

Full Circle: Toward an Aboriginal Model of Art Therapy

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## Abstract

### Full Circle: Toward an Aboriginal Model of Art Therapy

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This qualitative research project uses historical and theoretical data along with elements of autoethnography in an attempt to understand traditional Aboriginal healing philosophies with a focus on the Medicine Wheel. I propose a model of art therapy that is based on the explored traditional Aboriginal healing philosophies as well as the eclectic approach to art therapy I adopt. This eclectic approach to art therapy draws from art psychotherapy, existential art therapy, and art therapy's link with spirituality. The proposed model of Aboriginal art therapy consists of four principles focusing on the Natural World, Interconnectedness, Balance and Art Making as a Practice. The historical context of Aboriginal mental health in Canada provides the background to the importance of this research. In exploring the existing literature on traditional Aboriginal healing philosophies I also explore my personal identity as an Inuit descendant through artwork, ritual and poetry.

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## **Dedication**

I dedicate this research project to Aboriginal Peoples who continue to live, love, create, inspire and learn through traditional ways.

I also dedicate this research to my beloved departed mother, Rosemary, and my guardian spirit, my grandmother Bonnie; whose spirits give me strength, love and encouragement.

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## **Starting the Journey**

### **Situating Myself: Personal Intent**

My interest in this research project stems from a personal desire to more fully comprehend a part of my personal heritage. How many times have I grappled with this sentence; “I am Inuit? Am I?” This is an important question to me, and one that does not have a simple answer or explanation. What does this mean to me?

My paternal grandmother was an Inuit woman who grew up in rural coastal Labrador. For those who acknowledge the conception of blood quantum which Waldram (2009) describes as “a sometimes confusing notion that suggests that Aboriginality is related to biological heritage” (p. 57), my grandmother would only be considered half Inuit. She and her family were displaced from their homes and attempts to ‘civilize’ them came from the Moravian church. The suppression of her culture worsened when she married my grandfather, a Newfoundlander of European descent. This marriage transformed her and her children into “the classic example of enfranchisement...when an Indian woman married a white man, she automatically lost her status and became a citizen, as did her children” (Warry, 2007, p. 35). This enfranchisement, in addition, my great-grandmother’s disapproving nature, prevented my grandmother from encouraging her children to explore their Inuit heritage.

This cultural repression has continued in my fathers’ life, as well as my own. I feel displaced from my cultural heritage, even though I remember several Inuit symbols in my childhood. As my father has grown older he has become increasingly interested in his own Inuit heritage. He also won the long battle for himself, my sister and I to reclaim

our official Inuit status. I have the blood quantum to be considered Inuit, but my knowledge of Inuit traditions and Inuit customs is extremely limited.

This research project is an attempt to create a link between Aboriginal healing traditions and customs and myself. As a soon to be Art Therapist it is imperative that I know myself well. This research paper is the first steps towards the excavation of knowledge and awareness that will shape who I am, as well as my own art therapy approach.

### **Situating the research**

I attended Sacred Trust: Healing in Aboriginal Culture, a conference about Aboriginal Mental Health, in Ottawa on March 1<sup>st</sup>, 2013. I had the opportunity to hear Dr. Little Bear give a lecture on the topic of Aboriginal research at this conference. More specifically he spoke about cognitive imperialism and aboriginal mental health. He presented a definition of research as speaking of the unknown, and offered the question of “should we take out the ‘re’, and simply say ‘search’?” (Dr. Little Bear, personal communication, March 1<sup>st</sup>, 2013). He pointedly emphasized that “there is a lot of knowledge that exists in Native minds that has not been explored, but because of colonialism, the knowledge is not being used” (Dr. Little Bear, personal communication, March 1<sup>st</sup>, 2013). It is my intention to commence learning and using this knowledge.

In discussing research concerning Aboriginal health care, Warry (2007) points to the discord between benefits for academic researchers and those for the aboriginal communities they studied. Warry (2007) postulates, “the capacity for culturally specific and appropriate health care practices will only be accomplished by the next generation of

Aboriginal health care workers and by developing and disseminating culturally appropriate models of health care practice” (p. 161).

Speaking of research from a position of privilege, Linda Tuhiwai Smith (1999) writes:

From the vantage point of the colonized, a position from which I write, and chose to privilege, the term ‘research’ is inextricably linked to European Imperialism and colonialism. The word itself, ‘research’, is probably one of the dirtiest words in the indigenous world’s vocabulary. When mentioned in many Indigenous contexts, it stirs up silence, it conjures up bad memories, and it raises a smile that is knowing and distrustful. The ways in which scientific research is implicated in the works excesses of colonialism remains a powerful remembered history for many of the worlds’ colonized people (p.1).

With this research paper, I explore existing studies in order to apply knowledge about traditional Aboriginal healing philosophies to art therapy. “There is a growing need not only for more Native American counselors but also for counseling theories that take into account their unique perspectives and cultures.” (Roberts, Harper, Tuttle-Eagle Bull, & Heideman-Provost, 1998) I hope to honor traditional Aboriginal healing philosophies in this manner, while also applying a Western qualitative approach, which will be discussed further detail in the methodology section of this paper. My intention in embarking on this search for knowledge is not to advance my career, but to facilitate my own healing journey and to give back to my community, while bringing a needed contribution to the field of art therapy.

## **Research Question and Methodology**

My primary and secondary research questions are: how can traditional Aboriginal healing philosophies influence and expand the field of art therapy? And what has been my personal experience of learning about Aboriginal Traditional Healing philosophies and reclaiming a part of my cultural heritage? I explore possible answers to these questions by applying a qualitative method using a historical theoretical approach with the integration of elements of autoethnography. I use a historical theoretical approach to examine the similarities and differences between art therapy and traditional Aboriginal healing methods. Through this analysis, I develop a model for working in art therapy that has a basis in traditional aboriginal healing methods. I attempt to explain and emphasize the importance of examining aboriginal issues within an art therapy context throughout post-graduate education in art therapy.

I will use elements of autoethnography to relay my experience as an Aboriginal person who, through this research, is discovering and reclaiming her own lost cultural identity. Van Den Hoonaard (2012) describes autoethnography as the inclusion of biographical data in what the researcher is studying. As such, it requires the researcher to shift between the subject of inquiry and their inner experience. This may take a variety of forms ranging from plays to artworks, but often includes a personal narrative (Van Den Hoonaard, 2012). I employ several creative techniques that took the form of poetry, storytelling, ritual and artwork that I completed throughout this research process. This method facilitates the harmonization of qualitative theoretical research with a more holistic approach resulting in an analysis that more closely reflects what I have learned about Aboriginal healing.

## **Limitations**

A wealth of research from numerous fields including art therapy focuses on working with aboriginal populations and various methods that may be employed in a clinical context. Existing literature also engages the perceived importance of art in the healing processes used by Aboriginal people. There is however, little research that places value on Aboriginal Healing Traditions and how they can be applied as a wider philosophical framework for healing of Aboriginal and non-Aboriginal people alike (Oulanove & Moodley, 2010; Roberts et al., 1998). Oulanova and Moodley (2010) state, “Traditional healing integration has received little research attention, apart from general recommendations in favor of such efforts” (p. 348).

This paper seeks to learn from and emphasize the value of Aboriginal peoples' philosophies of healing within an art therapy context with a particular emphasis on its founding principles. As there is a wide variety of Aboriginal healing traditions, this paper will focus on the Medicine Wheel as a basis for philosophical comparison with art therapy.

This paper is a point of departure for exploring what is written about Aboriginal healing traditions and how these philosophies may be applied to an art therapy model. I collected the data for this paper in libraries and from online databases of articles. As such, its scope is limited by the absence of adequate information about oral traditions and customs.

