speaking in Spanish and getting the students to follow my directions. (field notes, 10/10/06)

Throughout the course of treatment, I became more comfortable asserting and expressing myself in Spanish with the students and teachers. In order to gain confidence in my Spanish-speaking ability, I often echoed what the teacher told the students, as a way of reinforcing the requests of the teacher and as a way of practicing commands. The more I practiced in this way, the more I took the initiative to direct students in appropriate behavior.

Encouraging Social Norms

Following the teacher’s lead, I also encouraged social norms of behavior. The following examples describe this process with regards to greetings.

As I was introduced, I followed the societal norm of greeting the staff and students with an exchanged kiss on the right cheek. This was practiced and prompted as students and faculty arrived daily. (field notes, 9/14/06)

Enrique greeted the teacher and then greeted me with prompts from the teacher. (field notes, 11/14/06)

Ricardo arrived first. I asked him several times to greet me. He continued to put away his things and ignore me. When I approached him after he finished unpacking his things, he greeted me. (field notes, 12/12/06)

At this institute (funded by the state), the students pray before eating their snacks. There doesn’t appear to be the same separation of church and state as in the US. (field notes, 9/14/06)
I continued to encourage the greeting social norm even when students were resistant. This exchange was important for their socialization. This greeting and salutation is used at the initiation and close of any type of social interchange in Lima, Perú. Although this exchange is inappropriate in most practices in American cities, it was important that I encourage this socially acceptable behavior for Peruvian students living in Lima. A rich blend of Catholicism and Incan practices are integrated into many facets of Peruvian culture; therefore, I respected their religious beliefs and practices. Another socially acceptable behavior involved using physically descriptive nicknames, an example of *personalismo* (a Hispanic value of familiarity). The following are examples of this common practice.

I was introduced as Ami, instead of Amity because it was easier for the students and teacher to pronounce and served as my nickname. Nicknames are commonly used in Lima, Perú. (field notes, 9/14/06)

The teacher called a student who was born in Japan, “Chino (Chinese).” Even though he had Peruvian parents, the teacher called him this because he appeared Asian. The teacher also called another student, “Flaca [skinny]” because she was very thin. It is very common for Peruvians to call their students or friends descriptive names like, “chino”, “flaca,” “negro [black],” “linda [lovely],” or “gordo [fat].” From what I’ve observed, it is not an offensive practice. (field notes, 9/28/06)

I did not feel comfortable calling the students by these nicknames, even though it was socially acceptable. It would be inappropriate for teachers to call students “Chinese” or “skinny” in traditional school settings within the United States. At first, I felt uncomfortable when the teacher called the students these names; however, as I grew more familiar with Peruvian customs, I realized that this type of nicknaming was very common among all societal members and in a variety of interactions.

**Culture of Work Environment**

I conducted art therapy at an educational institute for children with different abilities in an urban district of Lima, Peru. This institute was funded by donations and the government. The school grounds were situated in an urban neighborhood and surrounded by a tall, red brick wall. As I walked through the large gateway, I saw two playground areas, a sports courtyard, a large, two-story school building and a smaller, one-story
recreational building labeled, “Terapias/Talleres [Therapies/Multi-purpose workshop]” (field notes, 9/14/06). The smaller recreational building rotated functionality as a classroom, a therapy room, and a theater where they showed videos to the entire student body. The two-story building contained a main office, classrooms, therapy rooms, a large room for student-wide social gatherings, and a gym. There was a sign on the entrance doorway to the gym that said, “Do not interrupt therapies in progress.” The institute offered computer classes, physical education, art classes, nursing services, and a variety of therapies (e.g. psychotherapy, psychomotor therapy, and speech therapy). There were about twelve classrooms, containing from four to ten students. The institute accepted toddlers to adults, who had an extensive range and combination of diagnoses (e.g. paraplegia, autism, schizophrenia, Down’s syndrome, mental retardation, etc.). The environment was open, clean, welcoming, and decorated with bright murals.

I worked in a small, brightly decorated classroom. The classroom walls sported a scroll of the Spanish alphabet, inspirational/religious quotes, an interactive calendar, a stopped clock, a large, dry-erase board equipped with a Peruvian flag, a shelf full of classroom materials, and a string of art and class work hanging below a large window that looked out to the playground. The large window provided enough light that the overhead fluorescent lights were rarely used (Using the lights infrequently might have also been a strategy for reducing energy costs). There was a large, locked, free-standing cabinet with which the teacher allowed me to store art supplies. The students sat around two tall tables pushed together. The students stored their placemats, backpacks, and snack pouches on a free-standing shelf pushed up against the wall. There was a station with a
mirror and a small desk that stored combs, toothbrushes, toothpaste, and individual soap bars. There were hooks where the students hanged their hand towels. The teacher’s desk was in one corner. The teacher was amiable and welcomed me into her classroom. She was well-educated and familiar with therapeutic processes. She treated the students with genuine concern, warmth, and respect, while also maintaining a firm stance against maladaptive behaviors. She was surprised when I told her that I was interested in working with her students because they were a “wild” group (field notes, 9/14/06).

![Figure 5. Entrance to classroom](image)

During my initial meeting with the classroom of interest, I observed that the students demonstrated several maladaptive behaviors (i.e. getting out of their seats, fighting, shouting at one another, etc.). I also noticed that the students individually received various therapies (i.e. psychomotor therapy, psychotherapy, speech therapy, etc.) throughout the day.

*Determining Compatibility of Art Therapy Approach*

Because the students were already receiving several therapies that met individual needs, I wanted to address their group needs. I determined that group art therapy may be suitable for developing group skills.
[The teacher] said that it probably would have been easier for me to take the students out of the classroom one-by-one to do therapy, so she applauded me for taking on the challenge of doing art projects within the classroom setting with the entire group. (interview, 12/20/06).

Another important consideration involved how I therapeutically treated and directed the group process. I thought about whether it would be better to approach the group as a whole or as individuals within a group. I decided to treat the students as if they were receiving individual therapy within a group. The following reflection describes my rationale for using this individualized approach.

There are four students between age six and nine. One appears to demonstrate qualities of persons on the autism spectrum, another likely has mild mental retardation and ADHD, another has Down’s syndrome and mild mental retardation, and another has moderate to severe mental retardation. (field notes, 9/14/06)

With such a diverse group in terms of diagnosis and intellectual, creative, physical, etc. abilities, my approach was mostly individual therapy within a group. (field notes, 11/28/06)

It would have been unrealistic to treat the group as a whole. Each student demonstrated very different needs. I did not understand how the institute came to group such vastly different individuals within the same classroom. Furthermore, I considered the culture of the educational institute in order to choose an art therapy approach that met the teacher’s objectives for the students.

After reviewing the teacher’s goals for the students, I chose a psycho-educational, developmental approach to art therapy in order to meet the needs of the classroom. (field notes, 9.14.06)

I wanted to align educational and therapeutic goals; therefore, I deduced that a psycho-educational, developmental approach to art therapy integrated educational goals (e.g. increased knowledge, skills, compliance) and therapeutic goals (e.g. increasing creative expression, redirecting frustration/anxiety appropriately). Because I chose to work within the classroom setting in order to improve group functioning, using a psycho-educational, developmental approach was an automatic, natural decision. I made another automatic
decision about my art therapy approach when I observed the following initial impulsive
and maladaptive behaviors.

While I was introducing myself to the teacher, two students started pushing and
yelling at each other. (field notes, 9/14/06)

After observing the students’ initial maladaptive behaviors, I deemed that they
needed structured art activities. The rationale for this assertion was that structured
art activities help contain expression, decrease restlessness, and increase attention.
(field notes, 9.14.06)

Before entering session, Ricardo and Enrique were hitting each other and the
teacher broke up their fight. (field notes, 9/19/06)

After Enrique finished three pictures and was in transition to the next, he started
coloring on the corner of Ricardo’s artwork. He started laughing when R began to
protest, “Noooo!!” I told him that we only draw or color on our own papers.
(field notes, 9/19/06)

Observing disruptive, aggressive, and impulsive behavior from the moment I entered the
classroom, I recognized the group’s need for structured art materials. It is common
practice to begin art therapy interventions with structured materials to help clients feel
more at ease with the art process. With this group it was also important to use structured
art materials in order to contain restlessness and reduce the risk of over-stimulation
(which might cause more frustration). The following examples describe how I made
decisions about what materials I presented to the students.

Respecting the group’s needs for structure and boundaries, I incorporated
magazine images in the directive. (field notes, 10/10/06)

I set out structured, resistive materials (colored pencils, oil pastels) to contain
expression. I gave the option of colored pencils or oil pastels so that they could be
more or less expressive within boundaries. It was hard to provide cognitive
boundaries; therefore, I created boundaries by the materials I offered. (field notes,
10/17/06)

I decided that the group was ready to use a fluid process and material. By this
time, they were comfortable with me and the art process. (field notes, 11/28/06)

I chose structured materials for the first half of art therapy. I initiated art activities that
involved only structured materials (i.e. colored pencils, crayons, paper, glue sticks,
collage images). As the students progressed and became familiar with the art therapy process, I introduced more fluid materials (i.e. oil pastels, markers, watercolors, liquid glue). During the last month of treatment, I introduced tempera paints and play dough. I found that letting the students choose from two or three materials of varying fluidity respected their expressive needs. One student was more inclined to use oil pastels whereas another student mostly used colored pencils and even retrieved his school pencil to add details. I wanted the students to have some control over the art process, but I recognized their need for structure and limits.

Choosing structured materials helped to contain the students’ expression and minimized their frustration with the art process; however, the students continued to demonstrate several maladaptive behaviors (e.g. out of seat, fighting, drawing on other’s work, not following directions, talking out of turn, not sharing).

**Complying with Guidelines**

Because the students demonstrated many behavioral issues, I chose to emulate the teacher’s approach for managing classroom behavior. I explain the process of deciding to use a behavioral approach through the following excerpts.

