HEALING IN THE MARGINS: ART THERAPY AND RACIAL MINORITY CLIENTS

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ABSTRACT

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MARBELLA CARLOS

This research project is a critical examination and analysis of existing scholarship on how art therapy impacts racial minority clients. Despite growing racial diversity in Canada's population, therapy continues to be criticized for being ethnocentric, monocultural, and inherently biased against people of colour. As a result, people of colour tend to underutilize mental health services and terminate therapy at an alarming rate. The main objective of this research is to understand how art therapy can be a beneficial, accessible therapeutic approach for racial minority individuals and communities. This paper will use a theoretical research method to identify prominent themes and problems that visible minority populations face as clients and evaluate how art therapy can address these. This research project will consider scholarship from the fields of art therapy, critical race theory, psychotherapy and social work with a focus on texts related to mental health and social justice informed practice.

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To my parents and my sister, who immigrated alongside me in 1989 and my family and ancestors who came before us. I thank you for bestowing me with our resilience, hard work, generosity, and an undying dream for a better life for myself and those around me. Thank you to my dear friends Sara and Jenn for your unending support and friendship. To my research advisor, Josée, for your guidance, tenderness and allyship. And above all, to Pierre-Yann and Pony. This wouldn't have been possible without you.

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Chapter 1: Introduction

I acknowledge that this paper is being written on unceded indigenous lands. The Kanien'kehá:ka Nation is recognized as the custodians of the lands and waters on which Montreal and Concordia University are located. Tiohtià:ke/Montréal is historically known as a gathering place for many First Nations. Canada and the homeland from which I come as an immigrant settler share a long history of colonization, but also of resistance. As a first-generation immigrant from a colonized country, I bear in my heart deep gratitude, respect, support and acknowledgement for the Indigenous people that are native to this land. I am honoured to be able to work and live on this territory and I express my humble gratitude to this land and its people.

I am a first-generation immigrant, born in Manila and raised in Calgary, Alberta. As a racialized person, I have experienced many of the effects of racism, discrimination and systemic oppression that racially diverse clients face. Despite growing racial diversity in Canada's population, therapy continues to be criticized for being ethnocentric, monocultural, and inherently biased against people of colour. As a result, people of colour tend to underutilize mental health services and terminate therapy at an alarming rate (Sue & Sue, 2019).

We are living in a challenging time where the lives of racialized individuals and communities face colossal difficulties. This includes the missing and murdered Indigenous women in Canada (Razack, 2016), and the extreme police brutality that results in the murder of black Americans (Black Lives Matter, 2020). As this paper is being written, there are numerous protests around the world prompted by the recent killing of George Floyd at the hands of American police officers. These protests are a clear call for change and action against racial injustices and the abuse of power. It is crucial that we, as art therapists, start to focus on how to help the populations which are most disenfranchised in our society. It is for this reason that this research project explores how art therapy can help support the mental health and wellbeing of racialized clients.

The main objective of this research is to understand whether art therapy can be a beneficial, accessible therapeutic approach for racial minority populations. This research addresses the following question: How can art therapy benefit the mental health and wellbeing of racial minority clients? To answer this question, I will use the common factors of psychotherapy, an established model for success outcomes of therapy, as a framework to examine existing art therapy literature on working with marginalized clients.

Definitions

In order to avoid repetition and to for the sake of clarity, the terms BIPOC, racialized, and racial minority may be used interchangeably throughout this paper. While these terms refer to all people who identify as non-caucasian, they have the specific meanings which should also be considered.

Racial Minority

Racial minority is a term to signify a person or group who do not belong to the dominant race in a society.

Racialized

Considering that the process of the social construction of race is called "racialization", the term racialized refers to those who have experienced the social, economic and political inequities of belonging to a particular race (Ontario Human Rights Commission, 2020)

BIPOC

BIPOC is an acronym for "Black, Indigenous, People of Colour". It is meant to acknowledge that while all people of colour face oppression, that Black and Indigenous people face the worst consequences of white supremacy and colonialism (Sunrise Movement, 2020).

Context

Researchers in counselling and psychology have identified several challenges for BIPOC clients of therapy. For instance, many studies reveal that racialized clients underutilize traditional mental health services in a variety of contexts (Sue & Sue, 2019). This lack of engagement and the frequency of premature termination of therapy might be attributed to the biased nature of mental health services (Kearney et al., 2005). Cokley (2006) suggests that mental health services are not culturally appropriate for diverse clients and are even oppressive or discriminatory towards BIPOC clients. This important issue will be further discussed in Chapter 4.

Mental health professionals might also lack adequate training to work with diverse populations (Sue & Sue, 2019). Many scholars have suggested that training for mental health professionals is culture-bound and biased (Mio, 2005; Utsey, Grange & Allyne, 2006).

Art therapy is a relatively young field that is continuing to grow and evolve. For this reason, the amount of art therapy scholarship specific to the BIPOC client experience is not as

robust as the fields of counselling and psychology. There is a marked lack of art therapy studies which measure outcomes for BIPOC clients with generalizable results. This paper will thus provide an examination of the current literature and allow me to hypothesize on how art therapy will impact therapeutic outcomes for BIPOC individuals and communities.

Chapter 2: Methodology

The method of research for this paper is theoretical. This means that literature related to the research question will be analyzed as data. Texts from the fields of art therapy, psychotherapy, social work, counselling, and other related fields.

Research method

This research will follow a theoretical research design through the examination, analysis and synthesis of data (Randolph, 2009). The goal of this research is to synthesize information that emerges from the data in order to identify topics of interest and areas for future research (Concordia University Department of Creative Arts Therapies, 2015).

This type of bibliographic research method falls under the category of theoretical research according to Concordia University Department of Creative Arts Therapies (2015) and considers bibliographical texts such as peer-reviewed articles and books, as data.

Procedure

A systematic approach to data collection is integral to this project. Literature will be sourced using databases like google scholar, and the Concordia University Library. These databases will then be used to locate scholarship related to the research topic. I will begin by reviewing highly cited, peer reviewed articles and foundational texts on the common factors in psychotherapy.

Following this, I will gather information from similar sources on the experiences of people of colour in therapy. This information will then be organized according to the common factors framework.