The 2006 census indicated that more than one million people identify as Aboriginal people in Canada (Chui, Maheux & Tran, 2008). This number is expected to increase to 1.39-1.43 million by 2017 (Chui et al., 2008). Within that community a broad

variety of cultural identities exist. The Traditional Aboriginal Healing Philosophies explored within this paper are not community specific, but rather provide a general overview of what was discovered in the literature. Due to the limited scope of this paper the traditional Aboriginal healing philosophies cannot be discussed at length.

Finally, it should be noted that I intend to explore and understand my cultural heritage, not my personal feelings about having a multi-heritage background.

### **Definitions of Terms**

*Culture*: the term culture is used in this paper to represent “a fluid system of meaning that encompasses ideas, metaphors and values that are used consciously and unconsciously by people on a daily basis” (Warry, 2007).

*Aboriginal Peoples*: I use this term in reference to the descendants of those who inhabited pre-colonized North America, sometimes making the distinction between people who identify as such and those who do not. It should be noted that the terms Indigenous and Native are sometimes used in citations.

*Harmonization*: a term used by Aboriginal academics which refers to the combined use of Western and Aboriginal systems of healing which “maintains the integrity of Aboriginal healing while recognizing that interfacing mechanisms and collaboration between systems can exist” (Warry, 2007, p. 37).

*Traditional Aboriginal healing philosophies*: this term is used to connote the holistic view of Aboriginal Peoples regarding health. This is explained further in the literature review.

*Aboriginal Healing Traditions*: Rituals, ceremonies, symbols, rites of passage and any object used in these activities. These activities include, but are not limited to: vision

quests, sweat lodges, smudging, pipe ceremonies, the medicine wheel, Sundances and talking circles.

*Residential schools*: “a destructive method of colonization based on a belief in the superiority of white culture” (Claes & Clifton, 1998). Over 100 residential schools attempted to eradicate the culture, spirituality and history of Aboriginal Peoples through the destruction of family and language ties (Claes & Clifton, 1998). Residential schools subjugated over 150 000 Aboriginal children from First nations, Metis and Inuit communities to over 150 years of physical and emotional abuse resulting in trauma, disease and sometimes death (Claes & Clifton, 1998).

### **Chapter Descriptions**

Chapter one, which is the present section, gives context to the research both in terms of my personal interest and how the research can contribute to a broader discussion. The research questions are stated, as well as methodology. Limitations of the research are acknowledged and terms pertaining to the research project are given.

Chapter two examines the recorded historical context which has contributed to the current state of Aboriginal mental health in Canada. The literature surrounding Aboriginal Peoples’ philosophies on mental health is also explored, with emphasis on the Medicine wheel.

Chapter three then provides the reader with background information pertaining to the writers’ eclectic approach to art therapy. The three approaches (Art Psychotherapy, Existential Art Therapy and Art Therapy and Spirituality) are explored. The writers’ subjective analysis of the strengths and weaknesses of the three approaches to contribute to the proposed model are given.

Chapter four explores the main principles of the proposed Aboriginal model of art therapy and how they relate to the Medicine wheel. The concurrent use of art therapy and traditional healing techniques is addressed, as well as pedagogical recommendations.



## **Excavating knowledge: A look at the Literature**

### **Historical Context to Aboriginal Mental Health**

In order to discuss traditional Aboriginal healing philosophies it is necessary to understand the historical context, which shaped not only health services but also the need for such services amongst Aboriginal Peoples in Canada. According to Archibald and Dewar (2011) “the destructive and disruptive impacts of the residential school system have resulted in a disproportionate need for healing among Aboriginal people, and the residential school legacy is itself a part of a larger social construct known as historic trauma” (p. 17). Archibald and Dewar (2011) define historic trauma in this context as being “rooted in the long inventory of losses experienced by Aboriginal people under colonization- from the loss of lands, resources, and political autonomy to the undermining of cultures, traditions, languages and spirituality” (p. 17). This historic trauma has impacted all aspects of Aboriginal life and created an increased awareness by Aboriginal Peoples of the relationship between such trauma and maladaptive social behavior and distress in their own communities (Wesley-Esquimaux & Snowball, 2010). This historical trauma has led to “complex traumatic stress response, which in addition to disabling individuals, has created a deeper dis-ease in entire cultural communities” (Wesley- Esquimaux & Snowball, 2010, p. 393). Archibald (2012) argues, the healing stages involved in addressing historic trauma are similar to healing from PTSD, but the process is more complicated because it must also address historical factors such as the loss of denigration of language, culture, spirituality, traditional knowledge, lands and resources. In such cases, learning about or

reconnecting with one's culture and traditions can become a significant part of the healing process. (pp. 1-2)

Warry (1998) agrees, stating, "many of the causes of individual psychosocial disease can be linked to colonialism" (p. 215). Furthermore, Warry (1998) argues, "The physical, emotional, and sexual abuse of children in residential schools is perhaps the most obvious example of direct harm experienced by many Native men and women" (p. 215).

In his book *Ending Denial: Understanding Aboriginal Issues*, Wayne Warry (2007) examines the marginalization of Canada's Aboriginal peoples and the dearth of understanding about this and related issues by non-Aboriginal Canadians. Warry (2007) examines media stereotypes and discrepancies in the values of multiculturalism held by non-Aboriginal Canadians. He describes "our belief in the superiority of European values and our ignorance of Aboriginal culture (that) sustain the structural racism that marginalizes and impoverishes Aboriginal peoples" (Warry, 2007, p. 15).

Warry (2007) also investigates the role of the Canadian government, arguing, "they claim that Aboriginal poverty and ill health are the result of the failure of contemporary policies rather than the product of hundreds of years of colonialism and that any moral wrongs occurred as a part of colonial history" (p. 53). The Canadian government's refusal to acknowledge the impact of its historical actions undermines the suffering caused by those very actions. The Government of Canada continued to engage in policies that marginalize Canada's Aboriginal Peoples (Warry, 2007). These policies were historically based on a "doctrine of assimilation based on the assumption that Aboriginal Peoples were inferior to Europeans and incapable of governing themselves

and that it was the state's responsibility to civilize them by imposing European values" (Warry, 2007, p. 53). This changed in 1991 with the Government of Canada's mandated Royal Commission on Aboriginal Peoples (RCAP). The RCAP was established to help restore justice to the relationship between Aboriginal and non-Aboriginal people in Canada, and to propose practical solutions to stubborn problems (Erasmus & Dussault, 1996). These assimilation policies resulted in the loss of culture, ritual, ceremony, language and identity of Aboriginal Peoples throughout the colonization. This sense of loss has proven to be "the prime cause of poor health and social outcomes" (Kirmayer et al., 2003, p. 18).

Through this research I attempt to claim my identity as an Aboriginal person and convey to a larger audience the value of Aboriginal culture. I believe that the marginalization and dis-ease affecting Aboriginal peoples will not stop until they reclaim their culture and the broader Canadian population accepts it. One way to facilitate this could be to mandate the integration of Aboriginal perspectives, history and culture into education programs across the country.