Before the session, I asked the teacher about Tuesday’s session. She suggested that I control the classroom more. If I let them do what they want, then they will walk all over me. They need limits. She also suggested that I clearly delineate my expectations. The teacher also told me that I need to be sure to give R directions quickly or else he will begin drawing whatever he wants. I listened to the teacher’s suggestions and adapted my plans accordingly. (interview, 9/21/06)

I began interviewing the teacher about how she worked with the students and what her goals were for them. I recognized the need to establish group guidelines and consequences in order to manage behavior and work on the same team as the teacher. (interview, 9/21/06)

Before I began the activity, I discussed the consequences to the group guidelines. Even though the students were growing restless, I continued to review the guidelines and consequences because I wanted to let the students know that I was aware of the rules and would enforce them. Even though in the moment the teacher gave me the impression that I needed to begin my activity, I thought that by spending the time to establish guidelines/consequences I was following the teacher’s suggestion to create and maintain limits within the group. (field notes, 9/26/06)
Part of the difficulty in managing the behavior of the classroom stemmed from not being able to respond spontaneously and quickly in Spanish. I also prefer to maintain a calm tone of voice with children. The teacher raised her voice when the students would not listen. Because the students were accustomed to this behavioral management technique, they were not as responsive to my calm tone. Even though I used a calm tone, I continued to reinforce the established guidelines. When students were noisy, out of their seat, or not sharing, they were cued to follow the appropriate behavior. If students continued to misbehave or committed more dangerous behaviors (e.g. shouting or hitting each other, throwing materials), they were not allowed to participate in art therapy. If they continued to behave poorly, they were not allowed to attend recess. The following are examples of how the teacher and I worked to manage maladaptive behaviors.

As art therapy began, Ricardo was disruptive by making lots of noise and banging on the table. I reviewed the rules that applied to the disruptive behavior. They were not listening and no one could hear over the noise. I told them if they would not listen to me, they would not do art today. Ricardo protested. The teacher helped direct their attention. (field notes, 10/5/06)

Ricardo whined, “Oh, nooo!” when Juanita took colors away from him. Sometimes he tried to take the colors back saying, “Mine!” He quickly calmed himself when I told him that we were sharing. I replaced the colors in the center of the table saying, “This is where the colors stay.” When they grabbed the colors, I replaced them in the center repeating the same thing. (field notes, 10/17/06)

Because Alejandra was not behaving, the teacher told me to work with the other students and to ignore her. I told Alejandra that if she did not listen to the teacher, she could not make art with us. She grumbled and continued to ignore the teacher and me. (field notes, 11/24/06)

After the teacher stated the consequences for misbehaving, the students often looked to me to give them back privileges they had lost. It seemed as if they were testing to see if I would bend the rules for them. Although I was gentle with my tone, I remained firm with the consequences of their behavior. I noticed that as the students learned that I followed through on holding them accountable to the group guidelines, they began taking me more seriously and listening to me more. The teacher echoed this assertion by the following statement.
[The teacher] said that the students eventually grew more accustomed to me, and because I set limits, they were more responsive when I directed them. (interview, 12/20/06)

**Reinforcing positive behavior.** In addition to enforcing consequences to improve classroom behavior, the teacher and I encouraged the students with positive feedback and recognition when they behaved well. We made a conscious effort to reinforce positive behavior as demonstrated by the following examples.

Enrique sat very quietly, especially after I pointed out how Alejandra was sitting nicely. (field notes, 9/26/06)

The teacher and I praised Ricardo for working nicely so that Juanita might work nicely. I mimicked the teacher’s technique of praising one student to get other students to behave. (field notes, 10/3/06)

Enrique responded with smiles when encouraged. (field notes, 9/14/06)

I praised Alejandra’s work on the roadway and with a large smile, she appeared excited. I asked the teacher if it was time for her to work in her notebook. She replied, “Yes.” I thanked Alejandra for working so well. The teacher asked me if I thought Alejandra was working better than when we first started. I replied, “Yes.” (field notes, 11/14/06)

I felt that it was important to maintain an overall positive classroom environment in order for the students to feel comfortable expressing themselves. I discovered that the students enjoyed hearing positive feedback. Enrique, Juanita, and Alejandra always smiled as I recognized their successes in the art process. Ricardo maintained flat affect when I applauded his creativity.

**Childhood Culture**

**Incorporating Play**

I honored the idea that children learn through playing (Piaget, 1962). Because the students were on various developmental levels of play, I implemented various levels of play into the sessions as described in the following examples.

Juanita pointed, smiled, and appeared to enjoy looking at the police. Juanita laughed when I made a deep voice and moved the police officer toward her [in a playful gesture] asking her to draw. (field notes, 9/26/06)
Enrique’s eyes became wide and he smiled when I asked if he wanted to meet the imaginary class visitors. I told them that they had to behave and sit nicely if they wanted to meet the visitors. (field notes, 9/26/06)

I used a toy human figure, and asked EA if he could take me to the Ceviche restaurant. He enthusiastically replied, “Sure! Hop in!” I placed my figure on his car as he took me to the restaurant. I asked how much it cost. He replied, “Cinco dólares (Five dollars).” I playfully asked, “That’s all?” (Five dollars is a very expensive cab ride in Lima). I continued this process as he “took” me to the store, church, park, sea, and soccer match. The others became interested in this game and followed along. They played with more attention, less aggression, and less speed. (field notes, 11/24/06)

Juanita responded much like a toddler in play while Enrique demonstrated the capacity for imaginative play. Integrating play into the sessions was a natural way to communicate and connect with children. This connection helped stir their interest and creativity with the art process.

Simplifying Concepts/Language

Students frequently lost attention when I attempted to use directives that were too complex for them to understand. Therefore, I had to adapt several of my directives as illustrated in the following examples.

I began activity by asking the students to place a triangle in the center of the circle. They did not seem interested in placing a particular shape in their circle. I included this as a warm-up activity to support educational objectives. I also wanted them to draw various shapes to create a personal symbol as a therapeutic objective. However, when they did not respond and I realized that my directive was too complex, I changed my plan. I let them draw freely in the mandalas. (field notes, 9/21/06)

I talked about super powers and heroes. Enrique told me that Batman could not fly, but he could go really fast in his car with fire coming out of the back. I gave them an example of a super power that I would like to have. I talked to Ricardo about super heroes, but he did not respond. They did not appear to understand the directive. Enrique was the only one who responded to the idea of super heroes. I adapted my plans to meet the abilities and skills of the students. (field notes, 10/13/06)

With the ‘You are Special’ directive I was attempting to honor the unique talents or characteristics of the students. I do not think they were able to grasp the concept of talents and furthermore, the connection between their talents and celebrating inclusive education week (field notes, 10/17/06)
I had to reduce the complexity of the directives in order to reach the students. I also learned that I needed to allow the students more time to process directives. The children also demonstrated the need for simplified language, visual stimuli, repetition, and direct assistance in order for them to process requests and learn procedures. The following example describes how I simplified the questions I asked Alejandra.

I began working with Alejandra individually. She was very cooperative. I explained that we were going to make a neighborhood. I asked her questions about what is in a neighborhood. When she pointed to various sections of the poster board without responding, I asked her what is in her neighborhood. She continued to point to sections of the poster board. Then I asked her yes or no questions. For example, “Do you have a park in your neighborhood? Yes or no?” She replied, “Yes.” I recognized that I needed to simplify the directive in order for her to understand. I gave her choices between things instead of having her generate responses. (field notes, 11/7/06)

The teacher often helped me describe in simpler terms the task that I wanted the students to perform. I followed the teacher’s cues and attempted to use words and phrases that the children understood.

**Using Visuals Cues**

As a supplement to verbal communication, I used visual stimuli to introduce and demonstrate several art activities as indicated in the following.

I then showed them the stoplight I made. I asked if they could guess the first color on the top of the stoplight. I repeated, emphasized, and asked them to guess all of the colors one at a time (red, yellow, green). (field notes, 9/26/06)

In order to help the students understand the directive, I used an example of what I wanted them to draw. I was hesitant to do this because I did not want them to copy my example. However, I used an insect and explained that the other animals [that they selected] would live in different places. (field notes, 10/10/06)

I wrote out the ingredients on a sheet of paper, showed them the words, and directed their attention to the [actual] ingredients [on the table]. (field notes, 11/28/06)

I started drawing an apartment building in my notebook to give Ricardo an idea of what I was asking (in case he did not understand the directive). (field notes, 10/5/06)
I used pre-constructed visual stimuli or spontaneous drawings to describe the art activities. I found that directing their attention to visual stimuli helped me to communicate with the students. Employing both verbal and visual stimulation assisted with the students’ learning and memory processes. I found that using visual stimuli helped the students to learn and apply concepts, as demonstrated in the subsequent examples.

I then asked if they remembered the traffic light. When I asked what red meant, Alejandra, Ricardo, and Enrique responded, “Alto (Stop!)!” When I asked what yellow meant, Enrique and Alejandra responded “Despacio/pacio (slow).” I repeated the meanings of red and yellow. Then, I asked what green meant. Enrique replied, “Arranca (Let’s go!)” and made the motion and sound of a motor cycle. I said green does not mean go that fast. I reviewed the color meanings [once again]. (field notes, 9/28/06)

As Ricardo worked independently, I asked Enrique if he wanted to make a stop light for the roadway. He said, “Yes!” and I asked him, “What colors do you need?” He responded correctly. (field notes, 12/1/06)

Enrique was able to remember and incorporate what he learned from an art therapy intervention from two months earlier in order to create an accurate traffic light and to spontaneously create a police officer for the neighborhood model project.
Providing Direct Assistance

In addition to using visual stimuli to aid the learning and creative processes, I also respected the children’s need for guidance and direct assistance. The following examples describe how I assisted the children with the art process.

Juanita came to the board to match her member to community place. I gave her two choices and she was able to pick the correct place. She needed help pasting the figure on the poster. (field notes, 10/5/06)

Enrique wanted help making a second set of whiskers. I told him that he could cut a small piece of paper in half lengthwise to make them. He quickly understood and set to work. I used verbal cues to help Enrique to problem-solve instead of taking over his project. (field notes, 11/21/06)

I then poured the salt as he held the measuring cup steady. I told him we needed two cups of salt. Next, I helped Enrique measure flour into a measuring cup. (field notes, 11/28/06)

Enrique went to the board without tape. When he realized that he needed tape, he returned and asked me for some tape. In order to promote problem-solving skills and independence, I allowed Enrique to figure out that he needed tape instead of offering the tape when I knew he would need it. (field notes, 10.3.06)
Ricardo became very frustrated saying, “No! Oh no!” when the window broke. I went over to help him and told him he was using too much glue. I positioned the window on the box, and told him we were going to let it dry. I wanted to remove the object that was making him frustrated. (field notes, 11/7/06)

I realized that the students needed assistance in performing many art processes just because they were children and relatively new at cutting, gluing, weaving, etc. I wanted to encourage independence in order to promote problem-solving abilities. By promoting independence, the students became aware of their abilities and realized that often they could create something without aid. Therefore, the students gained more confidence in their abilities when they were able to make artwork of their liking. I attempted to maintain a balance of promoting independence and offering assistance so that the students did not feel defeated or frustrated if they continued to suffer with the art process.

