ATOL: Art Therapy OnLine

A Reflection on Global Art Therapy and Socio-Political Justice

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Abstract

Drawing from art therapy literature relating to cultural diversity and socio-political justice, as well as from my personal experience as a white German practitioner, in this text I explore the potential role of art therapy in the context of global mental health provision. The paper considers the impact of Western psychological concepts on therapeutic settings, and power dynamics between different countries and cultures, and suggests the relevance of non-Western and Indigenous knowledge and practices for mental health when working in diverse communities. A past project in Nepal will be examined in the light of relevant art therapy literature, and through this, the paper explores the role of art and art therapy in promoting socio-political justice and different cultural approaches to mental wellbeing and healing.

Keywords: art therapy, global mental health, socio-political justice, cultural diversity, psychosocial, Nepal

"Science and art, (…) Indigenous knowledge and Western science – can they be goldenrod and asters for each other?" (Robin Wall Kimmerer, 2020, p.45)

As an art psychotherapist I have always cherished the complementary connection that I perceive to be present between art and the science of human psychology. Therefore, Robin Wall Kimmerer's question (Kimmerer, 2020) has made a great impression on me. I specifically like that the Indigenous American scientist and writer draws upon an example that attributes essential meaning to the visual aesthetics of yellow goldenrod and purple aster flowers. The complementary combination of their colours not only looks beautiful to the human eye but, when growing together, the flowers attract more pollinators and thus both prosper. In her book "Braiding Sweetgrass", Kimmerer's musings about complementary relationships include yet another question: as with the synergy found between goldenrod and aster flowers, can knowledge from Western and Indigenous cultures flourish in an equally reciprocal relationship to benefit human wellbeing?

I appreciate Kimmerer's thought, as I have contemplated quite similar questions regarding cultural synergies over many years of working as a mental health professional. In the following article I want to explore the potential of art therapy in a global context for practices for mental wellbeing and socio-political justice. As a white German therapist, I trained and worked in different countries, oftentimes with people in socially or politically difficult positions, for example those among refugee populations or survivors of violence and trauma. Over the years, my roles included art therapy services in (psycho)social centres and shelters for asylum seekers, psychosocial interventions in an intercultural women's refuge, as well as consultancy work and a leading position for projects with displaced children and young people. During art therapy sessions and projects, I have repeatedly observed how art and creativity helped my clients to communicate on a symbolic and nonverbal level. At the same time, my political privileges and my Western approach sometimes seemed to stand in the way of attuning to my clients on a deeper level. Considering the impact of power dynamics, following historic oppression and present day exploitation, on therapeutic settings, I began to wonder whether a wider understanding and implementation of therapy practices stemming from Indigenous and non-Western (Global Majority) cultures could also promote a development towards socio-political justice. In this paper I want to explore the role of art in working effectively with a diversity of cultural views and mental health practices by reflecting on art therapy and psychotherapy literature, and by examining a case example in Nepal.

Notes on terminology and limitations
Throughout the writing process, I repeatedly realised how easily words and categories can facilitate unwanted connotations or unconscious biases. I therefore find it important to comment on the terminology, as well as on the limitations of my work and perspective. Following current political conversations, I will refer to "people of the Global Majority" when speaking about black, indigenous and people of colour. In this article, I mainly focus on cultural differences and socio-political power dynamics. However, as Kimberlé Crenshaw's (1989) framework of intersectionality suggests, people from different backgrounds can experience various levels of

oppression and privilege at the same time. I am aware that I will not be able to address the vast complexity of socio-political implications within this paper.

Similarly, when using the terms 'migrant' and 'displaced' populations, this cannot fully take into account the complex causes of migration, nor the implications of distinctions between political statuses of refugees, asylum seekers, internally displaced persons or stateless persons.

Moreover, while researching and writing I became acutely aware that most of the stated literature is written in English by art therapists and psychotherapists who trained in the West. While this article by no means attempts to provide a complete overview of existing literature, I realise that it does not include forms of knowledge that have been transmitted through verbal means or writings in other languages which are not as easily accessible to me. Considering socio-political power dynamics, this exclusion inevitably reflects a limited viewpoint in my findings.