### **Aboriginal Peoples Philosophies on Mental Health**

Aboriginal perspectives regarding mental health "include a much more holistic and spiritual approach than is embraced by most counseling theories used by the dominant society" (Roberts et al., 1998, p. 136). A Government of Canada report entitled *Mapping the Healing Journey* asked people in six Aboriginal communities across Canada to share their ideas surrounding the definition of the word 'healing'; essentially asking "what is healing?" (Lane, P., Canada, & Canada, 2002, p. 35). Only a small sample of the answers collected was published in the report. The definitions of healing included

elements of: healing as a process for individuals within a community as well as the community itself; healing as a holistic process that encompasses body, mind, soul and spirit as well as politics, culture and economics; healing as renewal; healing as education, cultural unification and re-balancing post- colonialism ((Lane, P.,et al., 2002). Much of what is written regarding Traditional Aboriginal Healing Philosophies describes the Aboriginal approach to healing as a holistic, communal, balance seeking approach of acceptance. It engages with all aspects of a person's and community's life including the body, mind, spirit, nature, culture, community and relationships (Garret & Brotherton, 2001; Garret & Carrol, 2000; Garrett & Crutchfield, 2013; Hunter, Logan, Goulet & Barton, 2006; McCabe, 2008; McCormick, 1996; McCormick, 2009; Morrisette, McKenzie & Morrisette, 1993; Moodley et al., 2008; Oulanova & Moodley, 2010; Rybak & Decker-Fitts, 2009; Waldram, 1997; Warry, 1998). Dufrene (1991) writes about the rich community healing systems of Aboriginal peoples:

Their definition of healing goes beyond sickness per se, and encompasses a multi-level concern with the well-being of the individual and the community. Healing deals with psychological, social, and spiritual crises. With its emphasis on prevention, traditional healing is very effective with a wide range of physical and social ills. Traditional community healing systems derive their power from the spiritual dimension. (p. 125)

McCabe (2008) describes healing in the context of Native traditional spirituality as a layered process in that it is a singular experience that is both simple and complex at the same time. McCormick (1996) identifies that “effective healing for First Nations people ,

connecting with family, community, culture, nature, and spirituality all seem important in successful healing” (p. 164). Rybak and Decker-Fitts (2008) state that

Native American healing practices exemplify key cultural perspectives and influence the identity development of Native American individuals. Such healing practices are based upon traditions and perspectives typically outside the mainstream of western psychological tenets, yet can have a significant impact on the sense of wellbeing for Native Americans (p. 334).

As these quotations exemplify, healing can take place through the reclamation cultural identity and traditions or decolonization (Kirmayer et al., 2003; McCabe, 2007; McCormick, 2009; Rybak & Decker- Fitts, 2009; Solicitor General of Canada, 2002). Locust (1988) describes ten Native American Traditional beliefs concerning wellness and unwellness:

1. Traditional Native Americans believe in a creator, sometimes referred to as Great Creator, Great Spirit, or Great One, among other names.
2. Human beings are made up of spirit, mind, and body.
3. Plants and animals, like humans, are part of the spirit world. The spirit world exists side by side with and intermingles with the physical world.
4. The spirit existed before it came into a physical body and will exist after the body dies.
5. Illness affects the mind and spirit as well as the body.
6. Wellness is harmony in spirit, mind, and body.
7. Unwellness is disharmony in spirit, mind, and body.

8. Natural unwellness is caused by the violation of a sacred social or natural law of Creation.

9. Unnatural unwellness is caused by conjuring (witchcraft) from those with destructive intentions.

10. Each is responsible for his or her own wellness. (pp. 317-318)

McCormick (1996) states that the goals of balance, connectedness and transcendence are “of the most important means and ends of counseling as described by First Nations people” (p. 164). Rybak and Decker-Fitts (2008) discuss this holistic perspective as one that emphasizes a connectedness with nature, a focus on quality of life and the relationships between spiritual energies of all things. This is also called Medicine (Dufrene, 1991; Garrett & Garrett, 1994; Garrett & Crutchfield, 1997; Garrett & Wilbur, 1999; McCabe, 2008; Portman & Garrett, 2006; Ryback & Decker-Fitts, 2009). Garrett and Wilbur (1999) describe medicine in the following terms:

Medicine is everywhere. It is the very essence of our inner being; it is that which gives us inner power. Medicine is in every tree, plant, rock, animal and person. It is in the light, soil, the water, and the wind. Medicine is something that happened 10 years ago that still makes you smile when you think about it. Medicine is that old friend who calls you up out of the blue just because he or she was thinking about you. There is Medicine in watching a small child play. Medicine is in the reassuring smile of an elder. There is Medicine in every event, memory, place, person, and movement. There is even Medicine in “empty space” if you know how to use it. (pp. 197-198)

Garret & Wilbur (1999) elaborate on the characteristics of Medicine and that it has the potential to be both creative and destructive. When a person's Medicine is out of balance they become disharmonized with the broader circle of life, which in turn invites illness and disease (Dufrene, 1991; Garrett, 1991; Garrett & Crutchfield, 1997; Garrett & Wilbur, 1999; McCabe, 2008; Portman & Garrett, 2006; Ryback & Decker-Fitts, 2009). Medicine is often represented as the symbol of the Medicine Wheel, which will be explored further in the section on Healing Traditions.

Waldram (1997) describes the symbolic healing component of Aboriginal spirituality: "It refers to the fact that this form of healing is very dependent on the use, interpretation, negotiation, and manipulation of cultural symbols as central to the process of healing" (p. 71). Waldram contends that symbolic healing as used through spirituality has a focus on social and mental illness that helps with the coping or healing needed after trauma and/or dysfunction. With the variety and individualistic attitude regarding Spirituality, Waldram says that it is impossible to define a specific worldview or healing symbols of Aboriginal Spirituality. Waldram interviewed a Saultreaux Elder, Campbell Papequash who described learning (and therefore related behavioral change) as being the responsibility of the individual. The methods of learning or healing could take the form of participation in ceremony and involve the community, but it is ultimately the responsibility of the individual. Campbell's philosophy of learning is one of experience that includes learning by "Sight, Listening (hearing), Smell, Taste, Touch, Something you Do and How You Feel about What You Do" (Warry, 1997, p. 81). Garrett (1999) echoes this concept of learning when she argues,

To the extent that human beings are viewed as being connected with and interdependent upon all other beings on Mother Earth, wellness depends on the harmonious relationship(s) therein- this is believed to occur through respectful coexistence, through choice and learning to contribute to other living beings in a positive, constructive manner. (p. 92)

### **The Medicine Wheel**

“The First Nations Medicine wheel describes a First Nations philosophy of healing. The Medicine Wheels shows the separate entities: mental, physical, emotional and spiritual as being equal and as part of a larger whole.” (McCormick,1996, p.166) The Medicine Wheel acts as a symbol of the Aboriginal philosophy of balance being central to health. It can be understood as a visual representation of the world view of Aboriginal Peoples (McCormick,1996; Roberts et al.,1998; Rybak & Decker-Fitts, 2009; McCabe, 2007; Dapice, 2006; Portman & Garrett, 2006). Black Elk (as cited in Ryback & Decker-Fitts, 2009) had these words to say regarding the Medicine Wheel “Behold the circle of a nation's hoop, for it is holy, being endless”(p. 335). The Medicine Wheel speaks to the belief in the interconnectedness of all things and how “one part cannot be the center but must instead learn to work in harmony with all other parts” (McCormick, 1996, p.166).

There is a great variety of Medicine Wheels but some common features can be found. These include its circular shape and the four quadrants represented within the circle that represent both the cardinal directions as well as an aspect of life. The circle may at times represent the earth, the journey that an individual takes, the community, the life cycle or the interconnectedness of all things. Some Medicine Wheels also have colors that are associated with the different cardinal directions and quadrants within the wheel.