Offering Positive Encouragement

I additionally found it therapeutic to encourage all responses in which the students demonstrated a sincere attempt, as in the following instance.

I asked Alejandra what shape she made. She replied, “Purple.” I replied, “That is good. It is the color purple, but what shape is it?” She said she did not know. I replied, “Square.” (field notes, 9/21/06)

When students responded with the incorrect answer, I encouraged their response and indicated the accurate response. I felt that encouraging all of their responses was important for helping them feel safe to take the risk of responding. This approach appeared to be successful based on the teacher’s following comment.

[The teacher] said that often times, the students tell her, “No quiero [I do not want to do that].” She said that they say this not because they do not want to participate, but because they doubt their abilities. She said that I have a way of encouraging the students to work on projects. (interview, 12/20/06)

The teacher indicated that this group had lowered self-esteem and often experienced feelings of self-doubt. To combat these feelings, I wanted to encourage the students’ strengths and abilities rather than focusing on their limitations. I feel that this approach worked well to stimulate learning and creative processes.
Individual Culture

I paid great attention to the culture of the unique individual students. Each student represented a culture in his or her own right. Perhaps recognizing the unique attributes and personalities of the individual was the most important consideration in providing culturally sensitive art therapy. I considered various aspects of individual culture including art therapy approaches for the individual, abilities/skills, communication style, graphic developmental level and style, attention span/working pace, interest in art materials, emotional needs, individual qualities, and familial circumstance.

Individualizing Approaches

For two students, I realized that a directive approach was most beneficial. For example, when one student took my notes without asking and started scribbling on them, I determined that the student needed boundaries to contain his expression in an appropriate manner. I accomplished this by giving him a directive to identify and draw within a series of shapes. This directive approach helped to focus the student’s attention and contain his kinesthetic mark-making. Another student also responded positively to an interactive, directive approach. The following illustrates how I worked with this student.

I asked if she wanted to make people in her park. She drew a large stick figure and cut it out. I directed her to cut closer to the lines she had drawn so that it would not take up so much space. She pasted the figure on the inside of the trees. I took a more directive approach with Alejandra because it seemed to help her engage in the art process for a longer period of time. (field notes, 11/10/06)

In contrast, two students often ignored the original directive and created independently. The following examples describe the independent working style of the two students.

Ricardo was content to work independently. Ricardo engaged quickly in the art process and maintained his focus for an extended period of time. I encouraged his independence and did not direct his art activity. I respected his space. (field notes, 9/14/06)

Ricardo continued working independently after everyone had finished both drawings. (field notes, 9/21/06)

When Juanita returned from therapy, I began to help her by using hand-over-hand to glue the shapes, but she shook her head and motioned that she did not want help. I allowed her to continue working independently. I felt that it was important
to respect Juanita’s needs to work independently even if she was not producing a product. (field notes, 10/13/06)

Although Juanita lacked strength and fine motor skills, I respected Juanita’s resistance to receiving my assistance. I noticed that she was very aware of her environment and social interactions. She always emulated what the students in the classroom were doing. I gathered that she wanted to be treated in the same manner as the other students who did not need hand-over-hand assistance. Although she had difficulty making a recognizable art product, I prioritized her needs and realized that she was content with the art process. Because Ricardo was intensely invested in the art process, I determined that it was therapeutically beneficial to allow him the creative space to independently express his own ideas. Art therapy directives that especially engaged him appeared to bolster his creativity. The neighborhood model was the most successful directive in stimulating Ricardo’s creative responses (see figures 10, 11, 12, and 13).

Figure 10. Spiderman on building
Figure 11. School bus on neighborhood road in neighborhood model

Considering Abilities

   The individual skills of the group varied widely. For example, one student needed hand-over-hand assistance to use scissors and glue while another student independently created intricate figures made out of plasticene. The cognitive abilities of the students were also distinctive; therefore, I worked at various cognitive levels during each session. The following illustrations describe how I adjusted for differences in ability.
I worked at the level of the individual’s skill. For example, Ricardo was able to verbally guess the titles of the community members. He guessed saying, “Mom” or “Dad.” I then told him their titles. Because Juanita is nonverbal, I pointed at the pictures and told her their titles. I listened to her body language. She motioned her hand indicating that she wanted to hold the pictures. Because Enrique is the most verbally responsive, I reviewed the pictures and gave him hints about their titles so that he could answer. He correctly identified all of the community members. (field notes, 10/5/06)

When Juanita was finished, I told her that we were going to cut around her figure, and I helped her grasp the scissors appropriately. She preferred to use a sawing motion to cut. I used hand over hand and repeated, “Open, close,” as I opened and closed the scissors with her hands. I tested to see if she could open the scissors on her own, and it appeared that she did not have the strength or coordination. Typically she does not want help, but she allowed me to help her until we cut out her entire figure. I recognized Juanita’s physical abilities and knew she needed help. (field notes, 12/1/06)

At first, Alejandra needed physical cues to understand how to weave. With each weave, she needed verbal cues and sometimes gestured cues. When she cut around her tracing, she had difficulty seeing and cutting along the line. I guided her cutting with mostly verbal cues and occasional hand-over-hand redirection. I paid attention to Alejandra’s abilities and assisted when needed. (field notes, 12.5.06)

During each session, I adjusted my plans to meet the abilities of each individual. I was more likely to design a plan that was too complex rather than too simple because I wanted to maintain each student’s interest in the art therapy intervention. As I presented the directive and the students set to work, I modified the task or presented an alternate activity to respect each student’s ability level.

**Recognizing Communication Styles**

I was conscious of the different ways in which the students communicated. It became especially important to recognize facial expressions, gestures, and moans of one nonverbal student described in the following examples.

Juanita moaned, “Uhhh…” when she wanted attention. I encouraged her for working well. She smiled and continued working after receiving praise. I paid attention to nonverbal cues to understand Juanita’s needs. (field notes, 10/5/06)

When Alejandra began using oil pastels, Juanita motioned for the oil pastels. I brought her oil pastels and she began to color the shapes. Juanita would look at
me and whine at various times to get my attention. She would whine after I commented on positive behaviors of other group members. At these times it did not appear that she wanted anything except praise or encouragement, which I gave her. I observed Juanita’s body language in order to meet her needs. (field notes, 10/13/06)

At the beginning of treatment, another student repeated the object he wanted in the form of my question. For example when I asked, “Do you want paper?” the student responded, “Do you want paper?” to indicate that he wanted paper. Toward the end of therapy this particular student was able to independently ask for paper by saying, “Quiere papel (he wants paper).” Although the correct form was “Quiero papel (I want paper),” I praised him for verbally expressing his needs. A third student was able to clearly verbalize his needs stating, “Hoy quiero pintar (I want to draw today).”

The students also communicated by mimicking each other throughout the art process. For example, if one student went to the board to hang up her artwork, at that moment another student also decided to hang her artwork. The students also mimicked what other students drew. For example, one student was captured by his classmate’s idea of including Spiderman hanging off the buildings in the neighborhood model. He decided to try this technique on his own.

Figure 12. Ricardo’s Spiderman
Figure 13. Mimicked Spiderman by Enrique
Understanding what the students wanted to communicate was important for me to respond to their needs. Listening to the students was also an effective way of establishing a connection between the students and me. I was able to help them help themselves.

Determining Graphic Developmental Level and Style

I designed interventions that considered graphic development and expressive style in order to stimulate each student. I observed the artwork and how each student treated the art process in order to determine their graphic developmental level and expressive preference. The following is an example of how I made decisions about Alejandra’s level and style.

Based on the kinesthetic manner in which Alejandra drew (making rapid dots along the page) and talked about going up and down on the page, I decided to try playing a kinesthetic game with her. I told her to make fast movements. Then, I told her to make slow movements. I continued this game saying, “Now slower…slower…now fast!” She looked from me to the paper with focused eyes, paying close attention to the directions. Because she engaged in this activity, I realized that she enjoyed the kinesthetic level of the ETC. Therefore, I projected that working with her on this level might increase her attention and engagement with the art process. (field notes, 9/21/06)

The graphic developmental level and expressive style of the students were evident after I studied their individual art pieces. Juanita made kinesthetic, sensory (Lusebrink, 1990) creations within the Disordered Scribbling Stage (Lowenfeld, 1987). Juanita often made marks without looking at her paper and did not have the verbal or cognitive ability to name her scribbles (Figure 14). Alejandra and Enrique created artwork on the Preschematic Stage (Lowenfeld, 1987). Alejandra was on the Preschematic Stage created a series of encephalapods that morphed into a perceptual-kinesthetic (Lusebrink, 1990) creation of overlapping crosses (Figure 15). Enrique created an encephalapod using kinesthetic circles (Figure 16). He often told imaginative stories about his artwork, reflecting that he also functioned at the Cognitive/Symbolic level. A fourth student, Ricardo, drew a group of people on the perceptual-affective level (Lusebrink, 1990) within the Schematic Stage (Figure 17).
Respecting Attention Span/Working Pace

Each student had a different threshold for attending to the planned art therapy intervention. The following examples demonstrate the spectrum of attention span among the students.