Reflections on issues of cultural diversity and socio-political justice

People are increasingly travelling and migrating between different countries and continents. In 1998, Dick Blackwell stated that globalisation seemed to homogenise and disintegrate cultures around the world, while political repression and inflicted poverty caused migration of Global Majority groups towards Europe. Twenty years later, the number of people in migration has risen significantly (International Organization for Migration, 2019) and the number of displaced populations recently culminated to 79.5 million (United Nations High Commissioner for Refugees, 2020). Those who have had to leave their homes due to political conflict, natural catastrophes or economic difficulties may struggle with a sense of isolation and loss after separating from their communities and cultures. Moreover, many individuals suffer from additional effects of traumatic events and are more vulnerable to mental health issues (Hameed, Sadiq and Din, 2018).

Host communities of asylum seekers, internally displaced persons and international migrants may face difficulties in adapting to rapidly increasing diversity of religions, cultural habits or language. From my experience, professionals working within social

or mental health settings have to consider complex needs ranging from symptoms of trauma, socio-economic and socio-political difficulties to cultural misunderstandings.

Many conversations with my clients indicated that entering a foreign community is often linked to feelings of vulnerability and inferiority. One has to find a way through oftentimes unfamiliar cultural norms and communication habits. This situation becomes even more challenging if asylum is sought, or if visa issues impact the opportunities for residence and employment of people from so-called 'lower-income countries' within wealthier nations, such as the US and many European countries. "Many of those arriving in Europe" are likely to find themselves becoming socio-economically dislocated "members of the new European underclasses" as Blackwell (1998, p.10) points out. Accordingly, Ditty Dokter (1998, p.12) warns that the debates around migrants and asylum seekers, who often come from economically weaker countries, have been infected with a "taste of racism". Historical oppression, differences in economic status and the value placed on Western education can generate power dynamics that impact significantly on self-esteem, identity and mental health. Psychoanalyst Gabriele Schwab (2010) suggests that descendants of oppressed populations still struggle with identity issues and transgenerational dynamics and conflicts. Considering socio-economically deprived populations, Chris Wood (1999) notes that issues of class can contribute to feelings of isolation and powerlessness. Social action art therapists Maxine Junge et al. (2009) and Dan Hocoy (2007) place these considerations directly into the context of the art therapy setting. They question whether art therapists "unknowingly reinforce structures of domination" and "continuing injustices" (Hocoy, 2007, p.24) by healing "what is already wounded" and by not attending "to the milieu which wounds and re-wounds again" (Junge et al., 2009, p.108).

Considering the wider political issues, it might prove beneficial to take corresponding therapy services outside of clinical settings in order to engage with society at a larger scale. Community-based approaches that enhance social awareness and cultural humility might be of particular benefit for both hosting and immigrated community members. Many art therapists as well as other professionals working in the context of different cultures, migration and political conflicts recognize the importance of so called 'psychosocial' interventions that address psychological

difficulties alongside the social issues within communal relationships and political dynamics (Franklin, Rothaus and Schpok 2007; Galappatti, 2013; Gerity and Bear 2007; Hocoy, 2007; Kaplan, 2007; Roy 1999). All their considerations suggest that socioeconomic differences, power-dynamics stemming from historical contexts, and the value placed on Western knowledge must be taken into account, if holistic wellbeing is to be increased.

Particularly in Europe and North America, but also in many Global Majority countries, mental health care is based on Western theories. Hocoy (2007, p.25) speaks of "dominant culture frameworks for normality and psychopathology such as the DSM". However, as Debra Kalmanowitz, Jordan Potash and Siu Mei Chan (2012a) stress, Global Majority cultures traditionally have differing philosophies and views on health, illness and related practices. In accordance, Japanese art therapist Shinya Sezaki (2012, p.237) postulates that "cultural and ethnic differences can affect the process and outcome of psychotherapies with patients who have non-Western backgrounds". Likewise, Charlotte Boston and Gwendolyn Short (1998) suggest that unconscious eurocentric values can be unhelpful when working with clients of the Global Majority. Susan Berkowitz (2007), Nancy M. Sidun and Kelly Ducheny (1998) and Megu Kitazawa (2021) state that the vast majority of white (Western) psychotherapists may struggle to provide appropriate services for client groups from other cultures and ethnicities, and Jennie Kristel (2013) warns that cultural misconceptions can hinder the attunement and understanding in therapeutic relationships.