Rybak and Decker- Fitts (2009) describe one common medicine wheel as having the following associations: East is associated with the rising sun, spirituality and the color red; West is associated with the setting sun, the physical nature of life and the color black; the Southern quadrant is associated with full daylight, nature and the color yellow; and finally, North is associated with wind, the cognitive functions of life and the color white. There is no consensus, however, about how a definitive Medicine Wheel ought to look (Rybak & Decker-Fitts, 2009). Dufrene (1991) discusses another model for the Medicine Wheel, based on Cherokee tradition, indicating that the cardinal lines represent sacred paths and different color symbols:

White represents the north (quiet, wisdom, and mental concepts), green symbolized the south (peace, innocence, and natural man), black connotates the west (introspection and the physical), and the east is symbolized by yellow (sun, enlightenment, and spirituality). (p. 125)

These examples make clear that the color symbolism can vary between communities and tribes or nations, “but the concept of service to others is universal” (Dufrene, 1991, p. 125).

## **Art Therapy: Developing an Eclectic Approach**

In this chapter I first describe the aboriginal perspective on art and healing, and then three approaches of art therapy that informed my education and led me to develop the basic principles for an Aboriginal model of art therapy. The strengths and weaknesses of these approaches that contribute to the proposed Aboriginal approach of art therapy are also discussed.

*Call of Nature* (see Figure 1), was created immediately following my attendance at the above mentioned conference on Aboriginal mental health. The creation of this collage was a meaningful starting point for exploration into traditional Aboriginal healing philosophies. After its creation I wrote the following: “I am on one side of something. What that is I can’t be sure; but it feels like something significant. There is a kindredness and connection with something deep and ALIVE within myself; the rain; the higher self; the elements: Mother Earth and Father Sky.” The collage points to the lack of connection to nature and spirit that I was experiencing. My life was out of balance, but through these images, nature was calling out to me to reconnect. The lone wolf on the right is looking at the elements, but not interacting with them. Upon reflection this image could representative of my disconnection with my personal heritage. I am the lone wolf. I am outside of understanding my personal heritage, but starting to recognize it and, most importantly, its significance.



Figure 1: *Call of Nature*. Collage completed by writer after attending conference on Aboriginal mental health.

### **Art and Aboriginal People: A look at the literature**

Minimal literature exists specifically regarding art therapy and aboriginal people. However art therapist Nadia Ferrara (1999) completed a study examining “the nature of emotional expression among Cree and what roles verbal and non-verbal forms of emotional expression, including the role of artistic and pictorial methods of expression, play among the Cree” (p. 16). Ferrara (1999) also examines if “Cree subjects are more likely than Euro-Canadians to be alexithymic on existing verbal and non-verbal measures.”(p.16) It is important to note that Ferrara (1999) acknowledges her Western-based approach to her research and questions its cultural appropriateness. However, she clearly states that her intention is to gain insight and not to promote culturally inappropriate stereotypes (Ferrara, 1999). Ferrara (1999) challenges future researchers to

broaden their focus and embrace cultural variability to “create more effective approaches” to clinical and research projects.

There are several articles that describe the importance of art within traditional Aboriginal healing techniques, as well as the implications for art therapists. They will be explored below.

The long and productive relationship between creativity and well-being holds tremendous promise for health and well being, especially within aboriginal populations. (Muirhead and Leeuw, 2012). They argue, “the production, deployment, or enjoyment of creative arts has the potential to fit into, impact and complement this new ‘health reality’ underscoring the old adage that medicine is both a science and an art. In Canada, art for health purposes and/or as a healing tool may be particularly relevant to Aboriginal peoples” (Muirhead and Leeuw, 2012, p. 2). The traditional Aboriginal practices that use art (including but not limited to feasting rituals, body ornamentation, dancing, beading, religious practices) can be viewed as “simultaneously art, creative expression, religious practice, ritual models and markers of governance structures and territorial heritage, as well as maps of individual and community identity and lineage” (Muirhead & Leeuw, 2012, p.2). Although the creative arts may play an important role in Aboriginal health, it is inadvisable to make sweeping generalities about preferred methods of artistic expression or the value of art for healing across all Aboriginal communities (Muirhead & Leeuw, 2012). Further art therapy research is needed to address art therapy within specific Aboriginal communities.

Muirhead and Leeuw (2012) note that how Aboriginal communities use art for everyday expression, for functional items, in spiritual rituals and myths. Archibald (2012)

describes the creative arts, traditional healing, culture and spirituality as extremely interconnected for Aboriginal people. So much so that it does not make sense to discuss them in isolation to each other (Archibald, 2012). Art is integrated into the everyday life in Aboriginal communities, whereas in Western society art remains largely valued in terms of an aesthetic object. Ferrara (1999) agrees, writing “The Cree do not view art as an activity outside of the mainstream of daily life, as is the case in Western society.” (p. 62) This western valuing of art as object is an ideal that art therapists have to work to overcome with their clients. It could be viewed as the first and the strongest obstacle in the effectiveness of art therapy; getting the client to make and value their art in a way other than purely aesthetic.

Archibald (2012) writes about the creative arts in healing programs across Canadian Aboriginal communities. Archibald (2012) argues that, all regions of Canada are using creative arts in healing programs, and these interventions are viewed as effective aids to healing. By remaining true to traditional approaches to healing and, often, blending them with contemporary therapeutic approaches, Aboriginal people are successfully addressing many of the wounds of history—historic trauma and the residential school legacy—as well as the personal issues and problems individuals everywhere struggle to overcome. (p. 4)

Archibald and Dewar (2011) created Creative Arts and Healing: Three Interconnected Models. Their Three Interconnected Models are made up of three intersecting circles. Each circle represents one model: creative arts-as-healing; creative arts-in-therapy; and holistic healing includes creative arts. They elaborate,

*Creative arts-as-healing* focuses on the innate healing power of art and creativity, while the *creative arts-in-therapy* model speaks to the use of the arts in the therapeutic process. The top circle, *holistic healing includes creative arts*, was needed to complete the picture with respect to Aboriginal people because holistic healing transcends the other models by including creative arts, culture, and spirituality within its very definition. (Archibald & Dewer, 2011, p. 23)

This model looks at holistic healing as including the creative arts, describing traditional therapists as not making distinctions between art and other aspects of their healing work. Archibald and Dewer define the term holistic as pointing towards the traditional Aboriginal healing methods such as: drumming; storytelling; singing; art; and dancing. Furthermore, the element of cultural pride and community connection are emphasized in their model. In this holistic model, isolation of singular activities impact on healing is nearly impossible to determine. In the words of Ferrara (1999) “Art therapy allow for a meeting ground of the body, mind and soul, bringing together inner and outer worlds, in a way that is different from verbal psychotherapies” (p. 47).

In the next section, I discuss three approaches of art therapy that have contributed to my formation as an art therapy student and to my interest in pursuing an aboriginal approach to art therapy. These three approaches make up my personal eclectic approach.

### **The Background to an Eclectic Approach**

Integrative approaches to art therapy use a combination of techniques that meet the needs of their clients (Malchiodi, 2007). It is the responsibility of the art therapist to understand and to choose the appropriate combination for their client. Wadeson (as cited in Rubin, 2001) elaborates, “An eclectic approach respects the contributions of many

theorists and enables the clinician to draw on many sources of knowledge. It places a great deal of responsibility on the therapist to form a functional synthesis” (p.317).

Despite differences in theoretical approach, Rubin (2010) describes the two basic beliefs that are shared by all art therapists. These are: the belief in the healing power of art and the belief in the capacity of everyone to create with art media (Rubin, 2010).

In the following sections I will provide a brief overview of three approaches of art therapy that have formed my graduate education and led to my desire to research an aboriginal approach to art therapy. These approaches are: art psychotherapy, existential art therapy, art therapy and spirituality.