Ricardo remained engaged in the art process for a longer period of time than his classmates. (field notes, 9/19/06)

Alejandra drew quickly on the page. I asked if she wanted to use more colors. She used another color, quickly scribbled, and showed me her drawing. I asked if she wanted to use scissors. She cut a circle out of her drawing, not corresponding to any of the lines she had made. I asked if she wanted to add anything to the track. I gave her a contrasting color. She drew a few marks, but seemed largely disinterested. (field notes, 9/26/06)

Juanita soon grew tired of the activity. She shook her head and hand, indicating that she was finished. (field notes, 10/3/06)
I observed the pace of each student. In order to keep Ricardo engaged, I allowed him to paint several ghost images. Ricardo finished before everyone else so I retrieved a large sheet of paper for him to free paint. He retrieved a pencil and drew a soccer field. (field notes, 10/3/06)

I had planned on reviewing all of the animals, but [the students] appeared restless and uninterested. I adapted my directives to meet the students’ needs. I only reviewed a few of the animals before I asked them to choose which pictures they wanted to use. (field notes, 10/10/06)

Ricardo, the most graphically developed student frequently continued to create artwork even as the other students began their other academic activities. In contrast, another student with the least graphic development often grew restless and exited her seat five minutes into the art therapy session. To meet various needs, I allowed students to work at their own pace. I also attempted to maintain interest in the art process by providing the students with additional art supplies (i.e. an extra sheet of paper) and/or an alternative directive.

Gauging Interest in Art Materials/Process

The students had varying interests in materials as illustrated in the following descriptions.

Alejandra did not engage in the process for long. My impression was that she needed more fluid materials. This impression was supported as Alejandra bit colored pencils and then taking the putty (that the teacher put on her pencil to keep her from biting) and rolling it on the table into a worm. (field notes, 9/28/06)

Juanita returned from therapy and immediately wanted to paint. She grabbed the red tray. She appeared to enjoy the medium. She gracefully and softly applied paint to the egg carton. She painted from inside the paint dish. She got paint all over her hands. (field notes, 11/3/06)

[Ricardo] used mostly marker although other materials were available. (field notes, 11/10/06)

[Enrique] also asked for large paper. He started making rapid marks on the page in circular movements with both hands. Then, he wanted to trace the tree. He traced the tree and started adorning it with rapidly drawn ornaments and strings of lights. He asked for scissors and started to cut out the tree. He only cut a small line before he started scribbling circles with both hands on the back of this
drawing. He did not appear bothered that he barely began and did not finish cutting out the tree. (field notes, 12/5/06)

Ricardo preferred structured materials, frequently retrieving his pencil to add details to his artwork. He less often chose to work with relatively fluid media such as oil pastels. Juanita appeared to prefer sensory experiences, especially water and tempera painting. She was not able to perform a structured art therapy directive. Alejandra enjoyed multi-step processes using structured materials such as making collages. She also enjoyed more fluid media such as putty and homemade play dough with which she adeptly kneaded. Enrique preferred using less structured media like oil pastels and markers. He was often engaged in kinesthetic processes, using both hands to swirl vigorously around a large sheet of paper (Figure 18).

![Figure 18. Two-handed kinesthetic scribbles](image)

I quickly noticed that this group of students demonstrated an ease with the art process and set immediately to work. They were often excited about seeing me and knowing that they would be able to make art. All of the students had moments when they were excited to show me their creations and asked me or motioned for me to, “Mira! Mira! [Look! Look!]”

**Being Aware of Emotional Needs**

The students needed to learn how to channel their restlessness, frustration, and creativity into something productive (i.e. artwork). I describe how I recognized that art helped the students to direct restlessness in the following examples.
While waiting on his classmates, Ricardo started wandering around the room and getting into the teacher’s desk. He found puddy and started playing with it. I then gave Ricardo a piece of paper and asked if he wanted to draw. He pulled out a cut-out drawing of Spider Man. He then drew two faces side–by side. One looked like the face of his Spider Man drawing. The other was black with white eyes (as in the figure he made with Plasticine the previous session). I addressed Ricardo’s restless behavior by providing him with art materials, separate from the planned activity. (field notes, 11/28/06)

While I waited on Erika’s class to begin my trial art therapy session, I noticed that Alejandra and Ricardo were waiting alone in the classroom for the teacher. I could tell that they were growing restless. They were not working on school work, so I decided to retrieve art materials to keep them occupied. I addressed a need in the moment, even though it was outside my scheduled therapy time. (field notes, 12/6/06)

At various times, a staff member or I monitored the students as the primary teacher ran an errand or changed a student. During times of undirected activity, I observed that the students became restless. I took advantage of these moments when they were not engaged in other academic activities to offer them drawing materials. I noticed that keeping the students engaged in an activity reduced their maladaptive behaviors. The following instances illustrate how I also had to address the students’ frustration with the art process.

Enrique grew frustrated when his pictures would not adhere to the poster. (field notes, 10/5/06)

Ricardo grew frustrated when he tried to pin his figure (colored in oil pastel) and it would not adhere to the board. He finally placed a piece of masking tape across the figure to make it adhere. (field notes, 10/13/06)

Enrique then folded his paper around a building using glue to paste it down. Although he made sounds as if he was frustrated, he continued to struggle to solve the problem. He whined when his paper police figure fell. (field notes, 12/1/06)

Ricardo often expressed his frustration by gritting his teeth, pulling his hair, banging on the table, and/or whining, “Nooooo!” During these times, the teacher and art therapist prompted him to calm down, breathe, and take a break from drawing. When his frustration level was higher, the object of frustration (i.e. artwork in progress) needed to be removed from the space. Other times, he needed to start on a new sheet of paper. Moreover, I recognized that the students also had a high need for creative expression.
Ricardo’s arms and hands were covered in marker. He left the caps off the markers and they were spread out over his work. I directed him to put the tops on the markers, but he was intently drawing. (field notes, 9/21/06)

Enrique wanted his comet to have a tail. The teacher brought him string and punched a hole in his comet to attach it. He stood, started running around the room, and asked, “Why isn’t it flying?” (field notes, 10/13/06)

The students were busily and freely creating. The table was full of paper scraps, markers, and other supplies. All were content creating artwork. (field notes, 11/21/06)

The students were flexible to explore a variety of art processes and took creative liberty both within and outside of art therapy. Outside and inside of art therapy the students demonstrated a special interest in the neighborhood project. I describe their special interest in the following excerpts.

After Ricardo made the connection with the bus and the road, he became very engaged in making the neighborhood (for the first time since we began). It appeared that he made a breakthrough and made the connection that we were making a neighborhood. He wrote the word, “school” in English. He also drew Peruvian and American flags. He then folded the base of the paper, found glue, and glued his school along the road of the model. (field notes, 11/21/06)

Upon entering, Ricardo pointed to the neighborhood model and said, “Yo quiero (I want).” (field notes, 11/28/06)

Enrique arrived and immediately motioned for the neighborhood saying he wanted to play with it. (field notes, 11/28/06)

Ricardo immediately went over to the neighborhood model that was sitting on a short table. I noticed that he had added several items and drawings to the model [outside of art therapy], including Superman. As I looked at the model, he repeated, “Superman” and “Mickey Mouse” (The teacher said that he watches a lot of TV). (field notes, 12/12/06)

The teacher said that she thought the most effective project that I designed was the model neighborhood. She told me that she was able to use it as a teaching tool (vocabulary, concept formation, etc.). (interview, 12/20/06)
The neighborhood project may have been the most effective art activity because it appealed to the various functioning levels of the students. The neighborhood project was also an evolving piece in which the students could add figures or incorporate toys. From one extreme, it was a place to play, bouncing toys up and down. From the other extreme, it was an imaginary city with super heroes on every corner. Although I provided guidance, the students were willing to express themselves in unique ways. The teacher commented that by offering a diverse array of materials and projects, I was able to stimulate their interest and creativity (interview, 12/20/06).

**Honoring Individual Qualities**

The classroom was rich with the cultures of four unique students. Enrique was six years old and diagnosed with mild mental retardation (interview, 9/21/06). He demonstrated poor conduct, inattention, and hyperactive behavior. He was impulsive, active, restless, lively, affectionate, highly verbal, and imaginative.

I next started to draw a triangle, but Enrique pushed my hand away and finished drawing the last leg of the triangle. I then asked him what shape it was. He replied, “Triangle” and smiled again after I encouraged him. With this drawing he went outside the lines using rapid strokes. (field notes, 9/14/06)

After Enrique finished three pictures and was in transition to the next, he started coloring on the corner of Ricardo’s artwork. He started laughing when Ricardo began to protest, “Noooo!!” I told him that we only draw or color on our own papers. (field notes, 9/19/06)
Enrique started drawing human figures and a mountain scene. He wanted to draw a “lobo (wolf).” He curled his hands, bared his teeth, and growled. He said, “I cannot draw a wolf. Will you help me?” I told him I would draw a wolf on a different page to show him how. He continued to show me how it needed to look by continuing to curl his hands, bare his teeth, and growl.

(field notes, 9/19/06)

Enrique was often verbally and physically aggressive with his classmates and teachers. Although Enrique was quick-tempered, I felt that he sometimes received punishments that I did not think he deserved. The following instances describe two such situations.

Enrique pulled the tail of my apron and another teacher scolded him. He talked back and she approached him in an aggressive manner. He proceeded to hit her and continued as she tried to remove him from the classroom. The main teacher entered the room and told Enrique that he would be unable to participate in the art activity this day. Enrique looked up at me with tears in his eyes, beseeching me to allow him to participate. I told him that I could not answer him and that he needed to talk with his teacher. Even though I wanted Enrique to participate in the art activity and I felt that the other teacher provoked him, I respected the teachers’ authority and did not allow him to participate. (field notes, 9/26/06)

At one point, Enrique picked up the large tree and accidentally poked Alejandra in the eye. Although Alejandra was hurt, she did not cry at first. Her eye was red and watery. The teacher consoled her and dabbed her eye with a paper towel…The teacher became angry at Enrique. I told her that he did not bump her on purpose. She said that this is a problem with Enrique; he does not pay attention. Enrique started pouting with his lip poked out and his shoulders hunched. He walked out of the room. This made the teacher mad, and after she retrieved him, he was punished by not being able to participate in the art activities. I thought that it was important for me to explain the situation as I saw it, but I respected the teacher’s authority over her classroom. (field notes, 12/15/06)

Even when I tried to explain that Enrique was not entirely at fault, the teacher maintained a firm stance and continued to revoke his privilege of participating in art therapy. I sensed that the teacher maintained a firmer stance with Enrique because he was the most verbally responsive in the group, and was thus expected to behave better because he had the best communication skills. The teacher commented that Enrique had no problems with language comprehension, but that he learned slowly (interview, 9/21/06). He frequently missed school due to sickness, especially due to bronchitis (interview, 9/21/06). Before most sessions, he approached me to indicate his desire to make art. He
engaged quickly in the art process and used a large quantity of materials. Without prompts, he told imaginative stories about his classmates’ and own artwork.