Lastly, reviewing articles from the field of art therapy will be the most extensive and rigorous part of the review. This information will also be organized under the common factors framework in order to consider and assess the therapeutic impact of art therapy.

Articles will be collected from the three highest impact journals in the field of art therapy: *The Arts in Psychotherapy, The International Journal of Art Therapy,* and *Art Therapy: Journal of the American Art Therapy Association.* I will limit my search by reviewing only

articles that have been published within the last 15 years. Of these articles, I will use keywords such as: race, cultural humility, and social justice in order to inform the search. I will also read all of the articles from special issues of the journals that are dedicated to issues of race, diversity and/or multiculturalism. Once these texts have been identified and read, I will then move into the analysis phase.

Data

Since this research method does not involve participants, the data that will be collected will be in the form of literature. This will include previous scholarship in the form of peer reviewed articles, scholarly books and book chapters, and other relevant academic literature. These sources will come primarily from the field of art therapy. Additional texts from the fields of social work, counselling, and psychology will also be considered in order to provide relevant, supplementary information.

Data Analysis

When examining the literature, I will be gathering and extracting relevant information that is connected to the initial research question. I will also be considering the context in which the data was produced, including the background and location of the researchers and the chosen research design (Cooper & Hedges, 2009). The data will be first analyzed and then organized according to how it relates to each of the four core common factors.

Once the data is carefully distilled, it will be meticulously analyzed and synthesized. Data analysis will be approached using a rigorous sequence of coding as outlined by Neuman (2006). The texts acquired through the literature review will distilled through a multi-step process. Since the data included in this research project is the texts themselves, it is important that each article is read with a critical and meticulous eye.

The data will first be read and extracted for general, overarching themes and patterns. I will be looking for important systems and concepts and making notes and memos about important relevant information.

Guided by the research question, the analysis process will serve to reduce the data and analytically categorize the information (Neuman, 2006). A first pass through the data where a first attempt to condense the data into preliminary themes will be made. Following this, the initial themes will be further organized. Lastly, the data will then be reduced into the most

succinct and significant information needed in order to help answer the research question (Neuman, 2006).

After analyzing the data, it will then be assessed and, if suitable, organized into one of four categories coinciding with the four common factors: 1. Extratherapeutic factors, 2. Therapeutic alliance, 3. Technical factors, and 4. Expectancy. Categorizing the data in this way well help to aid in ascertaining whether the data discovered in art therapy literature can be used to help predict therapeutic outcomes for racialized clients.

Limitations

While there might be compelling evidence discovered in the analysis of the data, given that this research project is purely theoretical, conclusions can be made at a level of hypothesis only. This means that while the findings might be meaningful scholarship, the research itself is not empirical and therefore cannot provide definitive conclusions.

Ethical Considerations, Assumptions and Biases

As intersectionality posits that the intersections of multiple forms of discrimination shape and impact one's experience of the world (Crenshaw, 1990), it is important to name the different intersecting locators which form my identity as a researcher. The intersection that I occupy is that of a first-generation immigrant woman with access to economic resources and higher education.

As a person of colour in a white dominant field, it is possible that my lived experience may bias my interpretation of the information, siding with the experiences of the marginalized. A white dominant field, art therapy research is dominated by individuals who benefit from privileges earned by the oppression of others (Hamrick & Byma, 2017). Entering this field as an emerging researcher may influence a tendency towards emphasizing themes or ideas that reflect my personal, lived experience of systemic oppression and racial discrimination. A consistent and scrupulous checking of these biases throughout the research process will be essential in the creation of a quality research project.

Validity and Reliability

In order to increase the validity of the research design, I will make sure to be critical when selecting texts for inclusion in the research project. This means that the articles, book chapters, books and other written scholarships will come from peer reviewed journals, academic publishers and other academically credible sources. I will also read and analyze scholarship that

aligns with my research topic with an understanding that they may not be free of flaws and may contain information that counteracts my hypotheses. Validity in data analysis will also be addressed in consultations with my research advisor during the writing process.

In terms of reliability, the findings from this research project cannot be generalizable given the subjective nature of the theoretical research method. Thus, a stringent, frequent checking of researcher bias should be executed throughout the research process.

Chapter 3: Literature Review

Many meta-analyses indicate that therapeutic change is less determined by the characteristics of specific therapeutic techniques, but rather by a set of factors that are common across different methods of therapy (Drisko, 2004; Lambert, 1992). The common factors of psychotherapy are a framework for understanding the effectiveness of therapy that has been researched for almost 8 decades (Rosenzweig, 1936; Drisko, 2004). These factors are proposed to be more impactful on client improvement than qualities that are unique to different therapeutic treatment methods. The common factors are frequently broken into four core sections: extratherapeutic factors, therapeutic alliance, technical factors, and client expectancy (Drisko, 2004; Lambert, 1992). When examining the literature for the impact of art therapy for BIPOC clients, the common factors present a straightforward, useful framework for measurement and comparison.

The Common Factors

Lambert (1992) approximated that the four core common factors impacted therapeutic outcome at different degrees. He estimated that 40% is due to the extratherapeutic factors, 30% is attributed to the therapeutic alliance, 15% to technical factors, and the remaining 15% to client expectancy.

Extratherapeutic factors

Extratherapeutic factors are the most significant of the common factors. This category accounts for all aspects that influence the client outside of the therapy room (Drisko, 2004). This would include individual aspects of the client such as intelligence, motivation for change, capacity for trust and resilience (Drisko, 2004; Lambert, 1992). A client's social context is also considered an extratherapeutic factor. This means that the client's family life, social support, relationships to work and peers and spiritual support can influence the therapeutic outcomes (Drisko, 2004). Access to services is also included in this category, meaning that proximity,

availability, obstacles and barriers to treatment will also impact the client's likelihood for change (Drisko, 2004).

Therapeutic alliance

The second most impactful factor is the therapeutic alliance (Lambert, 1992). Initial connection between the therapist and client seems to be critical to the outcome of therapy (Wampold, 2015). A therapist that is trustworthy, warm, caring, empathetic, attuned, encouraging, and able to recover from rupture is more likely to develop a successful therapeutic relationship. Key components of a strong therapeutic alliance include client preparation, shared goal consensus, positive regard, and consistency in behaviour (Drisko, 2004; Wampold, 2015). A strong alliance is indicative of the client's acceptance and commitment to working collaboratively with the therapist towards achieving goals of treatment (Wampold, 2015).