Considering these statements from therapists working in different countries around the globe alongside statistics from official bodies, such as the UNHCR, it is evident that the issues accompanying displacement, diversity and trauma are not merely limited to services for migrant and displaced populations within Western nations. For example, it is estimated that more than 80 percent of people in forced migration reside in Global Majority countries, many of which are less economically equipped to cater for their needs (United Nations High Commissioner for Refugees 'UNHCR', 2020). Accordingly, mental health and psychosocial support projects in lower-income countries are often funded, designed and supervised by Western governmental and non-governmental organisations. The situation also feeds into

further power imbalances relating to socioeconomic and cultural issues, status or historical oppression. This in turn impedes the effectiveness of interventions for service users of the Global Majority. Accordingly, Richard Mollica (2011, p.17) states that "hordes of humanitarian workers" from Western countries often invade places affected by conflict and disaster with insensitive practices that "undermine the dignity of survivors". Kalmanowitz, Potash and Mei Chan (2012c, p.29) note that in Asia "colonialization caused a degree of devaluing of traditional health practices in place of the more Western ones". Pluckpankhajee (2012) observes that Western influences severely challenged local values and spiritual wisdom around art, therapy and education in Thailand. When working in Sri Lanka, Siobhan McElroy (2005, p.189) felt that her authority as a white British foreigner was elevated and "unquestioningly accepted", which she experienced as a "throwback of 300 years of colonial rule". Isha McKenzie-Mavinga (2009) and Schwab (2010) suggest that political relationship dynamics can be unconsciously passed through generations and still affect the self-awareness of formerly oppressed populations in the present. The significance of these statements is underlined by Sheba Sheikhai, who writes about witnessing a "disruption from cultural origins" and generational perpetuation of "self-defeating cultural narratives" in her work within Urban Native American communities (2021, p.53). She names a "return to culture healing-centered model" as a "leading approach in the Wellbriety Movement of Native substance use recovery" (ibid.).

Against this background, various art therapists (Essame, 2012; Hocoy, 2007; Kalmanowitz and Lloyd, 2005; Nabarro, 2005; Wertheim-Cahen, 2005) acknowledge that art therapy is a mental health discipline that – like other psychotherapy methods – was developed in the West. As a separate entity however, arts practices and creative rituals have traditionally been used to foster mental wellbeing in various Global Majority and Western cultures. The potential of art as a human means for mental health and healing that is rooted in all cultures, can be found in various considerations of art therapists who work with client groups from different nations (Abu Sway et al.,2005; Herbert, 2012; Liang Kan, 2012; Nabarro, 2005; Prasad, 2021; Richardson, Gollub and Chunhong, 2012; Serbjeet Singh, 2012; Sheikhai, 2021). In line with Sheikhai's aforementioned culture healing centered model, Debra Kalmanowitz and Bobby Lloyd (2005) suggest that a reconnection with culturally

familiar creative rituals and resources can become particularly relevant for clients in transition and in times of political upheaval. Tamar Hazut's observations (2005, p.92) concur, as she describes the role of rituals in contributing to a sense of "belonging to a framework, to a community and to a faith", which might be particularly meaningful for individuals "coping with loss and deprivation".

Personal experiences and reflections on a case example in Nepal

In accordance with many of the aforementioned authors, my personal experiences as an art therapist working on different continents has had a great influence on my practice and related reflections. Besides years of working with socio-politically disadvantaged and forcibly displaced client groups prior to and after my training as an art therapist, I felt particularly moved by my experiences during a response to the 2015 earthquakes in Nepal, which we later shared in a short write-up (Krueger and Rogerson, 2017). While this paper is based on the same experiences, it contains further details and reflections in context of the previously stated literature.