Alejandra was eight and diagnosed with Down’s syndrome and mental retardation (interview, 9/21/06). She constantly had a cold and was frequently absent or late for school (interview, 9/21/06). She played an authoritarian role in the classroom, admonishing her classmates when they did not do things her way.

Alejandra helped wipe Juanita’s face. She also tried to tell the transitory student not to tear at the large paper. (field notes, 9/26/06)

Alejandra was frustrated that Ricardo was not complying with how I was asking him to glue, and said, “No! Así! [No! Like this!].” (field notes, 11/7/06)

Alejandra would not let Juanita help her clean up the floor. (field notes, 11/21/06)

Alejandra did not like that Juanita took my toy car. I told her that it was okay and not to worry about it. (field notes, 11/24/06)

Alejandra acted as class helper, often wiping her classmate’s mouth and vigorously cleaning off the tables or floors, not allowing anyone to help her. She also became jealous when her classmates played or talked with students from other classes (interview, 9/21/06). Her mood was unpredictable. At times she was very cooperative and at other times she was inflexible and rebellious, unwilling to share or participate in art therapy. When asked questions, she had a difficult time answering unless she could pick between two or three choices. She often replied, “I do not know,” mumbled incoherently, and appeared unsure of her abilities. She responded well to one-on-one attention and encouragement in the art process.

Juanita was nine and functioned at the level of a two or three year old (interview, 10/5/06). She was significantly undersized for her age, very thin, and had very small, feeble hands and fingers. Her gait was imbalanced and she needed help descending stairs. She always smiled and was unable to close her mouth. She wore a bib to keep her clothes from getting wet from drool. The teacher and art therapist encouraged her to wipe her mouth continuously. She was independent-minded, nonverbal, highly expressive (with eyes, gestures, moans), sociable, and had a short attention span. She mimicked the other students and wanted to be treated in the same manner. She often grew frustrated with
having to wipe her mouth (something that the other students did not have to do) or sit in her chair.

Very animated, smiling, expressive; nonverbal. (field notes, 9/14/06)

Juanita made marks on the page. Most of the time she was not looking at what she was drawing. She changed markers frequently by indicating with hand gestures. She seemed to arbitrarily pick the next color. (field notes, 9/21/06)

Juanita appeared more interested in the water than the paint. She moved the brush around in the water. (field notes, 10.3.06)

Juanita motioned and whined for the glue. I tried to help guide her hand using the glue in a circular motion, but she wanted to do it on her own. She continued to apply an excessive amount of glue and I said, “Suficiente (that is enough)” and thanked her for the glue. She continued to spread the glue around with her hands. (field notes, 11/3/06)

Juanita made light, rapid marks when drawing on the paper. Although she had limited fine motor skills and muscle development in her hands, most of the time she was reluctant to receive hand-over-hand assistance. During the last few sessions, she allowed me to help her cut through paper. She frequently looked up from her work and moaned when she wanted encouragement for what she was doing. She always appeared delighted to receive positive feedback.

Ricardo was seven and diagnosed with moderate mental retardation. The psychologist at the institute described him as distant, uncooperative, and unable to deal appropriately with changes (interview, 12/20/06). He demonstrated qualities indicative of being on the autism spectrum.

Ricardo appeared agitated and began to pull at his hair and shift in his seat as he finished working on the black paper. (field notes, 9/21/06)

Often when Ricardo worked, his tongue stuck out as he concentrated. The teacher says this has something to do with a developmental delay. He sporadically beats rapidly on the table with his hands, colors rapidly, or rapidly plays with pencil shavings. He usually did not stop without prompts from teacher or me. (field notes, 10/17/06)

Without an outside stressor, he periodically gritted his teeth and banged or tapped his hand rapidly on the table. He had a low frustration tolerance, and whined, “Noooo!”
when another student used one of his pencils or his sharpener fell on the floor. He also often drew images from the media with great detail.

He drew a line of boxes. He drew various images in each box. I asked the teacher if she knew what he drew. She replied that it has to do with the campaigns that were going on currently. She said that if Ricardo sees something that he likes, he remembers it well, and can reproduce it with remarkable likeness. (field notes, 11/14/06)

At the end of most art therapy sessions, he drew a soccer field, a restrictive interest. His teacher told me that she wanted him to explore other types of drawings other than soccer fields and players (interview, 10/3/06).

Figure 20. Soccer field, 9/19/06   Figure 21. Soccer field, 9/21/06

Figure 22. Soccer field, 10/3/06   Figure 23. Soccer field, 10/5/06
Ricardo was the most graphically advanced, but was only able to speak in one or two-word sentences to indicate his needs. He sometimes regressed to the kinesthetic level by scribbling rapidly or by splattering paint as in the following instances.

Ricardo was hurried and did not pay attention when the light was yellow and he was supposed to move slowly. He sporadically scribbled rapidly in one place while gritting his teeth. (field notes, 9/26/06)

When they were about halfway finished, Ricardo began to splatter the paint by dipping his brush forcefully into the tray. He then reached over and made a mark of paint on Enrique’s face. The teacher and I told him that he was not supposed to paint on his friends, only on his tree. I told him “tranquilo (calm down).” (field notes, 12/12/06)

Ricardo may have regressed to the kinesthetic level at various times due to being over-stimulated with the materials. He preferred working with a glue stick rather than liquid glue (field notes, 11/10/06), and he did not like working over newspaper (field notes,
Although the teacher indicated that Enrique had mild mental retardation, I suspect that he had other emotional or developmental issues. I made this assertion because he demonstrated an advanced graphic developmental level for his age (he had just turned seven and was already well into the Schematic Stage (Lowenfeld, 1987). Part of his emotional or developmental issues may be due to a suspected diagnosis of Asperger’s or other familial circumstances discussed in the following section.

**Considering Familial Circumstances**

For one particular intervention, Ricardo became intensely frustrated and uncooperative after I asked the group to draw their families, as demonstrated by the following description.

He grew frustrated and started whining, fidgeting in his seat, and pounding his hands on the table. The teacher directed him to remain calm. He closed his eyes and remained quiet for a few minutes. The teacher told me to withhold the coloring materials for a few minutes. He continued to draw a soccer field with his pencil. The teacher asked if he could draw his brother. I encouraged him to include his family members in his soccer field drawing. He appeared to ignore me, remaining intent on adding details to the soccer field. He added one soccer player on the field. I could not understand what he said about the player. When I released art supplies to him, he chose colored pencils. (field notes, 10/15/06)

The teacher informed me that when she tried to get him to write the syllables “Ma-ma,” he grew frustrated and shouted, “No, Mamá!” The teacher said this might be a reason for why he was reluctant to draw his family. The teacher told me that sometimes he will not talk to his mom on the phone. (interview, 10/5/06)

Ricardo was born to Peruvian parents in Japan and moved to Peru when he was five (interview, 10/5/06). His parents remained in Japan for economic reasons and have since separated. He has been apart from his parents for two years and lives with his aunt, uncle, cousin, and younger brother. Ricardo may have been unwilling to draw his family because he felt angry or abandoned by them. I respected his resistance toward drawing his family and allowed him to draw his “comfort drawing” of a soccer field.

Alejandra’s parents were also separated. She was an only child. Her father sent her gifts that the other students envied (i.e. bubblegum dispenser, makeup). Enrique was also an only child and his parents separated toward the beginning of art therapy (field notes, 9/21/06). Enrique lived and had a healthy relationship with his mother according to
the teacher (interview, 9/21/06). Enrique’s artwork may have symbolically communicated his home-life situation.

I showed [Enrique] several pictures and he continued to look at a picture of two birds. He said that they scared him (in the picture they looked as if they were pecking at each other). (field notes, 10/10/06)

Enrique said that he wanted to put his house in the water so that it would sink. I asked the teacher what he said in order to make sure that I understood what he said. She repeated what he said, and said, “He has quite the imagination!” (field notes, 11/24/06)

After seeing his parents interact in an outwardly conflictual manner (field notes, 12/15/06), I suspected that Enrique represented the rocky relationship between his parents through his artwork. The parents of Juanita, who has a younger brother, were married and worked together as fire fighters. The teacher indicated that the family is supportive and warm (interview, 9/21/06).

Knowing information about the familial circumstances of each student allowed me to design and implement art activities that were sensitive to each student’s particular situation. When a student demonstrated maladaptive behaviors or resistance to an art intervention, I considered that the student might be experiencing a difficult or complicated home-life situation. By considering alternate causes for behavioral outbursts, I was able to approach the students with more openness, sensitivity, and awareness.

In order to meet the needs of the individual, it is important for the therapist to engage and incorporate intellectual and intuitive processes within each interaction. To engage the intellectual processes of meeting a client’s needs, a therapist must constantly reprioritize the client by being aware of multiple cultural factors. To engage intuitive processes, a therapist must trust his or her instincts.

Reprioritizing the Client

I constantly recognized and questioned my personal agenda in order to reprioritize the needs of the students. I describe how I re-prioritized one student in the following example.

When Ricardo finished, I asked him to show me where he wanted to put his house. He wanted to put it along the roadway. I tried to direct him to put his house with the other houses, saying, “This is where the houses go in the neighborhood. (I had a set idea of the neighborhood plan and where everything should go. I was
also thinking that being right by the roadway seemed a little dangerous; I wanted to keep the houses in a safe conglomeration). He whined, “Noooo!” and I allowed him to glue his house where he wanted it, realizing that I was being a little too inflexible. I demonstrated my personal agenda and bias for where I thought things belonged in the neighborhood. (field notes, 11/24/06)

Prior to the session, I sectioned off spaces with masking tape on a thick, large board to map out the neighborhood model plan. I furthermore had pre-determined notion about how to construct the neighborhood. When I became aware of my agenda of making the neighborhood a certain way, I was able to re-prioritize Enrique’s creative process. Here is another example of when I became aware of my personal agenda while working with Alejandra.