Technical factors

Technical factors are representative of the model specific factors or procedures that are particular to a method of treatment (Drisko, 2004). This accounts for the different characteristics unique to each therapeutic treatment like CBT, psychodynamic therapy, psychoanalysis and others, for example, as well as the therapist's ability to convey interventions effectively (Drisko, 2004).

Expectancy

Client expectancy is the final common factor. This category accounts for how encouraged or discouraged a client may feel about the effectiveness of treatment. Placebo effects are also considered as a part of client expectancy (Drisko, 2004).

Implications for BIPOC Clients

Extratherapeutic Factors

The foremost extratherapeutic factor experienced by BIPOC clients that must be considered is the impact of systemic oppression. The National Equity Project (2020), a project out of the United States, describes systemic oppression as the systematic and "…intentional disadvantaging of groups of people based on their identity while advantaging members of the dominant group".

Racialized clients living in Canada face systemic oppression along with numerous other challenges including racism, discrimination, and inequality. These issues have a profound impact on mental health and wellbeing (Sue & Sue, 2019). When a person of colour experiences

the oppression of existing in a white dominant culture, they might develop a mistrust of the majority society (Sue & Sue, 2019).

The client's stage of racial/cultural identity development may also be an extratherapeutic factor that will impact therapeutic outcomes. This type of identity development is described by Sue & Sue (2019) as how a client conceptualizes, relates to, and feels about their own racial/cultural identity. For example, a client who feels positively about their own culture and negatively about the dominant culture may have a different worldview, set of values, and experiences from someone who has a negative view of their own culture and a positive view of the dominant culture. Sue & Sue (2019), describe a racial/cultural identity development model which may help therapists to understand a racialized client's relationship to their own race and culture. In this model, there are five stages of development that BIPOC people experience during the process of understanding their own culture within the dominant culture and how both cultures related to one another. These five stages are: conformity, dissonance, resistance and immersion, introspection and integrative awareness. Each stage is characterized by the client's attitudes and beliefs concerning how they view themselves, how they views others who belong to the same minority group, how they view others from other minority groups and how they view majority individuals (Sue & Sue, 2019). Consideration of this model when working with BIPOC clients will expand the therapist's understanding.

Internalized racism is characterized by a racialized individual's internalization and acceptance of the negative societal messages and stereotypes about themselves (Speight, 2007). This kind of self-hatred submits that the power, norms, values and ideas of the dominant group is better, normal and more acceptable than that of the racialized client. Hall (1986) suggests that internalized racism is one of the most common and least studied aspects of racism. When an individual experiences internalized racism, they are encountering an internal reproduction of the systems of inequality, racist stereotypes, values, images and ideologies perpetuated by white dominant society (Pyke, 2010). In certain cultures, internalized racism can manifest itself in skin tone bias, where members of communities of colour are granted higher status and power as a result of their lighter skin tones (Pyke, 2010). Internalized racism can be considered a side effect of the extra therapeutic forces of targeting and erasing other races and cultures of origin that do not belong to the dominant group (Speight, 2007). This element of racism has helped to motivate community psychologists to develop what is known as "liberation psychology", a practice which

calls for research on internalized oppression and brings attention to the impact of racial inequality (Burton and Kagan 2005; Moane 2003; Watts and Serrano-García 2003).

Therapeutic Alliance

Inside the therapy room, a BIPOC client can face even more challenges. Sue & Sue (2019) suggest that the experiences of racialized and other marginalized groups are often analyzed from the white, euro-american, middle class perspective during therapist training. A frequent and unfortunate outcome from this is the maintenance of false stereotypes about marginalized groups. Additionally, therapists working with racialized clients might lack knowledge of other ethnic values and understanding of how these clients interact with and experience racist society (Sue & Sue, 2019). Duran (2006) suggests that ethnocentric bias is highly destructive to racial minority populations and that therapists are not exempt from possessing and acting on these biases.

Clients of colour may also experience racial microaggressions from therapists. If a BIPOC client working with a white therapist perceives the therapist as a potential oppressor, the therapeutic alliance may be severely impaired (Sue & Sue, 2019). Sue & Sue (2019) describe microaggressions as intention or unintentional, verbal or behavioural slights which communicate hostile, negative or derogatory messages, harming the target person or group. Microaggressions can also be environmental. This can be seen when physical spaces are arranged in particular ways that make individuals or groups feel unwelcome or unsafe (Sue & Sue,2019).

It is important to consider the challenges to developing trust between a BIPOC client and a white therapist. Trust is often thought to be a determining factor for therapist effectiveness (Sue & Sue, 2019). Racialized clients may perceive their therapists to be agents of the "establishment", thus requiring therapists to demonstrate their trustworthiness despite their roles within oppressive institutions (Sue & Sue, 2019). Trust and mistrust in the therapeutic relationship can be strongly influenced by the compatibility of the client and therapist's worldviews (Sue & Sue, 2019). Worldviews are not solely values, opinions and attitudes, but they also influence how one perceives their relationship to the world. Worldviews are also highly connected to cultural upbringing and life experiences. Therapists with differing worldviews from their clients who are unaware how culture and life experience create this difference, are most likely to think negatively of their clients and even engage in cultural oppression (Sue & Sue, 2019).

A strong therapeutic relationship may take longer to form or not form at all between a BIPOC client and white therapist if the therapist is not culturally effective (Sue & Sue, 2019). BIPOC clients may be less likely to self-disclose and can even experience considerable anxiety about the therapeutic alliance. Clients may be concerned about ethnic/racial/cultural differences, suspicious of the therapist's intentions or experience resentment, hostility or even passivity and apathy. A culturally effective therapist will not personalize or judge these behaviours or allow them to negatively impact their commitment and positive regard (Sue & Sue, 2019).

Technical Factors

Working with culturally/racially diverse clients requires the integration of the principles of social justice in the technical application of any therapeutic treatment (Sue & Sue, 2019). Social justice considers that individuals at every level of society should have equal and just access to resources, wellbeing, opportunities, and privilege (Fraser, 1997). In Fraser's (1997) framework for social justice the author highlights the importance of the redistribution of wealth and recognition of culture. In a therapeutic setting, this means engaging in both self-reflexive, individual work, and systems level work and advocacy (Sue & Sue, 2019). Sue & Sue (2019) assert that organizations are microcosms of greater society. Thus, organizations are likely to replicate oppression, biases, and systems of power which target, alienate and impair BIPOC clients. It is essential that the therapist is cognizant of how our society's unjust oppression of racial minority clients can influence many aspects of their presentation in therapy (Flores et al, 2014; Sue & Sue, 2019).