**Art psychotherapy.** Art psychotherapy has its roots in analytic psychology and the works of Freud and Jung (Junge, 2010). “Art therapists know about art, about therapy, and about the interface between the two- doing art therapy. In contrast to the broad range of theoretical perspectives on art therapy and the wide variety in ways of working, most art therapists agree on the basic skills and understanding for effective work.” (Rubin, 2010, p. 69)

Rubin (2010) divides the basics of art therapy into separate components: art, therapy, framework and interface. Each component contains several principles or responsibilities of the art therapist. These include: knowing materials; understanding individual differences; keeping up with new media; understanding/analyzing materials; knowing the creative process; and knowing artistic products (Rubin, 2010). The therapy component requires knowledge in a number of areas: development, pathology and potential, treatment planning, the therapeutic dyad and the process of change in therapy (Rubin, 2010). The framework is comprised of a supportive setting, as well as the

physical and psychological conditions of the art therapy space (Rubin, 2010). Rubin (2010) refers to the act of art therapy (or interface) as setting the stage for art therapy, evoking and facilitating expression, as well as learning from and looking at the art process. In addition to working artistically and using the basic therapeutic principles of assessment it also includes: goal setting; creating an alliance with the client; conducting therapy and evaluating if the goals have been met (Rubin, 2010).

Wadeson continued to apply the psychotherapeutic approach of art therapy as established by the first American art therapy pioneers: Jones, Naumberg, Huntoon, Kramer, Kwaitkowska and Ulman (Junge, 2010). However, in the second edition of her 2010 book *Art Psychotherapy* Wadeson (2010) stated that she subscribed to an eclectic approach that is humanistic, existential, and phenomenological. She reflects on her way of practicing art therapy:

Some (art therapists) place emphasis on the art, some on the therapy, and many on both. Some art therapists consider themselves psychotherapists using art expression as a therapeutic modality. Their work is art psychotherapy, and they are comfortable with both primary therapeutic responsibility and working as part of a treatment team. Art psychotherapists distinguish themselves from others with less training and experience who work in an adjunctive capacity only. (Wadeson, 2010, p. xxi)

Wadeson (2010) explains that artistic expression offers unique advantages to the psychotherapy process; they are described as follows: First, the symbolic function of imagery is defined as representative of primary processes (Wadeson, 2010). Second, the artistic process decreases the client's defenses more effectively than verbal interactions



(Wadeson, 2010). Third, the production of an art object can facilitate the externalization of feelings. At the same time, the permanence of the art object allows for re-evaluation at a later date to gauge change and progress. Fourth, art can be used as a tool for non-linear communication (Wadeson, 2010) followed by the cathartic expulsion of creative and physical energy that happens during the art making process. Finally, art therapy has the potential to increase self-esteem for those who lack verbal skills (Wadeson, 2010).

**Existential art therapy.** Bruce Moon (1995) defines existential art therapy as a “dynamic approach to the use of imagery and creative process which focuses on the ultimate concerns of an individual’s existence” (p.xiv). Moon (1995) describes that the three tenets of being genuinely attentive to a clients journey in a therapy session (which is of the most importance to existential art therapy) are: doing with them; being open to them; and honoring their pain. Moon (1995) argues that these approaches can and are used in conjunction with other art therapy approaches, yet the emphasis in existential art therapy is on the client’s journey, and the client’s interpretation and dialogue with their artwork as a means for healing and growth.

The metaphor most often used by Moon (1995) to describe art psychotherapy is that of a journey or pilgrimage. Like art itself, the use of metaphor within art therapy can illustrate the importance and role of the therapist. Shawn McNiff (1981) offers the metaphor of an art therapist as shaman in his book *The Arts and Psychotherapy*. In a later work, McNiff (2004) clarifies:

I have never spoken literally about creative arts therapists as shamans nor have I ever presented myself as a shaman. Of greater interest to me is the idea of the shaman and how things we do today have ancient and deep roots in human

experience. In the enactment of the shaman I have found evidence that art and healing are forever united in human experience. (pp. 39-40)

Moon (1995) proposes that the art therapist, like a shaman, encourages people to challenge themselves, with the comfort of knowing that someone has undertaken a similar journey. The direction of the clients' psychotherapy journey ultimately rests on the client's ability to heal him or herself and make his or her own choices (Moon, 1995). Moon (1995) emphasizes the importance of demonstrating his own journey through artwork, filled with frustrations and struggles. This act "challenges and assures the patient that the journey is worthwhile" (Moon, 1995, p.47). As such, an individual can try to define him or herself and his or her meaning in life, not in isolation, but in connection to and in the context of relationships with others (Moon, 1995). This connection can help to facilitate the development of trust between client and therapist.

To develop as an art therapist, one must learn to trust his or her own intuition, Moon contends. Over time, through working with clients, one develops a sense of where the boundaries lie. "I believe that people discover meaning in their lives by being open to another. Meaning is not an exclusive process." (Moon, 1995, p. 51.) Moon (1995) refers to the principle of "seldom initiate, always respond" (p. 54) and the necessity to be open with oneself in order to meet the client openly. This kind of open engagement requires energy from both people involved. The potential exists, however, for the art therapist to experience negative consequences if they do not take care of themselves. Corey (1996) makes reference to burnout in the "helping" professions, along with its prevention and the responsibility of the therapist to take care of him or herself. Indeed, how many times have

people reminded me in my life that I would not be of use to anyone if I was not physically, emotionally and spiritually healthy?

The devaluation of pain that exists in our culture presents a major obstacle during clients' quests for meaning (Moon, 1995). As an art therapist, to honor another's pain means being confronted with our own pain. Therapists must struggle to accept and find meaning from that pain and to view it as a reality to be embraced rather than as a malady (Moon, 1995). This act is essential in the explorative creative process (Moon, 1995). Not only relating to or "dealing" with existence but also honoring one's pain (or painful experience) brings forth an empowering sense of responsibility in the creation of our own lives. Realizing and taking the first steps of this action can begin with the first expressive strokes of a brush, the first pounding of clay or the first image pasted to a piece. Bruce Moon (1995) describes this as a circular formula:

Central to an existential base is the notion that the art process may lead individuals toward a state of mindfulness. Artistic expression leads to mindfulness, mindfulness leads to creative anxiety, which leads to change/action, which fosters expression, which deepens mindfulness. (p. 7)

Moon (1995) describes this circular formula as a helpful tool for living life more authentically. He (1995) argues that through the circular nature of mindfulness and art making, existential art therapy seeks to explore four life realities: freedom, isolation, meaninglessness and death.

Existential values in art therapy can focus awareness and call for a passionate and active engagement with life as it is. To an existentialist, honoring one's pain and the

human condition (to live is to suffer) is a part of life to be celebrated and continually explored. It is easy to see how art is a wonderful channel for such exploration.

**Art therapy and spirituality.** “Art therapy has been acknowledged as a mind-body intervention by the National Center for Complementary and Alternative Medicine, in recognition of the power of self-expression and the creative process in mental, physical, and spiritual health.”(Malchiodi, 2007, p.40) Malchiodi (2007) speaks of the healing capacity of the art making process. She also examines how the creative process allows people to explore, express and confront issues that relate to the body, mind and spirit. Feen-Calligan (1995) takes this analysis one step further, noting that the spiritual development that can be fostered by art making is done through the creative process as well as through the contemplation of the created art work. Feen-Calligan (1995) views this act of contemplation as a movement towards higher understanding. Rogers (2001) writes that “expressive art therapists are aware that involving the mind, the body, and the emotions brings forth intuitive, imaginative abilities as well as logical, linear thought” (p. 164).

Rogers (2001) contends that the use of expressive arts therapies can help people to take positive action in the world through developing a new sense of spirit or soul. Farrelly-Hansen (2001) points to the lack of literature in the field of psychology that addresses the relationship between humans and nature. Through her work Farrelly-Hansen (2001) demonstrates that art therapy can provide a space for people to reconnect with their relationship with nature. The belief in the interconnectedness of all things, including nature, is essential to understanding Aboriginal healing philosophies.