Alejandra pasted her drawing on the church box she was making. I tried to direct her to put it directly on the model so that she would not cover up the work that she had already done on her church, but she would not stop and did not listen to me. She was not bothered that she was covering up artwork that she had created. I did not push her to discontinue covering up her artwork, but I realized that I had a personal bias: I did not think that she should cover up the artwork she had already done. (field notes, 11/21/06)

Although I thought the hidden artwork was very interesting and valuable, I decided that Alejandra’s need to cover the artwork was more important than my interest in viewing what she drew. I reminded myself that the process is often more important than the art product in art therapy. I found that listening to the students and respecting their boundaries or resistance helped me to become aware of their creative needs.
Developing Self-Awareness

I additionally practiced being conscious of my underlying guiding principles for the therapeutic process in order to continually aim for what was best for the students. In the following I present insights into some of my often unconscious belief systems.

I believed it important to reduce frustration level in a group setting. (field notes, 11/14/06)

Personal belief/bias: Encouraging independent behavior is beneficial. Rationale: If students increase independent behavior in the classroom environment, this independence will generalize to other environments. (field notes, 12/1/06)

Underlying assumption/guiding principle: We all have an intrinsic ability to know what we need in the moment, most of the time. I try to let the students guide me to help them meet their needs. (field notes, 12/5/06)

Underlying bias: Maintaining [the student] interest and intention is therapeutically and educationally beneficial. (field notes, 12/5/06)

Another guiding principle that I recognized is that I often prioritized the need for creative expression over other educational objectives as in the following example.

Enrique immediately knew that he wanted to make a comet. He continued to glue several shapes, one on top of the other. He was very intent and focused during the process (The teacher told me that when they used plasticene previously, he also piled on the material. The teacher disapproved of him doing this). I continued to let him glue the shapes together and told the teacher, “Well, he’s definitely making a comet with lots of fire.” (field notes, 10/13/06)

Figure 29. Enrique’s comet
Concerning the previous example, I felt that it was essential to allow Enrique to express his creativity and channel his restless energy into the art process. He was immersed in the task of making a fiery comet. He was self-directed, highly focused, and worked without disturbing his classmates, a stark contrast to his frequent inattentive and hyperactive behavior. I did not want to make him use fewer shapes in order to conform to the teacher’s educational objective of using art materials in an “appropriate” way. I believed that doing this would stifle his creative process, going against my beliefs about the practice of art therapy. I recognized that I feel strongly that allowing students creative expression is vital to the healing process. I realized that my underlying beliefs affected how I conducted art therapy. Moreover, being aware of my underlying beliefs and biases helped me to make decisions in the best interest of the students. I realize that the best interest of the students can vary within different cultural constructs. I also realize that my values shape how I make decisions. Therefore, I can never be entirely unbiased and separated from my culture. However, I can always maintain respect for the client’s needs and I can question and test my hypotheses about what is beneficial for them.

*Trusting Instincts*

I discovered that being prepared (with extra art supplies, ideas) for being spontaneous and trusting my instincts in the moment served the therapeutic process. In the following passage, I describe an instance of trusting my instincts.

Enrique picked up the large apartment building that Ricardo had made. He said, “I want to make a door. Ricardo cannot leave without a door.” I asked what color he wanted to make the door. He said, “Green.” He drew a thin outline of a door with a green colored pencil. He wanted to continue working on Ricardo’s building, but the teacher said that Ricardo did a good job on the building and she did not want Enrique to disturb his work. Normally I would not want these students to work on each other’s artwork, but I had the feeling that Enrique had emotional needs to make that door. After he made the door, I re-directed him to make his own building. (field notes, 11/14/06)

I allowed Enrique to create a door on Ricardo’s creation because he was genuinely concerned about his classmate being able to exit the building, and the building was part of a collaborative project. I do not have any verifiable, quantitative data that indicates Enrique benefited from drawing the doorway on Ricardo’s building; however, I *felt* in the moment that it benefited Enrique to create this doorway. His expressed desire to draw a
doorway also reflected how the ability to leave a building or home is very important to him. In the following example, I describe another situation in which I responded spontaneously to stimulate the creative expression of Ricardo.

It suddenly occurred to me that I brought my Chinese stencils. As I suspected when I retrieved them, [Ricardo] showed an immediate interest (I knew he lived in Japan for the first part of his life). He started using marker over the stencils in my notebook. He appeared excited and kept pointing and asking me to, “Mira! Mira! (Look! Look!)” He also said, “Aca está (Here it is.).” He began working with the stencils on white paper. When he finished his design, he wrote “Japón (Japan)” on the top of the page. (field notes, 12/5/06)

When he finished the design, he wrote “Japón (Japan)” on the top, drew a door, folded the bottom of the page, and glued it to stand upright in the neighborhood model. I felt that this student had an emotional connection to Japan and needed to express his desire perhaps to return to his birthplace by including it in the neighborhood model. I describe another example of how I utilized teachable moments.

On Tuesday, November 7, 2006 (prior to this session) I sat beside Alejandra in the van. When we were driving towards the sports complex, I asked her to look out the window and pay attention to the different places in the neighborhood. We drove past a park and I asked her to tell me what was in the park. I said look at the trees, flowers, fountains, benches, grass, etc. She repeated what I said. I told her that she could make the park in our neighborhood model if she wanted. I took advantage of this outing to explain and make connections with the art activity. (field notes, 11/10/06)
During the session after driving through a real neighborhood, Alejandra was excited to construct a park for the neighborhood model. She also made the connection between the neighborhood model they were making and a real neighborhood. The therapeutic interaction is alive and dynamic; therefore, there is not a recipe for conducting effective art therapy. I found that responding to clients in the moment helped me to engage them with the art process. When the students engaged in the art process, they experienced therapeutic benefits.

Summary

The presented themes describe how I implemented tools, strategies, and insights in order to practice culturally responsible art therapy. Culturally responsible art therapy involves being aware and sensitive to a variety of cultural factors. Being aware of the client’s cultural layers helps the therapist to better meet the client’s needs. In order to meet the client’s needs, it is important to carefully plan art therapy sessions with culturally appropriate materials and stimulating interventions. It is equally important to improvise and adapt plans based on intuitive impulses. These moments may prove substantial for a client’s personal development and the overall effectiveness of therapy.

In general, I fostered an awareness of Peruvian culture, integrated into the setting/classroom culture, honored the culture of children, and demonstrated sensitivity to individual culture. In order to practice culturally responsible art therapy, I found it imperative to maintain an aura of flexibility, respect, and openness to new experiences. The teacher expressed that bringing art therapy into the classroom enriched the students’ learning experience (interview, 12/20/06). Art therapy also provided these students an
avenue for channeling frustration, anxiety, aggression, and restlessness into a creative form. By employing creative processes, the students gained more control over their emotional states, increased their confidence in the ability to make art, and developed practical skills that can be applied to many facets of their lives.
CULTURALLY RESPONSIBLE ART THERAPY

I identified twenty-two themes that provided answers to my research question: What insights and strategies are useful for practicing culturally responsible art therapy? I divided the themes into four major categories including:

1. National Culture
2. Culture of Work Environment
3. Childhood Culture
4. Individual Culture

The overarching practices that allowed me to develop insights and strategies into culturally responsible art therapy were fostering awareness and cultivating sensitivity within each therapeutic interaction. Gaining awareness of the client’s culture is a multicultural counseling strategy frequently documented in the literature (Calish, 2003; Dana, 1998; Hays, 2001; Pedersen, 1988; Richardson & Molinaro, 1996; Sue, 1998; Sue & Sue, 1999; Wehrly, 1995; Sue & Sue, 1990). I gathered information about the students by implementing a “teach me” or “show me who you are” approach (Ancis, 2004). I followed Leung’s (2003) suggestion to implement a long-term counseling program of a few months in order to build international connections and meet local needs. Consistent with the ADDRESSING model (Hays, 2001), RESPECTFUL model (Ivey, et al., 2002), The Triad Training Model (Pedersen, 2004; Pedersen; 1988); BASIC-ID Multimodal Therapy (Hays, 2001), and other client-centered approaches (e.g. Pedersen, 1997; Sue, et al., 1996; Kaplan, 2002; Kaplan, 2003), I discovered that considering a variety of cultural factors was useful for treating a group of unique clients. I also found that maintaining an aura of cooperation and flexibility were effective immersion tools, styles that are consistent with documented literature for working with various clientele (Ancis, 2004; Sue & Sue, 1990). Upon reflection, I realized that the urban institution where I interned held a Western worldview. I admitted that sharing a Western worldview with the staff facilitated our development and work toward similar, expected goals (e.g. increased independence, increased verbalization, decreased maladaptive behaviors, increased
This reflection supports literature that describes how having similar worldviews makes the therapeutic interaction more predictable; whereas having contrasting worldviews can cause difficulty in the therapeutic process (Ancis, 2004; Lewis, 1999; Wehrly, 1995).

The central findings of the study additionally echoed the importance of fostering awareness, knowledge, behavioral flexibility (Ancis, 2004), as well as humility, compassion, critical thinking ability, and mindfulness (Hays, 2001). Part of being culturally responsible involved gaining self-awareness, consistent with previous literature (Calish, 2003; Dana, 1998; Richardson & Molinaro, 1996; Sue, Ivey, & Pedersen, 1996; Sue & Sue, 1990). Being aware of my personal culture (including underlying principles, stereotypes, and biases) allowed me to be less biased and more open and flexible in my practice. Consistent with the literature on stereotypes and biases (Hays, 2001; Rudman, Ashmore, & Gary, 2001; Sue, Ivey, & Pedersen, 1996), my openness and flexibility contributed to practicing culturally responsible therapy.

Being mindful and present in the moment fostered my ability to respond spontaneously to the immediate situation. I discovered that trusting my instincts in the moment allowed me to respond more appropriately to the clients’ specific needs. Therefore, I suggest that being prepared to be spontaneous (not otherwise listed in the multicultural sensitivity literature) played an important role for accessing the internal world of my clients.