Expectancy

Unsurprisingly, BIPOC clients may lack confidence in the effectiveness of therapy. Some researchers have found that these low expectations stem from culturally inappropriate solutions provided by white therapists (Atkinson, Kim & Caldwell, 1998). This means that in therapy with white therapists, racialized clients may experience pressure to work within a value system that is unfamiliar and reject their own. Atkinson, Kim & Caldwell (1998) suggest that therapy can act as an instrument of oppression, unfairly pressuring racialized clients to assimilate to the dominant culture.

Further, these clients may have negative preconceptions about therapy before entering the room. Many BIPOC clients are skeptical about the institutions within which many therapists

work and may even question the motives of their therapists. Racialized clients can also be suspicious, mistrustful and reticent when interacting with white therapists (Sue & Sue, 2019)

BIPOC clients in art therapy

Extratherapeutic factors

The main extratherapeutic factors in art therapy scholarship relevant to BIPOC clients is the dominance of white art therapists, white supremacy present in the field of art therapy and the impact of marginalization and oppression on BIPOC mental health and well-being.

In the most recent membership survey of the AATA, it was reported that 87.8% of members are caucausian, 93.4% are female and 77.8% possess a Master's degree (Elkins & Deaver, 2015). It is important to note that despite increased diversity of greater society and the clients whom the field serves, these figures have not changed significantly over the last 40 years. Talwar (2010), suggests that while it has been shown through initiatives that diversity is a priority, there has been not enough action/visible change. Some scholars write about the need for more BIPOC art therapists, who are able to mirror shared lived experiences with their BIPOC clients (Joseph, 2006)

Not only is membership in the AATA white dominant, student registration, faculty and supervisors are majority white (Awais & Yali, 2015). The majority of pedagogical texts in art graduate training are written by white art therapists (Gipson, 2015; Talwar et al., 2004), meaning that the history and theory being learned and applied is monocultural. Awais & Yali (2015) suggest that an increase in racial diversity in the art therapy student body may be a good first step towards inclusion and diversification of all levels of the field.

Art therapy research and scholarship is largely white dominant, adding to an epistemology that is reflective of the dominant culture and that does not represent marginalized voices (Hamrick & Byma, 2017). Hamrick & Byma (2017) also say that one of the byproducts of such dominant whiteness in the field of art therapy negatively affects white art therapists by limiting their capabilities to work on and discuss issues of race and oppression with clients and peers. Talwar (2010), adds that much of the art therapy scholarship considers race or marginalization as an isolated dimension rather than an intersecting principle that shapes the client's experience. However, it is clear that art therapists do desire more research and scholarship about cross cultural issues. Kaiser & Deaver (2013) executed a field-wide delphi

study to determine the top research priorities of art therapy and found that cross cultural issues ranked as the fourth most important research topic.

The founding of art therapy is often attributed to a few white, female art therapists. However, some scholars suggest that by doing this, art therapy has collectively accepted the erasure of contributions of early BIPOC Art therapists (Farris, 2006; Gipson, 2015; Stepney, 2019). This means that in the past and present training of art therapists, art therapists of colour and their legacies are not included (Potash, 2005). The theoretical teachings that are respected and disseminated are those that derive from eurocentric perspectives (Talwar, 2010).

Kaiser (2017) maintains that white power and privilege are present and protected in larger society and within the field of art therapy. Despite the fact that many art therapists work with racialized clients, over the last two decades the profession has been slow to engage with and act upon issues of social justice and diversity (Kuri, 2017). In art therapy, there is a need to shift away from the present model that focuses on race as an individual issue, and understand it as something that shapes a client's everyday life (Gipson, 2015; Talwar, 2010).

Racism and oppression may be understood as only specific acts between individuals (SOURCE). However, they also present as deeply embedded and established systems that perpetuate the silencing of and violence against marginalized individuals and communities (Kaiser, 2017). White people are socialized to feel, consciously, or unconsciously, entitled to more power and respect than what is granted to their racialized peers (Hamrick & Byma, 2017).

The impact of racism and oppression can present itself in the art therapy classroom. In educational institutions, we replicate the harmful systems of power that are present in greater society (Gipson, 2015). Gipson (2015) states that despite this, the art therapy classroom can be a place where racism and other forms of systemic violence are discussed and challenged. Doby-Copeland (2006) proposed a plan to redress inadequate cultural competence education in art therapy graduate programs. This plan included improving program philosophy, faculty competence, curriculum design and content, and the integration of cross-cultural supervision. George (2005) further supports this plan by suggesting that it is essential that multicultural competence is learned in the art therapy classroom, before students become professional clinicians working with diverse clients.

Art therapy scholars reiterate the fact that oppression, racism, and discrimination negatively impact the mental health and well-being of BIPOC clients (Hamrick & Byma, 2017).

One's identity, including their racial identity, can complicate the experience of trauma, and produce additional barriers to care, negatively affecting the healing process if not addressed (Goodman & Gorski, 2015; Karcher, 2017; Talwar, 2010). Sajnani et al. (2017) share that the experience of marginalization often leads to a narrative that is dehumanizing or even criminalizing, resulting in a limiting of options, constraint freedoms, and even death. Racism at the institutional, organizational, and individual level, within art therapy and in society at large impacts racialized clients (Joseph, 2006). Art therapy is not exempt from inheriting the biases of society which marginalize BIPOC clients (Hocoy, 2005), and in many ways it repeats and reinforces unjust structures of power.

Some authors criticize art therapy, suggesting that treatment under the current system can be seen as helping marginalized clients adjust to a society which is violent and uninhabitable, thus asking clients to adapt and cope within a system that is deeply flawed (Hocoy, 2005). That system in question is one that is deeply influenced by neoliberalism, a model that values profit and efficiency over the needs of the people it serves (Gipson, 2017; Kuri, 2017). This system aligns with a trending focus on evidence-based approach to practice (Gipson, 2017), an approach which frequently omits the experiences of BIPOC clients.