Allen (2001) offers art making as a spiritual practice due to its “ability to travel back and forth between any of the pairs of opposites that comprise our experience of duality in a general sense, while simultaneously allowing personal lessons to emerge for an individual” (p.180). Allen (2001) writes about the perceived disappearance of the spiritual element of art therapy as the field has attempted to gain recognition in mental health disciplines. In her quest to keep the spiritual element of art therapy alive, she rediscovered three key principles about art as a spiritual practice (Allen, 2001). Allen (1995) identifies these three key principles as Intention, Attention and Witness. “Intention acknowledges that each individual is responsible for deciding what he or she wants to understand, change or accept about him or herself.” (Allen, 2001, p.183) Attention refers to a person’s self awareness throughout the art making process as a desire to practice without judging or being judged (Allen, 2001). The last principle described by Allen (1995) is witness. The witness process can take the form of an imaginary dialogue with the created image, writing that dialogue down or free form writing. The image reflects to us the knowledge that it is separate from us but it has the capacity to show us many things; it is “a manifestation of the creative force” (Allen, 2001, p. 184).

### **Strengths and Weaknesses of the Three Art Therapy Approaches**

In the previous sections I presented the three approaches of art therapy that have contributed to my formation as an art therapist. I will now analyze these approaches and determine which of their principles I feel would be appropriate to incorporate into an Aboriginal approach to art therapy. The statements below are my subjective opinion informed by my graduate training in art therapy and the research completed in this paper.

Table 1 shows my perceived strengths and weaknesses in considering the three approaches discussed for an Aboriginal art therapy approach.

*Table 1. Strengths and Weaknesses. A subjective analysis of three art therapy approaches.*

Approach	Strengths	Weaknesses
<p>Art Psychotherapy</p> <p>Art Psychotherapy</p>	<ul style="list-style-type: none"> <li>• High standards of training</li> <li>• Supportive setting</li> <li>• Learning from art process encouraged</li> <li>• Art process and artwork used toward awareness of client's psychic life</li> <li>• Evokes and facilitates personal expression</li> <li>• Examines relationships (positive and negative)</li> <li>• Therapeutic alliance with client</li> <li>• Unconditional positive regard towards client</li> <li>• Serves a symbolic function for personal understanding</li> <li>• Encourages non-linear communication</li> <li>• Expulsion of creative and physical energy</li> <li>• Increased self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Can often focus on the individual</li> <li>• Use of assessment and measures of improvement developed from Western approaches to therapy</li> <li>• Indoor setting</li> <li>• Limited accessibility to Graduate training</li> <li>• Aboriginal perspectives not widely considered in pedagogy</li> <li>• Hierarchical relationship between therapist and client</li> <li>• Art making alongside client not usually encouraged</li> </ul>
<p>Existential Art Therapy</p>	<ul style="list-style-type: none"> <li>• Dynamic approach that is concerned ultimately with existence</li> <li>• Emphasis on the client's journey</li> <li>• Focus on artwork is as a means for healing and growth</li> <li>• Connection with the therapist on equal level, having been through a similar journey</li> <li>• Honoring pain of client</li> <li>• Emphasis on relationships and their interconnectedness</li> <li>• Uses a explorative creative process for empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• While some Aboriginal perspectives are included, mainly developed from a Western philosophy of therapy.</li> <li>• Non- holistic</li> </ul>

	<ul style="list-style-type: none"> <li>• Individual sense of responsibility for own mental health</li> <li>• Healing viewed as circular, or an unending journey</li> <li>• Encourages active engagement with life</li> <li>• Easily integrated with other art therapy approaches</li> <li>• Art making alongside client encouraged</li> </ul>	
Art Therapy and Spirituality	<ul style="list-style-type: none"> <li>• Views art as an exploration and expression of issues relating to the body, mind and spirit</li> <li>• Holistic</li> <li>• Spiritual development through contemplation of art</li> <li>• Toward a higher level of understanding of self and universe</li> <li>• Approach is intuitive, imaginative as well as logical and linear</li> <li>• Encouragement of regeneration of spirit through the creative process</li> <li>• Provides a space to reconnect with nature</li> <li>• Spiritual Practice</li> <li>• Practicing non judgmental attitude towards art making</li> <li>• Easily integrated with other art therapy approaches</li> </ul>	

Table 1 shows what elements drawn from the eclectic approach to art therapy I value would be beneficial, in my view, to integrate into an Aboriginal model of art therapy. This model will be defined in the following chapter.

## **Aboriginal Approach to Art Therapy**

In this chapter I propose a model of art therapy based on my research of traditional Aboriginal healing philosophies, in particular, the Medicine wheel. Drawing from my eclectic approach to create an Aboriginal Approach to art therapy, I discuss the Aboriginal approach to art therapy, the role of art therapists and traditional healers in working with Aboriginal and non-aboriginal people. In addition, I propose elements of pedagogy that I feel would be beneficial to art therapy training.

### **Art as a Practice for Healing: The Proposed Model**

Dr. Ana Bodnar (as cited in Archibald, 2012) argues that the art making process touches on all aspects of the medicine wheel in terms of the physical though helping a person to be grounded and be in the present; the emotional by helping one to express and externalize emotion, release tension and stress; and mentally by helping to organize and create perspective and spiritually by helping to reconnect with spirit.

The proposed model draws from the Medicine wheel in that for healing it necessitates engagement with a person on the physical, emotional, spiritual and mental levels. The primary tenets for the model I propose are as follows: dynamic interconnectedness between the natural world, the individual, the therapist, the family and the community; a holistic approach to healing that acknowledges the need for balance between emotions, physicality, mental functions and spirituality in order to be mentally healthy and; a regard for art making as a practice that can be used in therapy as well as in everyday life to improve individual, familial, and community mental health. Figure 3 demonstrates how these primary tenets are central in my proposed model of an



Aboriginal approach to art therapy. This approach is meant to be able to be applied to non-Aboriginal and Aboriginal people or clients.