Although practicing humility was useful for maintaining a level of respect for the students and teacher, I realized that humility also involves a level of self-respect as a professional with clinical training. I surmised that it is imperative to maintain a balance of confidence in one’s abilities, assertiveness, and humility. I treaded cautiously and took on an accommodating role in order to ease into a new cultural environment. Acting as a participant-observer, I initially prioritized the observer role. Attempting to be culturally sensitive and respectful, I endeavored to make my individual culture as invisible as possible. During the first sessions, I neglected to hold an authoritative/ assertive position with the students and teacher. The teacher initially managed classroom behavior with little assistance from me. As I integrated into the classroom, I began to respect and to express my own culture. I subsequently began to assert myself more, holding the students
accountable to the established group guidelines. In learning how to be more assertive with the students, I often followed the teacher’s lead and repeated what the teacher told the students.

I wanted to support the teacher’s educational objectives for the students; however, I did not ascribe to all of the teacher’s behavioral management techniques. For example, although the teacher recommended that I raise my voice to manage classroom behavior, I preferred to maintain a calm tone of voice, even when other strategies (i.e. redirection) did not work. I also began to silently question other behavioral management techniques.

For instance, each time a particular student misbehaved (e.g. drew on the table), the teacher threatened to take him home. He whined a distressed, “Nooo!” and immediately complied with the teacher’s requests. The teacher informed me that this student especially enjoyed attending school and wished that he could also attend on the weekends. Even though I did not feel comfortable challenging the teacher’s authority, as an after thought, it might have been useful to explain the potential ramifications of this threat on the student’s emotional well-being. The teacher discovered that using this threat was the quickest way to manage his behavior; however, I believed it might cause emotional harm because the student might associate going home with punishment. Therefore, I might have served the student better by being more assertive in questioning the use of this behavioral management technique.

Throughout the course of treatment, I developed more confidence in my ability to speak Spanish, manage classroom behavior, and educate the teacher about art therapy. Although being humble, flexible, and accommodating was important for blending with the classroom, I must also respect my personal culture as an art therapist. Not only was it important for me to learn about the host culture, but it was also important for the host culture to learn from me so that a mutual learning exchange could occur.

I eventually began to explain more about the practice and theory of art therapy in order to help the teacher better meet the students’ needs. For example, the teacher often praised one student for being more developmentally advanced and seemed disappointed in another for demonstrating fewer graphic skills. I explained that each of her students was on a different graphic developmental level and that each had a different way of expressing him or herself with art materials. I explained that their graphic development
coincided with their cognitive abilities. I informed the teacher that it was typical for young children to be highly kinesthetic and sensory. I also explained that art can be used as an outlet for frustration and anxiety. Therefore, when one student scribbled in circles with both hands, I explained that he might be channeling his frustration into his artwork, which is much more socially acceptable than fighting with his classmates. It is the art therapist’s responsibility to explain basic art therapy theory and practice in order to ensure that the client’s best interest is of primary consideration.

Although it is basic to counseling theory and practice that the therapist serves the client’s needs (not the reverse), I admitted that there were times when I noticed my personal agenda interfering with the therapeutic process. Therapists have the responsibility to be aware when their personal agendas are not meeting the needs of clients. Therefore, it is important to constantly ask, “Who’s needs does this serve?” in order to reprioritize the clients. Admitting one’s mistakes and limitations as a counselor is important for providing ethical care to clients.

The researcher noted that art therapists have additional aspects of culture to consider with regards to the art process. For example, art therapists may find it helpful to be aware of graphic developmental level, expressive style, attention span, working pace, interest in the art process and materials, frustration or resistance to materials or interventions, creativity, artistic skill development, and symbolism present in the artwork. Gathering information about an individual’s creations and interaction with the art process will assist the art therapist in developing appropriate interventions.

I gathered field notes by observing how the students interacted with the art materials and by noting their behaviors during the art process. I found that when I emphasized the strengths of the students and offered a diverse array of art materials and interventions, the students were more engaged in the art process and less likely to demonstrate maladaptive behaviors. I was sensitive with how and when I selected art materials, consistent with previous literature (Dufrene, 1991; Malchiodi, 2005; Westrich, 1994). Echoing the literature (Malchiodi, 2005), I also found that incorporating play and stories helped the students express and deal with their personal issues. The artwork served as a visual communication tool between clients, which was especially important because verbal expression among group members was limited. The students also
developed gross and fine motor skills (e.g. cutting, pasting, weaving, drawing, painting, and sculpting) that addressed other educational objectives. Art therapy was also an effective strategy for teaching the students to share and care for the art materials, helpful skills that can be generalized to other areas of their lives. Working on collaborative art pieces also allowed the students to learn about how to cooperate within a group, another important life skill.

I observed that creating art was a natural way for Peruvian children to express themselves. Art therapy also provided a time and space that fostered creativity. For instance, one student told imaginative stories about his artwork that reflected his personal situation. This student’s art pieces appeared to be symbolic of his shaky home life, with a repeated theme of the unbridled sea and an exploding comet. Another student’s artwork reflected his resistance to change and preference for predictability, as he chose to create a soccer field at the end of most art therapy sessions. During the last half of therapy, this student greatly expanded his artistic responses (i.e. superheroes, fishermen, Japanese buildings, etc.) and less frequently resorted to his comfort drawing of a soccer field. This student’s verbal expressions to indicate desires also increased. Many of the group improvements may be due to maturation and/or increased familiarity with me. However, art therapy enriched the educational process and offered an expressive outlet for the students that would not have otherwise been present.

Additional Reflection

Referring to the previously presented literature, Arrington and Yorgin (2001) introduced themselves as primarily psychologists (although one was both a psychologist and an art therapist) as they entered an orphanage in Kiev, Ukraine to be immediately acknowledged and respected for their clinical skills. These authors admitted that without using art, they would have experienced difficulty in providing care for their clients. With respect to this clinical example, the researcher promotes the idea that art therapists seek to honor and respect their field by showing confidence in their unique position. I initially found it difficult to honor and respect my identity as an art therapist. As I grew more comfortable within a new cultural environment, I developed more confidence in my clinical art therapy skills. It is time that art therapists give themselves more credit as mental health clinicians. Art therapy is a relatively new field and it often becomes
demoralizing when few people understand the concept or benefits of art therapy. However, art therapists must learn to take opportunities in daily life and practice to explain with confidence what they can offer. As a growing profession, art therapists have a responsibility to educate others about their value to society. Art therapy may be in fact more cross-culturally compatible than other traditional counseling strategies (Enns & Kasai, 2003).

Limitations of the Study

An exploratory, qualitative study on a select group of individuals offers limited generalizability to various cultural groups. However, the approach I implemented can be replicated and the concept of a client/culture-centered approach, customized for each individual, can be applied to all interactions between therapist and client. The current study is also theory-building and offers a model for continued practical research. Another limitation of the study involves researcher bias. Although I attempted to document case notes as objectively as possible, my observations are likely to be influenced by my underlying cultural beliefs, values, and biases. A further limitation involves how I am restricted by my Western training and perspective in conducting, analyzing, and interpreting my art therapy practice.

In conducting future research, it will be valuable for me to learn about various non-Western perspectives concerning graphic developmental level, expressive style, and alternate therapeutic techniques. To strengthen the internal validity of the current research, it may also be beneficial to include a non-participatory observer who also collects data during each art therapy session. Another suggestion involves including a more quantitative way to measure art therapist effectiveness and cultural sensitivity. For example, the researcher might video record art therapy sessions for subsequent participants to code at a later time. In addition, pre and posttest measures of client behavior, mental health, etc. gathered from a variety of sources might be useful for determining the effectiveness of art therapy interventions.

Future Research and Practice

I concluded that practicing culturally responsible and sensitive therapy is a process in which the therapist attempts to learn as much about a client as possible. It requires time for the therapist and client to feel comfortable with one another, just as it
takes time to develop any type of relationship. A client reveals more about him or herself as time progresses and as trust develops. Perhaps the journey of unraveling a client’s story is healing in itself because it offers the client an opportunity to recreate him or herself in a safe, nonjudgmental environment. Although it is important to know the language and basic information about the cultural heritage and practices of a client, most of the cultural exchange and learning comes from each therapeutic interaction as it is experienced in the moment. I propose an active, direct strategy for working with any client:

- Be curious about the client.
- Continually seek to learn more the client.
- Be present in the moment with the client.
- Allow the client guide the course of treatment.
- Admit one’s limitations in order to reprioritize the client.

Each therapeutic session is an opportunity to learn from the client. Being present in the moment enhances a therapist’s ability to be spontaneous and meet a client’s needs. Admitting one’s limitations as a therapist leads to increased awareness, genuineness, and client-focused practice. Allowing the clients to choose the direction of therapy is empowering (Ancis, 2004). I also found that honoring and celebrating uniqueness helps clients to feel safe expressing themselves, as suggested in the literature (Talwar, Iyer, Doby-Copeland, 2004; Cowen 2003; Pedersen, 1997).

Proposed Model

I propose a visual model of how to envision cultural identity. Consider cultural identity as having a multitude of layers. They may generally include global culture, national culture, culture of work environment, generational/age culture, and individual culture. Conceptualizing culture a series of evolving layers may help therapist look deeper into a client and his or her particular situation in order to practice more culturally responsible, aware, and sensitive therapy. Being aware of clients’ and one’s own cultural strata helps the clinician to reprioritize the client. The culturally responsible therapist constantly engages in this active, intellectual process. Another equally important process of practicing culturally responsible therapy involves being spontaneous and trusting one’s instincts about a client or situation. Therapists can accomplish this by being present in the
moment and by attentively listening to their clients on many levels. I hypothesize that integrating both analytical and intuitive processes within the therapist-client relationship will lead to more culturally responsible and effective practice.

![Culturally Responsible Therapy Model (CRT)](image)

Figure 33. **Culturally Responsible Therapy Model (CRT):** Proposed model of conceptualizing a client in cultural layers (from the surface to the center) and practicing therapy with awareness and sensitivity by integrating analytic and intuitive processes.