Art Therapy Technical Factors

The unique technical factor in art therapy that differentiates the field from other therapeutic methods is the process of making art and the presence of artwork. In art therapy, the visual arts are used to support client self-expression, meaning making, encourages engagement in the therapeutic relationship and help build communities (Hocoy, 2007; Kuri, 2017; Timm-Bottos, 2011). Because art is symbolic, it can have multiple, simultaneous meanings. Surpassing the limitations of verbal language, art-making opens up the potential for communication beyond talking, presenting art therapists and their clients with new possibilities (Sajnani et al., 2017).

Karcher (2017) proposes that art therapists are in a unique position of helping clients facilitate healing during a turbulent time of sociopolitical trauma. Art has the potential for social action and has the ability to help empower and uplift the voices of marginalized clients.

There are many examples of social action through the arts documented in art history. In Mexico, artists like Diego Rivera were part of the Mexican Mural Movement of the 1920s. His artwork criticized the ruling class and encouraged socialism and the protection of workers' rights (Millington, 2020). Feminist art also encouraged social action with artist like the Guerilla

Girls creating protest art to speak out against the lack of inclusion for women in the art world (Millington, 2020). Here in Quebec, art played an influential role in changing the course of our history. The Quiet Revolution was a period of socio-political and socio-cultural change in Quebec, marked by the separation between church and state (Dickinson & Young, 2003). Often, the Quiet Revolution is said to be preceded or influenced by a movement of artists called Refus global (Total Refusal), a manifesto and movement led by a collective of Quebecois artists (History Museum of Canada, 2017).

By using imagery to show different perspectives, possibilities and meanings, art provides a multitude of opportunities for clients and art therapists. Kapitan et al. (2011) suggest that art therapy can help clients to see the potential for art as a means of generating knowledge and advancing their goals for social transformation. Potash & Ho (2011) found that art therapy can help BIPOC clients foster empathy towards the societal forces involved in creating discrimination and stigma.

The scholarship indicates that when considering effective technical application of art therapy for marginalized clients, an intersectional, social justice approach is crucial (Gipson, 2015; Hocoy, 2005; Potash, 2018; Sajnani, 2012; Talwar, 2010). This means fully understanding the impact of social, cultural and political inequality on marginalized individuals and highlighting these issues in our scholarly work (Talwar, 2010).

First coined by Crenshaw (1990), intersectionality asserts that all aspects of one's identity, including but not limited to gender, race, class, sexuality, and disability, intersect and inform one's experience (Talwar, 2015). In any therapeutic context, intersections of a client's identity impact the therapeutic process. Clients with intersecting marginalized identities have experiences that compound and increase complexity of trauma (Goodman & Gorski,2015). These intersections can negatively impact the healing process, create more barriers to care and further complicate client trauma (Goodman & Gorski, 2015; Talwar, 2010). A social justice lens would alleviate concerns associated with power imbalances and resulting barriers to care.

Some creative arts therapists have presented frameworks for practice which centralize the needs of BIPOC and other marginalized clients. Hocoy (2005) presents a transpersonal approach, a conceptual framework that integrates art therapy and social action. A transpersonal perspective assumes the individual's internal world and the external, collective world are interrelated. In the transpersonal approach, the therapist can also be considered a social activist

because of the awareness of the connection between an individual and the social system to which they belong (Hocoy, 2005).

Sajnani (2012) has developed a framework for creative arts therapists she calls "response/ability". This framework is a critical race feminist paradigm for creative arts therapists that is both a learned skill and an ethic of responsibility. She shares that " through our varied approaches, creative arts therapists enable an embodied, affective, and interpersonal responsiveness to change, amidst suffering, against oppression, and as an experience of social justice." (Sajnani, 2012, p. 186). This approach helps us to augment our therapeutic impact by going beyond our ability to facilitate change through our creative expression. It also encourages creative arts therapists to embody a critical race feminist paradigm that respects the clients lived experiences and understands the social, cultural and political experiences that inform the ways in which we and our clients live.

The social action approach to art therapy is also presented in the literature. This approach considers that in the therapeutic relationship there is the potential to either replicate and reinforce the harmful dynamics of society or to challenge and resist against them (Hocoy, 2005; Kapitan, 2015; Karcher 2017).

Ter Maat (2011) recommends the development of four core competencies in order to improve cultural competence: self-awareness, awareness of other cultures' beliefs and behaviours, awareness of the cultural dynamics between art therapist and clients, and learning the appropriate and ethical skills and interventions for working with clients of different backgrounds.

One approach that might improve accessibility issues and demonstrate social justice practice is community art therapy (Allen, 1995; Kapitan et al., 2011; Ottemiller & Awais, 2016; Timm-Bottos, 2011). This approach suggests that moving art therapy out of the therapy room and out of the traditional therapeutic frame may be beneficial to certain communities (Hocoy, 2004).

Taking therapy outside of institutions which replicate harmful systems of power and into the community studio space can give clients the opportunity to redress issues they have faced seeking traditional therapy (Ottemiller & Awais, 2016). Further, blurring the boundaries between the therapist and the client might help to deconstruct the power imbalances (Allen,

1995). Community practice encourages clients to look both outward and inward (Kapitan et al., 2011) thus inviting clients to interrogate their relationship to the society in which they belong. This approach can also evoke collective healing, moves away from individualism and expands upon conventional ways of practicing art therapy (Timm-Bottos, 2011).

Art therapy therapeutic alliance and expectancy

In this sub-section, therapeutic alliance and client expectancy have been combined. The decision to couple these sections is for two reasons. First, within the available texts there was limited research that was specific to BIPOC client expectancy. Second, in the text that was available there was significant cross over between the two categories suggesting that the two concepts of therapeutic alliance and client expectancy are interrelated. For these reasons, this subsection will present both the therapeutic alliance and expectancy within art therapy as they pertain to BIPOC clients.

Karcher (2017) stresses the importance of acknowledging the imbalance of power in the therapeutic relationship. Some suggest that a therapist's failure to acknowledge their own power and privilege will impede their ability to treat BIPOC clients whose experiences are exacerbated by oppression (Goodman & Gorski, 2015; Talwar, 2010). In the therapeutic relationship, the therapist holds the power due to their position of service for the client (Karcher, 2017). The therapist and client's racial differences and/or similarities may increase or reduce the intensity of this power imbalance.