Shortly after the second of two major earthquakes, I had joined a German organisation providing emergency aid services around Kathmandu. Having lived and worked in Nepal on several occasions, I felt very motivated to better understand longer-term needs and challenges of Nepal's urban and rural populations. I began to collaborate with local NGOs in order to further assess the situation and to develop more sustainable support options. Six months after the earthquakes, I returned to facilitate an action research project in the cities of Kathmandu and Pokhara as well as the rural area of Gorkha, the epicentre of the first earthquake. By that time, most international emergency aid workers had left the country, however, the population still faced manifold difficulties. Together with a Nepalese psychologist, I offered a series of psycho-educative workshops with local teachers and social workers. Besides information on trauma and art therapy practices, the workshops were designed to encourage participants to share skills and exchange experiences.

The actual content of our workshops seemed much appreciated. However, especially during our work in the rural villages, we were repeatedly confronted with issues of power and privilege. We discussed that these issues had possibly been amplified when a high influx of Western aid workers encountered comparatively

disadvantaged rural residents during the international emergency response. Logos and labels on sanitary facilities and makeshift buildings served as a reminder of the financial support from Western NGOs. Furthermore, it appeared that local participants had received financial rewards for attending workshops that provided (Western) education on emergency and psychological first aid. Thus, I occasionally faced intense frustration regarding financial expectations that I had not been prepared for. One participant expressed feelings of disempowerment, when describing that he felt that villager's working tools had been taken from their hands when Western aid workers began to rebuild houses and facilities. As my insight into the broader socio-political context grew, I became increasingly aware of my position as yet another white professional who wanted to offer her services following a series of other helpers.

My initial ignorance of the local circumstances was further confirmed by another participant who pointed at a range of art materials, which I had bought in Kathmandu for experiential purposes. She asked whether I had planned to donate the materials, and explained the teachers would not be able to create similar artwork with children, as the materials were not available in their village. I realised that despite good intentions I had brought in yet another unsustainable symbol of industrial wealth and potentially also a foreign idea of art-making. As my awareness of the complexity of the context grew, I began to wonder how much prior knowledge and experience are required to develop appropriate support services across different countries and cultures.

Together with our Nepalese colleagues we discussed how art and creativity were traditionally used within the local communities. While there exists a diversity of different cultures and customs within Nepal's urban and rural areas, creativity can play an important role on manifold levels. Communities adopt daily rituals and partake in festivities and craftsmanship. A traditional form of art-making for spiritual purposes is also present in Thangka art or religious sculptures. However, as some colleagues pointed out, the "Western" idea of art as it is often displayed in museums or exhibitions can be much more exclusive than commonly practiced rituals or craftsmanship and, therefore, is not naturally accessible to everyone. I began to wonder whether my own (subconscious) understanding of art had not only

influenced the materials I provided but also undermined the healing potential of the creative resources that were already established in the local cultures of the villages. This reflection became even more complex when I later discovered Savneet Talwar's writing (2019, p.7), where she cautions that the very idea of "art as healing" or "as a means of problem solving through 'self-expression'" could already be seen as a neoliberal and privileged concept in and of itself.

When discussing the outcomes of our project in Gorkha, we considered a need to work with what feels familiar and empowering, especially after potentially traumatic events, where the individual might experience a sense of fragmentation and loss of control over various aspects of their lives. At this point, it seemed more beneficial to discontinue our work in the villages in favour of supporting Nepalese mental health professionals who could implement their own projects with much more insight of local needs and cultural resources.

Subsequently, we collaborated with the psychology department of a renowned Nepalese university in Kathmandu. Based on our learning, the training programme aimed to explore the role of art and art therapy in integrating Western psychological concepts with local and traditional creative practices for wellbeing. For the experiential parts, we provided materials ranging from acrylic paint, paper and glue to natural objects such as leaves, branches and fruits. Throughout the training, the themes of 'old' and 'new' in the context of globalisation seemed predominant for many students who trained according to a Western psychology frame within the rapidly changing capital city Kathmandu. An emerging dichotomy seemed particularly evident in a student's artwork who reflected upon cultural differences and hierarchies. With regards to the aforementioned experiences, I found it particularly interesting, that he used both industrially produced and natural materials to create a three-dimensional artwork that showed the American cartoon character Homer Simpson eating a mango, the national fruit of Nepal (see Figure 1).