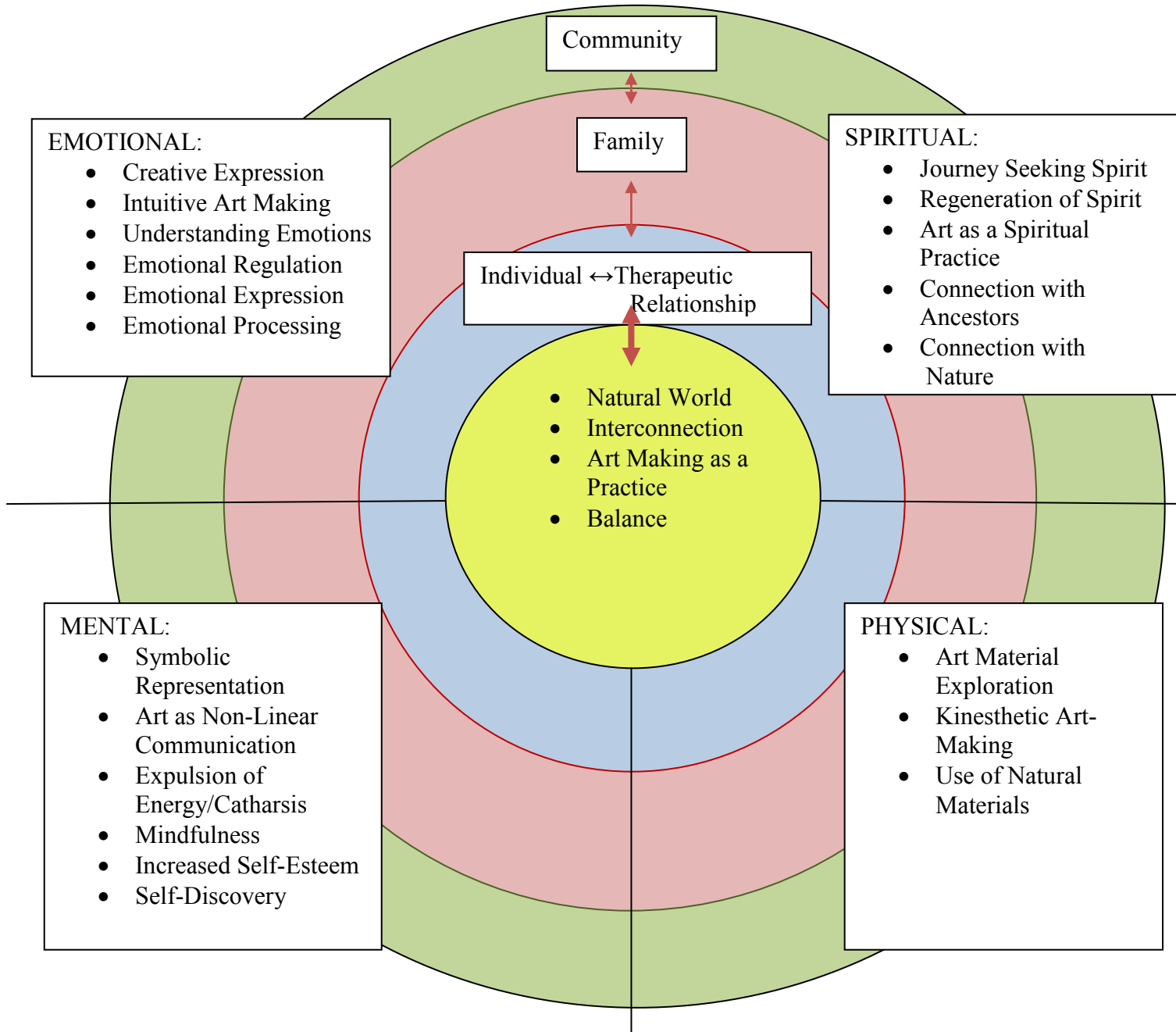


Figure 2. *An Aboriginal model of Art Therapy: Art as a Practice for Healing.* Inspired by models from Archibald & Dewar (2011); Garrett & Crutchfield (1997); and Roberts, Harper, Tuttle-Eagle Bull & Heidman-Provost (1998).

In the following section I explain in more detail the primary tenets that constitute the proposed model for art therapy. Like the Medicine wheel, it is difficult to talk about the elements separately in this holistic approach. Both the Medicine wheel and this proposed model should be viewed as holistic processes where there is overlap as all elements influence each other.

**Natural world.** Central to the Medicine wheel is a connection and relationship with nature. This is of equal importance in the proposed model of art therapy. The use of natural materials can help clients to reconnect with the natural world. This connection can provide clients with a sense of groundedness and help them to question and explore their relationship to the earth. In addition, a connection with the natural world can provide an alternative perspective to clients in terms of their behavior and choices, as well as provide a non-threatening media in which to start exploring spirituality. The importance of a relationship with nature is particularly important in urban settings where people may be further removed from the natural world.

**Interconnectedness.** The view of interconnectedness points to all relationships that encompass one's life; from birth until the present moment. This is symbolically represented in the proposed model with the use of circles, inspired by the shape of the Medicine wheel. The circular shape in the proposed model also represents the endless journey and circular path of healing as described in the literature on the Medicine wheel. Accepting that all things are interconnected can allow the client to examine their role in their relationships. This may facilitate clients to identify with the Aboriginal concepts of good and bad Medicine as previously discussed in the literature review. Upon such identification, clients may examine the influence of good and bad Medicine within their

relationships. The client can work on relating through their interactions with the art therapist and through art making, both alone and with others.

**Balance.** Central to the proposed model of Aboriginal art therapy is the concept of balance. In this proposed model and the Medicine wheel, balance refers to the state of being in which a person is healthy physically, mentally, emotionally and spiritually. This is represented in the four quadrants shown in the model. To achieve health a client must be able to lead a balanced life. The practice of art making helps to create balance by working on the body, mind, spirit and emotions; to achieve balance between them. Emotional aspects of the client may be addressed through art making by: allowing for creative expression; encouraging intuitive art making; allowing the client to express, regulate, process and understand their emotions. Emotions may be addressed through the symbolic function of the art making. Physical aspects of the client may be addressed through art making by: exploration of art materials and techniques, kinesthetic art making exercises and the use of natural materials. Spiritual aspects of the client may be addressed through art making by: providing a pathway for the client to undertake a journey in seeking their spirit, allowing for a regeneration of spirit, providing a spiritual practice, strengthening connections with ancestors and nature. Mental aspects of the client may be addressed through art making by: encouraging symbolic representation; allowing for an expulsion of energy or catharsis; providing a space for non-linear communication; increasing mindfulness, self-esteem and possibility for self-discovery.

In addition to art making, the art therapist using this model will encourage the clients' exploration of all four quadrants of the model (physical, emotional, spiritual, mental) both in and outside therapy. This may include directed artmaking around the

models themes or journaling, for example. Furthermore, interventions outside of artmaking are encouraged, such as mindfulness, talking, physical activity, prayer or intellectual games. The art therapist who uses this model would also encourage their clients' exploration of their roles in their life: the clients' role in their family and in their community. Participation of the client in family and community activities would be strongly encouraged.

**Art making as a practice.** The integration of art making as a practice is also at the core of this model which draws from the integration of art and life found in some Aboriginal communities. A practice of art making would emphasize the endless journey of healing as outlined in the literature about the Medicine wheel. In essence, clients would be encouraged to explore art in every aspect of their lives, not just in the art therapy space. The artwork may or may not be brought in for discussion with the art therapist, however the goal is to help the client develop a positive, integrative relationship with art making.

A practice of art making could serve as a visual and symbolic representation of the clients' journey, allowing for reflection and identification of new areas of growth or imbalances. This art making may be done individually, with family or friends or as a part of the broader community and extends to all creative activity not just visual arts. Developing an art making practice could help maintain mental health and contribute to resiliency. Art making as a practice allows for therapeutic work on individual, familial and community levels. Art therapists using this model should encourage exploration of culture, as well as the use of traditions and rituals, both in art therapy sessions and outside of them. How the client develops an art making practice can be facilitated by suggestions

from the art therapist, however, it is the clients individual responsibility to discover what works for them and how they will incorporate an art making practice into their lives.

**The art therapy setting.** Within the proposed Aboriginal model of art therapy creating an appropriate art therapy setting requires having a variety of art materials that include natural materials and other creative media that may be used in storytelling or dance, for example. Like traditional art therapy settings, this may include drums, masks, costumes, found objects in nature, a space for water play and a sandbox. While art therapists who use a traditional approach *may* use the aforementioned materials, the art therapist who practices with an Aboriginal approach would *necessitate* that a variety of cross modality creative materials be present. In addition, clients should be encouraged to bring in their own personal objects (found in nature or elsewhere). Through providing the client with these materials, the art therapist is allowing the client to choose what mode of expression would work best for their healing. This choice helps the client to take responsibility for their own healing, which according to the Medicine wheel, is necessary for healing to occur.

The art therapist who uses this model for art therapy may see clients outdoors as well as in the therapeutic space. Although this may cause an ethical dilemma where confidentiality is concerned, the art therapist should ideally be able to provide an out of doors space if the client indicates that it would help with their healing process. Site specific art works made from natural found objects would be one approach in working this way. This flexibility will allow the client to have direct access to nature. Building a relationship with nature is a central component of this proposed model which was inspired by the Medicine wheel where this relationship is crucial. Before embarking on

an outdoors session, the art therapist would have to explain the changes in confidentiality and assess if going outdoors would be beneficial to the client, and if the client understood the risks associated with an outdoors session.