Art therapists have specifically addressed the issue of therapists' unconscious expectation for their clients to conform to their cultural experiences. As Joseph (2006) contends, therapists may not consider themselves to be overtly "racist" but will negatively impact the therapeutic relationship with clients from different backgrounds. Robb (2014) also claims that art therapists may wrongly assess their level of multicultural competence, estimating that they are more skilled at working with minority clients than they really are (Robb, 2014). Art therapists have been emphasizing the need for critical self-reflexivity when working with clients from different racial and cultural backgrounds for several decades (Coseo, 1997).

While art therapists may have altruistic intentions, they can sometimes unknowingly cause harm to BIPOC clients. Some may take a "colour-blind" approach, believing that good intentions overcome racial differences, and viewing those who see race as lesser people (Gipson, 2017). "Colour-blindness" not only discounts the individual BIPOC client's experience, but also

erases the continued systemic and structural impact of many western countries. Ignorance of Canada's centuries-old, violent legacy of colonialism and racism is one example of how BIPOC client's experiences are erased. Many Canadians may associate colonialism with the distant past but the debilitating impacts are very much alive in the present day. The Indian Act was enacted in Canada in 1876 and allowed the government to control many aspects of Indigenous life including: Indian status, land, resources, wills, education, band administration and so on (Montpetit, 2011). The main purpose of the Indian act was forced assimilation—stripping Indigenous people of their way of living. The Indian Residential Schools was one of the ways that the Indian Act was executed. The federal government and various churches collectively established and ran the residential school system across Canada. The last of these schools closed in 1996 and approximately eighty thousand former students are still alive today (Regan, 2010). Indigenous children were removed from their families, forbidden from speaking their own languages or practice their cultural traditions and often suffered psychological, physical and sexual abuse (Regan, 2010). The Canadian federal government apologized for the atrocities of the residential school system in 2008, officially acknowledging Canada's responsibility for the " systematic removal and institutionalization of Native children, some of whom were abused and most of whom were deprived of their family life, languages, and cultures" (Regan, 2010, p.4). The residual impact of this oppressive history is still felt by many Indigenous peoples of Canada today.

Echoing the research by Sue & Sue (2019), art therapists can also inflict microaggressions towards BIPOC clients. In order to preserve the therapeutic relationship, it is important that art therapists recognize, and work towards repair when they have made microaggressions towards marginalized clients (Karcher, 2017).

The artworks that are created during art therapy may also impact the therapeutic alliance. Joseph (2006) asserts that a client's artwork can help communicate to the therapist how the client relates to themselves and to the system they belong to. When engaging in artmaking, the client makes many decisions. Observation of these decisions can help the art therapist to better understand the client. These decisions can include choices in symbolism, scale, and colour and can help provide insight into how the client expresses themselves, how safe they feel within the therapeutic relationship, and on the appropriateness of the intervention.

To that end, when making interpretations about symbolism in art work, it is important to consider that the meaning of symbols may vary between cultures (Joseph, 2006). Making the wrong assumption about imagery in a client's artwork has the potential to negatively impact the therapeutic relationship. For instance, a creature from cultural folklore may be misinterpreted as a monster, simultaneously erasing cultural significance and making assumptions about the client's state of mind. It is crucial, when working with those from backgrounds which differ from ours, that the art therapist does not assume that their culture is the norm and unknowingly impose the therapist's culture onto the client's artwork.

Chapter 4. Findings & Discussion

Findings

By introducing the common factors as a framework for examining art therapy's potential for success when working with BIPOC clients, I aim to provide new areas of consideration in the field of art therapy. To that end, I will outline the similarities and differences between the general common factors literature and literature in art therapy scholarship. I also report the consequences of these findings and how they relate to the BIPOC client's therapeutic outcomes.

Allied Factors

When comparing the texts in art therapy to the texts from other disciplines, both similarities and differences emerge. The most important similarities between the fields include: 1.) the impact of systemic oppression on racialized individuals and communities, 2.) the presence of bias and a power imbalance in the therapeutic relationship, and 3.) a critical need for a social justice-focused framework of practice. These similarities are referred to as the "allied factors" in order to signify how their impact remains constant among the different fields.

The Impact of Systemic Oppression

Articles across disciplines portrayed an alarming reality for BIPOC individuals and communities. It is clearly communicated that systemic oppression and the resulting discrimination and inequality have a profound impact on the lives of our BIPOC clients and this impact has the potential to influence the outcome of therapeutic treatment.

The data suggested that the harmful systems of oppression which exist in greater society can be replicated within the institutions where we work. Racialized clients thus are more likely to have a mistrust of therapists' intentions or the professions which we represent.

Bias and Power in the Therapeutic Relationship

Inside the therapy room, a therapist with good intentions simply does not suffice. Art therapy and therapy generally, replicate actions of discrimination in the therapeutic relationship. The literature indicated that actions enacted from conscious or unconscious bias, along with the client/therapist power imbalance can also impact therapeutic outcomes.

Across disciplines, the data described the presence of an implicit power imbalance between the therapist and client. This imbalance may be amplified by each person's racial and cultural identity. Particularly, if a therapist belongs to the dominant culture and the client is racialized, the gap of power between the two widens even further. It is important that therapists acknowledge the power and privilege that comes with being the therapist in the therapeutic relationship. The therapist is perceived as an expert by the client and asked to provide help and support during a time where the client is in need. This relationship places the client and therapist on unequal levels where the therapist is in a position where they hold considerable power.

Need for a Social Justice Approach

Within the technical factors of the therapeutic approach, when working with BIPOC clients, the literature indicated the urgent integration of a social justice framework. While self-reflexivity and cultural competence were emphasized, it was also indicated that structural and organizational changes are necessary. As previously mentioned, therapists not only hold a position of power in the therapeutic relationship but are also often regarded as agents of the establishment. Changes to the establishment that would make the space more accessible and inclusive for racialized clients begins with the acknowledgement of how society systemically oppresses and marginalizes BIPOC clients. Further changes could include committed social justice actions like holding oneself and one's colleagues accountable to anti-racist practice. It could also mean the inclusion of resources, theory and practice from BIPOC scholars, advocacy for BIPOC clients, culturally relevant education or professional development. Lastly, this could also mean BIPOC representation and inclusion in staffing at all organizational levels, including leadership.