Just as the earth constantly rotates and shifts, so does our cultural identity. The therapist’s responsibility is to monitor and support these changes by fostering awareness and sensitivity into their therapeutic plans. Developing a specific, customized plan for each unique individual or group of individuals is helpful for conducting culturally responsible practice. Culturally responsible practice involves fostering cultural awareness and sensitivity. The underlying assumption is that offering this quality of care will increase client receptiveness and therapeutic effectiveness. As suggested in the presented research and previous literature (Arredondo & Rice, 2004; Cattaneo, 1994; Kaplan, 2003;
Pedersen, 1988), culture is present in each therapeutic interaction. No matter how similar or different the therapist and client may appear, each possess a unique, dynamic culture consisting of many fluid layers. I explained how I considered global to individual culture in order to implement directives that worked toward both therapeutic and educational objectives. Mental health clinicians may apply the presented strategies to their own practice with clients of any cultural background, recognizing that there is not a specific, linear rubric for performing therapy.

Conclusion

The current research may be informative for other art therapists and counseling professionals for developing a personalized plan for working cross-culturally or during any therapeutic interaction. I presented helpful approaches, styles, techniques, and advice for working with other cultures. With the presented research and reflections, the reader learned more about my personal strategy, strengths, and weakness as an art therapist than about the reader’s personal journey as a therapist. The author recommends that the reader respect his or her own personal beliefs and strategies, while also being conscious of his or her potentially harmful or productive effects due to these beliefs and strategies.

The inherent qualities of art therapy (e.g. honoring creative individual expression) make it suitable and ethical for performing culturally responsible and sensitive practice. Culturally responsible and sensitive practice is not limited to cross-cultural exchanges; it must also be implemented during each therapeutic encounter with clients of any cultural background. It is important for art therapists to continually conduct research in order to build a body of literature that supports the theory and practice of art therapy. Art therapists demonstrate promise of leading a movement for practicing culturally responsible and sensitive art therapy to clients both within and outside the United States.

Art therapists represent a culture of people who believe in the power of art as a healing modality and who recognize the benefits of art therapy often on an intuitive level. At times the idea of art therapy in Western culture may seem contrary. However, as art therapists learn how to translate their language for the majority, the benefits of art therapy will be validated on a large scale. Art therapy values individual expression, not conformity. Therefore, art therapists may be in a position for pioneering the practice of culturally responsible and sensitive practice with clients of any cultural background. Art
therapists may inherently be more predisposed or interested in exploring various ways of thinking and behaving. To explain, artists and scientists are prized by their ability to observe the world in a creative ways and to constantly question their hypotheses about life. Being able to creatively observe clients and their unique situations may be the art therapist’s strength. Art therapists also have command over the art process, a useful and unique tool for exchanging communication (Ancis, 2001). As the United States becomes more culturally diverse and as world exposure increases, it becomes a mental healthcare practitioner’s responsibility to treat all clients with cultural sensitivity and respect.

Practicing within or outside of one’s native country, it is possible that mental healthcare practitioners will find the current study useful for developing culturally responsible, sensitive, and effective therapeutic interactions with any client or group of clients. Culture is not a superficial construct defined by a country’s borders. Everyone has a unique culture. Yet, at the same time, everyone shares basic needs, uniting each of us by the thread of humanity.
APPENDIX A

Human Subjects Committee

A Study Confronting Culture Blindness: Cross-cultural Art Therapy

Letter of Consent for Parents/Guardians

Dear ______________.

I am a graduate student under the direction of Professor Marcia Rosal, Art Therapy Program Director in the Department of Art Education at Florida State University. I am conducting a research study to learn more about sensitive cross-cultural art therapy.

I am recruiting children to participate in an art therapy group. We will do several art activities designed to help the children learn about their children’s personal and cultural identity. The process of making and talking about artwork will be used to discover participant strengths, promote self-awareness, and provide a safe place for expression and healing. The course of treatment will be 12 weeks. Sessions will be biweekly for 60 minutes each.

You and your child’s participation in this study are voluntary. If you choose for your child not to participate or to withdraw from the study at any time, there will be no penalty, (it will not affect your child’s treatment/care). Given your child’s and your permission, photographs of the artwork will be made during art therapy and will be used for educational, research, and publication purposes. The artwork and results of the research study may be published, but your name and your child’s name will not be revealed.

The results of this research study may be published but your or your child’s name or identity will not be revealed. The researcher will maintain confidentiality of your records will develop codes for documenting your child’s information and locking data in a briefcase or filing cabinet. Only the current researcher will have access to data. After participant codes are assigned, the current researcher will destroy the master list of participant names and identifying information. All data gathered on your child will be destroyed by February 28, 2008.

There are only minimal foreseeable risks or discomforts to your child if we agree to participate in the study. One possible risk of art therapy is experiencing uncomfortable emotions after creating and talking about artwork. In this event, the trained art therapy researcher will take great care to stabilize your child’s mood before ending a session. Another risk involves using art materials. The risks for using art materials will be no greater than taking a basic art class. Great care will be taken to select nontoxic and age-appropriate art supplies and procedures. There are no other foreseeable risks or discomforts (other than those experienced in everyday life) if your child and I agree to participate in this study.

Although there may be no direct benefit to you, the possible benefits of your child’s participation are increased artistic skill, heightened interpersonal and personal awareness, and greater self-esteem.

If you have any questions concerning the research study, please call or email me at ___________________; amity_korrina@hotmail.com

Sincerely,

Amity K. Moncrief
APPENDIX B

Human Subjects Committee

Estudio Confrontando Ceguedad de Cultura: Terapia del Arte entre Culturas

Acuerdo Informado

Estimado/a Padre/Madre o Guardián de ____________________________

Soy estudiante de nivel master en la universidad Estatal de Florida, del programa de la terapia del arte. Mi profesora Marcia Rosal, la directora de este programa, está dirigiendo mi estudio. Me gustaría realizar un estudio que se trata de la terapia del arte entre culturas. Quiero aprender como ser una terapeuta más sensitiva.

Me gustaría que un grupo de niños participen juntos en terapia con arte. Haríamos muchas actividades de arte para que yo pueda entender más de la cultura peruana. Vamos a dibujar, pintar, formar esculturas y hablar de las obras de arte. Realizaremos proyectos de arte que enseñan muchas cosas, por ejemplo: cooperar con los compañeros de clase, incrementar el diálogo verbal y fomentar el amor propio. Este programa duraría 12 semanas (dos veces a la semana con sesiones de una hora).

La participación de padres e hijos sería voluntaria. No habrá ningún problema si no desea continuar con el programa en cualquier momento. También, me gustaría obtener fotos de las obras de arte de los niños para usar en mis estudios y/o publicaciones. Las obras y los resultados tal vez serán publicados, pero con identidad anónima para la seguridad y confianza de los participantes.

Hay casi ningún riesgo de este programa. Es posible que los niños tengan sentimientos un poco incómodo. También, vamos a usar una variedad de materias del arte. Me voy a escoger materias seguras para que los niños no se hacen daño.

Los beneficios posibles de este programa incluyen: mejor capacidad como artista, más conciencia personal y de los demás, y más amor propio.

Quiero informarme a Ud. que todo lo que decimos o hacemos en terapia es confidencial. El nombre de su niño será anónimo y la información de que hablamos será solo para usos educativos o para la publicación. Voy a revolver las obras del arte a los estudiantes al fin de este programa. Voy a destruir mis notas de su niño en el 28 de febrero, 2008.

Por favor, firme Ud. en la raya debajo que indica sus deseos. Si Ud. necesita más información, mande un correo a Amity Moncrief a la siguiente dirección: amity_korrina@hotmail.com. Gracias por esta oportunidad para entender más de la terapia del arte entre culturas.

Saludos,

Amity K. Moncrief
APPENDIX C

Human Subjects Committee

A Study Confronting Culture Blindness: Cross-cultural Art Therapy

Parent/Guardian Consent

By signing below, you give consent for your child to participate in the above study.

_________________________________________ (signature) ___________________________ (date)

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Vice President for the Office of Research at (850) 644-8633.

Photographing Artwork

By signing below, you understand that your child’s artwork will be photographed for educational, research, and/or publication purposes. These pictures will be kept by the researcher in a locked filing cabinet. You understand that only the researcher will have access to these photographs and that if used for publication, your name/identity and your child’s name/identity will not be revealed.

_________________________________________ (signature) ___________________________ (date)
APPENDIX D

Human Subjects Committee

Estudio Confrontando Ceguera de Cultura: Terapia del Arte entre Culturas

Acuerdo Informado

Como padre/madre o guardián, Ud. comprende la información arriba y Ud. ASENTA que su niño recibe el terapia del arte. También, Ud. ASENTA que Amity pueda usar las obras del arte y sus observaciones para usos educativos o para la publicación.

Firma____________________________________ Fecha ____________

Si Ud. tiene preguntas como sus derechos de participar en este estudio, o se siente que hay riesgos, puede Ud. llamar el Human Subjects Committee, Institutional Review Board, el Vice Presidente de la oficina de investigación: (850) 644-8633.

Fotos del Arte

Ud., ______________________ consenta que Amity saca fotos de las obra del arte de____________________ para usos educativos o para la publicación. Las fotos tal vez serán usados, pero con identidad anónima para la seguridad y confianza de los participantes. Las fotos van a estar bajo llave y sólo Amity va a tener acceso.

Firma____________________________________ Fecha ____________
APPENDIX E

Human Subjects Committee

A Study Confronting Culture Blindness: Cross-cultural Art Therapy

Written Child Assent Form

Your parent or guardian has said it is okay for you to make and talk about art with me. Do you want to do this?

You can stop at any time, and it will be okay if you want to stop.

_____________________________ (name) _____________________ (date)
APPENDIX F

Human Subjects Committee

Estudio Confrontando Ceguedad de Cultura: Terapia del Arte entre Culturas

Acuerdo Informado (Para Niños)

Tu padre o guardián ya te permitió participar en el terapia del arte. ¿Quieres participar también?

Tú sabes que puedes parar cualquier momento y no pasa nada.

Firma_________________________________________ Fecha __________________
REFERENCES


BIOGRAPHICAL SKETCH

Amity Korrina Moncrief graduated with her MS from the Art Therapy Program at Florida State University in 2007. She received her BS in Spanish and Psychology with a minor in Studio Art from the University of Alabama in 2004. She studied Spanish at la Universidad del Alcalá de Henares in Spain and art at la Pontificia Universidad Católica del Perú in Lima. She was selected to represent the FSU Art Therapy Program practicing art therapy at the Center for the Protection of Children in Bangkok, Thailand. She presented about this internship experience at the 2005 National Art Therapy conference in Atlanta, Georgia.