Like the Medicine wheel, the proposed Aboriginal art therapy model places emphasis on the importance of relationships and interconnectedness. The art therapist working with this approach may decide to bring in client's friends, family or community members into session if it would be beneficial or is requested by the client. As with the outdoor session, the risks and confidentiality issues would have to be addressed before such a session was to occur.

Art therapists who work using this model could also benefit from working with an interdisciplinary team to address the four quadrants indicated in the proposed model of art therapy: emotional, spiritual, physical and mental. For example, the art therapist could work with their clients' physiotherapist to understand how the client is faring physically. Such interest in the whole well-being of the client will convey to the client the art therapists' belief in the model as a way of healing. In other words, through their own actions, art therapists can convey their belief in the holistic proposed model.

**The role of the art therapist.** In using the Aboriginal model for art therapy it would be pertinent for art therapists to inform their clients of their theoretical background and explain the principles of this approach. This may or may not include an explanation of the Medicine wheel. This would allow the client to decide if they feel that it is the right approach for them. It would be important for the art therapist to understand and convey that this Aboriginal approach to art therapy is not for use solely with Aboriginal Peoples. Instead it draws on some documented Aboriginal healing philosophies that have been

used in a variety of ways by different Aboriginal peoples. The role of the art therapist in this approach is one of collaboration. The art therapist serves as a guide to art materials and companion for the clients' journey. It is not an authoritative role, but one of mutual trust, openness and learning. The art therapist will learn from his/her clients and must be open to this. Muirhead and Leeuw (2012) describe the Western therapy power differential between therapist and client as counter to the norms of Cree society. They argue that in western society, this power hierarchy is not only accepted, but sought out and promoted (Muirhead & Leeuw, 2012).

The art therapist can suggest varying art making techniques to help a person become a more balanced person. According to the literature on the Medicine wheel, achieving and maintaining balance is the path to healing and health. Through living a balanced life, the art therapist may act as a role model. The focus in this approach is to really trust the art making process to facilitate the client on their own journey, with the art therapist serving as guide and companion.

It should be stressed that the art therapist is not a shaman and should not attempt to provide their clients with traditional Aboriginal healing techniques. If the art therapist is working with an Aboriginal person who is seeking a traditional healing technique, the clients should be referred to a traditional healer, shaman or medicine person. The art therapist may work with the traditional healer, with permission of the client, to best provide services to their clients.

## **Working with Aboriginal Clients: Using art therapy and traditional healing concurrently**

**The two row wampum.** The two row wampum is a symbolic representation of the first covenant of peace, friendship and perpetuity between the Haudenosaunee and the Dutch (Yamamoto, 2013).

The Two Row Wampum symbolizes how the two nations should relate to each other. The two purple rows that give the belt its name represent the Haudenosaunee in their canoe and the Dutch in their ships, traveling side by side down the River of Life, respecting each others' laws, cultures, and worldviews, and working together to protect their shared environment. The three white bands represent peace, friendship and perpetuity, which are three principles routinely referred to in subsequent treaties by the Haudenosaunee. (Yamamoto, 2013, p. 18)

It is from this symbol that my Aboriginal model of art therapy views working with traditional healers. When working with an Aboriginal client, it is imperative to inquire about their specific beliefs. This model of Aboriginal art therapy is very broad, so it is necessary to ask the client specific questions about their beliefs. If the client feels that they would benefit from traditional Aboriginal healing techniques then they can be referred to the appropriate traditional healer. It is possible for the client to continue in art therapy while pursuing more traditional healing techniques. The two need not be exclusive of each other, but can provide the client with various avenues to draw from on their healing journey.



As previously stated the art therapist is not a qualified traditional healer and should not present them as such. To do so would be disrespectful and ignorant of the clients' culture.

### **Including Aboriginal Perspectives in Pedagogy for Art Therapists**

“To communicate with and provide counseling services to Aboriginal people, providers must understand the traditional worldview of Aboriginal people.” (McCormick, 2009, p. 338)

Much of the literature surrounding training for counselors who work with Aboriginal peoples reflect that a beginning knowledge of Aboriginal views, traditions and healing philosophies is necessary for any workers who wish to work effectively with Aboriginal communities (Garret & Crutchfield, 1997; Hunter, Logan, Goulet & Barton, 2006; Kirmayer, Simpson & Cargo, 2003; Kirmayer & Valaskakis, 2009; McCabe, 2008; McCormick, 1996; McCormick, 2009; Oulanova & Moodley, 2010; Rybak & Decker-Fitts, 2009; Solicitor General of Canada, 2002; Warry, 1998; Warry 2007).

McCormick (2009) describes the traditional worldview necessary to provide effective counseling services to Aboriginal peoples as comprising of balance, connectedness, spirituality, nature, ceremony and tradition/culture. Rybak and Decker-Fitts (2009) states that,

Knowledge of the symbolic significance of common ceremonies and healing practices will support counseling efforts to be relevant and effective with respect to Native American clients. Direct interaction and involvement with Native American communities facilitate deeper understanding of Native American cultural identity and healing practices. (p. 333)

It is my belief that graduate art therapy institutions should provide their students with the opportunity to study Aboriginal perspectives on mental health. If graduate art therapy training programs wish to produce art therapists who are culturally sensitive, educated and informed to work with Aboriginal peoples who are in dire need of mental health services, they must provide students with the education necessary to do so. Training in traditional Aboriginal arts, philosophies of mental health and healing, as well as Aboriginal practicum sites and guest speakers could all contribute to art therapy graduates having a broader understanding of the Aboriginal worldview.

## **Conclusion**

Through this research process I am able to provide a starting point for answering my research question, ‘How can traditional Aboriginal healing philosophies influence and expand the field of art therapy?’ As described above, I propose a model of Aboriginal art therapy that draws from traditional Aboriginal healing philosophies. At the core of this model are the following principles: dynamic interconnectedness between the natural world, the individual, the therapist, the family and the community; a holistic approach to healing that acknowledges the need for balance between emotions, physicality, mental functions and spirituality in order to be mentally healthy and; a regard for art making as a practice that can be used in therapy as well as in everyday life to improve individual, familial and community mental health.

The proposed theoretical model of Aboriginal art therapy may be applied to non-Aboriginal and Aboriginal populations. Special considerations of culture, worldview and traditional healing techniques may be addressed when working with Aboriginal peoples. Future researchers may develop other models for mental health practices that draw on Aboriginal healing philosophies. In addition, this model of Aboriginal art therapy could be used in future studies to determine its efficacy amongst varying populations. This research and the proposed Aboriginal model of art therapy should be considered as a starting point for further research in art therapy drawing from Western and Aboriginal approaches.

It is my hope that people who read this research will gain a broader view of Aboriginal peoples and question their own biases towards this population, leading to Canadians placing higher value on the traditional knowledge of Aboriginal peoples.

The following poem I wrote just after the development of the present Aboriginal model of art therapy conveys what my personal experience of learning from Aboriginal traditional healing philosophies and reclaiming a part of my cultural heritage has been for me. Thus, I feel it provides an appropriate conclusion to the current research project.

### Balance

*Breathe. Get grounded. Set in roots.*

*Hold the rocks where your ancestors danced.*

*Trust that they are with you.*

*When you call, they are there*

*The rocks hold you to the earth*

*Set in your roots like a tree*

*Balance like a tree*

*Accept all parts of yourself*

*Your heart seeks what is good*

*Your heart knows what is bad*

*For you, not for everyone*

*Everything is connected*

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