The data showed that while many therapists and counsellors are well-intentioned, most of us, especially those who belong to the dominant culture, are likely to act upon unconscious bias or inflict micro-aggressions upon BIPOC clients. In order to avoid or reduce the likelihood of

causing harm to BIPOC clients, it is essential that we integrate thorough cultural competence training which allows us to better understand our clients' values, experiences, and worldview.

Aspects unique to art therapy

In addition to the factors which are similar across disciplines, the literature revealed that there are specific aspects that are unique to the field of art therapy. The literature emphasized the ever-present problem of an extreme lack of diversity at all levels of the field. However, there were three findings that may have positive indications for art therapy: the power of art-making, art as a tool for building the therapeutic alliance, and community art therapy as a step towards inclusion.

The White Dominance in Art Therapy

Many scholars in art therapy have asserted that a major issue that impacts the experience of BIPOC clients is the disproportionate White representation in the field. A profession that does not reflect the population it serves and with demographics that have not changed over several decades is bound to face several challenges meeting the needs of its diverse clients.

Among these challenges is a marked lack of contribution to research by scholars who belong to the BIPOC community. Scholarship that is homogenous in this way leads to an epistemology that is only reflective of one community's narratives.

Beyond research, there are many scholars who describe the need for more inclusion in art therapy pedagogy. This not only includes the use of more educational texts written by racialized art therapists, but more BIPOC faculty, and students. While there have been initiatives for more recruitment of racialized students in graduate art therapy programs in the US, it is clear that there is more work that needs to be done in order to support and encourage new BIPOC art therapists.

The Power of Art

The data collected emphasizes the power of the art in art therapy. Authors shared how art provides the potential for social action, community building and meaning making. As McNiff (2004) asserts, "Art therapy is a discipline that encourages us to create from the difficult places in life and the skilled art therapist helps us to openly engaged in the most challenging conditions with a confidence that the creative process will transform conflicts into something new" (p. 218).

Subverting the limitations of spoken and written language expands the boundaries of our work. Because art work is symbolic in nature, using art in art therapy encourages clients to express themselves metaphorically, to consider multiple perspectives and to engage their

imaginations. These actions can help the BIPOC client express a considerable amount of feeling and information that may otherwise be limited or silenced in another therapeutic settings.

In art therapy, art is a powerful mechanism that can help to inspire and empower our BIPOC clients. Art therapists can help facilitate client empowerment through the art making process. In the art therapy room, the client is empowered to choose materials, what image/artwork they will create and assign personal meaning to their work. This process can be personally validating and help foster self-esteem. It can also help the clients transform difficult feelings or personal struggles, using their discomforts as source material for their art (Moon, 2016).

Art & the Alliance

It was also suggested that artwork can also be a key element in improving the therapeutic alliance and thus increasing the potential for successful outcomes in therapy.

Traditionally, the therapeutic relationship is composed of the client and the therapist. In art therapy, the artwork becomes another presence that contributes to the dynamics of the relationship. When clients have the sense that they are seen, heard and attended to during the art making process, a profound sense of healing occurs (Moon, 2016). Moon (2016) offers that creating artwork in the presence of others bridges the gap between isolation and connection. When an art therapist compassionately beholds and witnesses their client, as they express themselves through art making, they provide a chance for the client to feel acknowledged and accepted.

The data also suggests that the qualities about art making that allow it to influence the therapeutic relationship is that it provides the therapist with an added opportunity to learn from and connect with the client (Joseph, 2006). Rather than having to rely solely on self-disclosure, body language and other typical non-verbal cues, when working with the client, the client's own use of materials and the choices they make during art making are information that can also be considered.

Community Art Therapy

Another finding comes from art therapists who have focused on developing a community art therapy approach. There are many scholars who have tried to push the boundaries of traditional art therapy by changing the setting and method of delivery. Suggestions range from moving out of the therapy room into a more open studio setting, to making art alongside clients

simultaneously (Allen, 1995) and to co-creating public art initiatives with community members (Timm-Bottos, 2011).

Some scholars (Gipson, 2017; Kuri, 2017) have highlighted how the forces of neoliberalism and free market capitalism have negatively impacted the many of the institutions that provide art therapy services. The data from this review suggests that experimenting with the boundaries of art therapy might be a way to improve access and inclusion for marginalized populations.

Discussion

Considering these findings, I hypothesize that for art therapy, therapy, and society at large, there are serious systemic issues that negatively impact the lives of BIPOC individuals. This indicates that the changes necessary in order to redress the oppression of BIPOC individuals may be beyond the scope of individual practitioners. These changes may need to happen in our workplaces, at the institutions and memberships we belong to, or even in our governments. I also deduce that systemic oppression that harms and disempowers BIPOC clients has an impact on the outcome of therapy.

It is clear that art therapy is cognizant of its white dominance and lack of diversity and how this has the potential to negatively impact therapeutic outcomes for BIPOC clients. The literature paints a picture of a field that has the intention to move towards more inclusion. Still, there is a need for significant shifts in pedagogy, research, praxis, and administration for this to happen. However, one can also hypothesize that prioritizing and honouring the "art" in art therapy has the potential to improve outcomes for BIPOC clients. Art has the power to inspire social action, encourage meaning-making and provides the opportunity to use metaphor and symbolism to convey messages in a way that surpasses the limitations of verbal language.

The presence of art in art therapy differentiates our field from other methods of therapeutic treatment and might play a key role in improving the experiences of our BIPOC clients. This improvement would be due to art's ability to subvert the limitations of language, the supportive witnessing component in art therapy, and art's ability to empower clients of art therapy.

Lastly, given the power of our current system which continues to oppress and disenfranchise racialized people, it can also be helpful to BIPOC clients if new formats for

delivering art therapy, like community art therapy and the open studio method, or methods that have not yet been established, continue to be created.

Implications for future research

The findings of this research indicate that there is a need for more research specifically about BIPOC clients' experiences of art therapy. Analysis of the available texts indicated there is potential for positive outcomes for BIPOC clients of art therapy. However, hypotheses established from this research paper remain purely theoretical. In future research projects involving BIPOC issues, working closely with BIPOC communities in a participatory research design would provide more meaningful insight on the impact of art therapy on racialized populations.

The literature also presented a lack of information about BIPOC expectancies of the outcomes of art therapy treatment. This shows a potential area of focus for future research.

Another area of research which could be explored is the impact of community art therapy for BIPOC. While much of the community art therapy research is positive, the majority of articles are theoretical or qualitative with small sample sizes. Conducting larger research projects with BIPOC clients engaging in the community art therapy method with more robust data sets will make it easier to determine whether this method is suitable for this community.

It is also important to note the geographic boundaries of the data presented in this review. As the majority of the articles were produced in the US by American scholars, the results from their studies are representative of the American experience. While there are many parallels between the BIPOC experience in white dominant America and the BIPOC experience in Canada, one cannot assume that these experiences at the same. It would thus be imperative that research with racialized participants engaging in art therapy in Canadian settings be conducted in order for art therapists to understand what the Canadians BIPOC experience of art therapy truly is.

Lastly, it is important to consider the recent move in counselling and psychology towards more evidence-based practice and empirically supported treatments. Should art therapy choose to follow in these practices, a large-scale study of using BIPOC participants comparing the outcomes of talk therapy to art therapy should be designed.

Contributions

Using the common factors framework to examine existing art therapy literature has allowed me to meaningfully contribute to art therapy scholarship in a few key ways.

First, it has allowed me to assess and present the past and current state of the field's relationship to racialized clients. By consolidating and synthesizing the texts, I have been able to metaphorically take the temperature of art therapy's relationship to BIPOC clients. It has been made clear that the art therapy profession, with the AATA's white dominant membership, white folks occupying most leadership positions and majority white art therapists holding power to influence institutional changes, that our field must make changes in order to improve the experiences of BIPOC clients who are impacted by systemic oppression. The uneven distribution of articles related to BIPOC clients is also something that was uncovered in this paper. While all three journals contained meaningful texts related to social justice and race issues, *Art Therapy: The Journal of the American Art Therapy Association* contained the vast majority of relevant literature. This could signify an uneven interest in the research topic based on geography or a dissimilar sense of responsibility and urgency to address the experiences of BIPOC clients.

I have also been able to reiterate how the lack of inclusion continues to negatively impact the racialized clients we serve and identify key areas for improvement.

This research paper has highlighted the need for art therapy to focus on and emphasize how the art making process could be a key factor in improving therapeutic outcomes for BIPOC clients. According to the common factors (Drisko, 2004), the technical factors of a therapeutic approach allot for a smaller percentage of therapeutic outcomes. Nevertheless, the technical factor in art therapy that seems to be the most integral to client success could be the art-making process. Art has the ability to overcome the limitations of language. In art therapy, we provide a witnessing experience for the client as they create, helping to build trust. Making art can be an empowering process, one that builds self-esteem and allows for the transformation of struggle, discomfort and conflict into creative expression. These characteristics are technical factors of the art therapy approach which might positively impact the therapeutic experience of racialized clients.

By collecting the data in this manner, it has become apparent that many improvements need to be made in order to better meet the needs of racialized individuals and communities. Opportunities for growth and improvement at the institutional level, in practice between the therapist and client, on an interpersonal level, and a personal level have been identified. This

indicates that there is a significant amount of work to be done in order to ensure that art therapists are providing adequate, proper, and ethical care to BIPOC clients.

This project has also acted as a response to scholars who have called for more research focused on social justice and BIPOC clients. I feel that I have helped to contribute to the need for more social justice research by creating research that focuses specifically on the needs of the BIPOC client.

Obstacles and Limitations

A theoretical review is too limited a method to be able to thoroughly understand how BIPOC clients experience art therapy. While the sources used in this research project are representative of the top scholarship in the field of art therapy, working with only literature as data allows for conclusions at the level of hypothesis only.

The focus of this paper was on how art therapy can impact BIPOC clients. The majority of the sources that were identified belonged to a journal that is based in the United States and thus is representative of the American or North American experience. This could be due to the presence of multiculturalism in North America that is not as present in more homogenous cultures. This then suggests that the perspectives reflected in this research are geographically bound and may not be applicable on other continents. Further, as previously stated, the majority of the articles are reflective of the experience of BIPOC clients in the United States. While many BIPOC Canadian clients may have shared experiences, because Canada has different historical legacies of the systemic oppression of racialized populations (i.e. American slavery vs. Canadian colonialism), certain dynamics or relationships to the dominant culture may be different.

Conclusion

Engaging in this research project has been an enlightening process for me, painting a clearer picture of the BIPOC experience of art therapy. The intention of the project was to ascertain whether art therapy could be a useful therapeutic treatment for BIPOC clients. Using the four core common factors as a framework for analyzing art therapy literature, it is clear that while art therapy shows promise as a method for working with racialized clients, there remains an immense amount of work to be done.

Across disciplines, scholars agree that BIPOC clients face enormous obstacles as a result of systemic oppression. Discrimination, racism, unacknowledged bias, can all find their

way into the therapy room if major changes at the systemic, institutional, and individual level are not made. Our field is a reflection of the society we live in, and this negatively impacts BIPOC client's potential for success in therapy. The white dominance of art therapy continues to perpetuate a system that is unable to respond to the needs of the racially diverse population with whom we work.

One of the most important inferences that can be made from the data is that the use of art in art therapy could contribute to positive therapeutic outcomes. Understanding that art as a technical factor of our practice could improve the BIPOC experience of therapy can help inform best practices.

It is essential that more research is done to understand how art therapy can impact the mental health and well-being of BIPOC individuals and communities. The historic and ongoing systemic oppression on BIPOC clients is an enormous obstacle that must be demolished. In art therapy, this means an overhaul of our pedagogical practices, our research, and weaving cultural competence into the fabric of our field. It also means an urgent and dire need for inclusion of racialized individuals at all levels of our work.

As a BIPOC person who is now entering the field of art therapy, I am both daunted and inspired by the results of this research study. Through this research, it has become even more clear to me that the inequities of our society create an enormous disadvantage for BIPOC individuals and communities. This project has identified a huge area of study in need of scholarly contribution. However, the missing information for how to work with, for, and to help these communities can also be seen as boundless potential for more research and for more creativity.

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