Figure 1 (Pencil, Acrylic paint and natural object on A3 paper)

Considering my personal impressions as a Western practitioner in an Asian country, I felt intrigued to discover similar reflections in the publication "Art Therapy in Asia", edited by Kalmanowitz, Potash and Mei Chan (2012b). The authors (ibid., p.312-313) see the conflict between "the traditional and the modern" as an undercurrent struggle for "balance between two worlds" that causes "a series of tensions". They note that in many Asian countries "younger generations know, and perhaps care, very little about traditional methods of healing", however traditional notions and beliefs still continue in the larger society (p.40). Similarly, art therapist Carrie Herbert (2012) observes that children in urban Phnom Penh seemed much more interested in contemporary aspects of their culture than in traditional forms of Khmer arts.

Nonetheless, a sense of national pride seemed to be related to traditional arts in rural areas of Cambodia. Alongside the observations of many other art therapists (Byrne, 2012; Chang, 2012; Chua, 2012; Herbert, 2012; Howie, Prasad and Kristel, 2013; Hyun Kim, 2012; Richardson, Gollub and Wang, 2012), Kalmanowitz, Potash and Mei Chan (2012b) remind us that despite given power dynamics, cultures tend to influence each other mutually. They suggest a "middle ground" that integrates approaches and practices of different cultures in order to create "a work which has meaning" in the context of inevitable change (p.313).

Within our training in Kathmandu, the students also reflected on the psychosocial benefits of creative rituals, as they are practiced in the community during cultural festivals or when mourning family members. Figure 2 shows an example of a foldable sketch book that the students were given for visual reflections at home. During one of the sessions, a young nurse remembered a patient who could, due to her own injuries, not attend her son's funeral after losing him during the earthquakes. The mother eventually found solace after the nurse helped her to symbolically recreate some of the traditional mourning rituals in her culture.
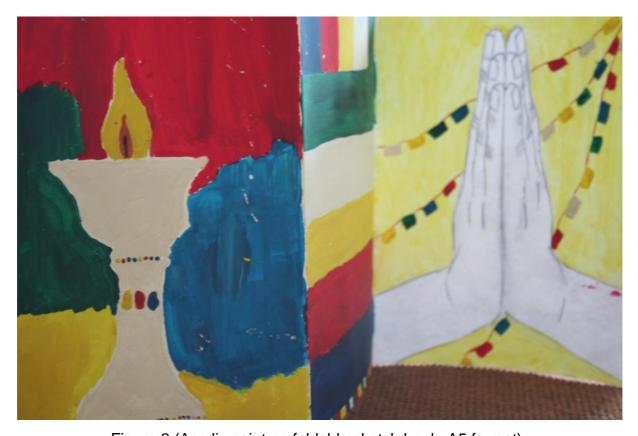

Figure 2 (Acrylic paint on foldable sketch book, A5 format)

As a therapist and trainer, I often felt myself shifting from a position of giving to one of receiving, when learning about perceptions and practices for mental health that differed from my own culture. I consider humility and respect a vital resource for my practice, although my endeavours sometimes led to complex and rather unpredictable situations. Accordingly, I remember repeatedly reminding the Nepalese psychology students that they were the experts of their own cultures and that we should therefore share our skills as equals and learn from each other. In response, a young man boldly suggested that this non-directive training approach was somewhat "Western", in itself, and therefore radical for the students, who were used to a much more hierarchical education system in Nepal. In hindsight, his statement helped us all move to another level of understanding.

While "Westernization" and its impact on the global field of mental health currently seems as irreversible to me as my own cultural upbringing and training as a white European therapist, I find it indispensable to learn from views and practices of the Global Majority. Supporting individuals within increasingly diverse communities and on a global scale also means making a conscious effort to move beyond Western-centric approaches to mental health. Otherwise dynamics that hinder socio-political justice – and thus promote an environment of oppression and discrimination – are easily repeated in supposedly therapeutic settings.

Art and creativity have a long tradition in contributing to human wellbeing all over the world. This indicates a great potential to use them as a means of healing with individuals from a diversity of cultures and backgrounds. However, as a profession that originated in the West, art therapy might have a tendency to work with a "Western" idea of art and healing, which is not universally accessible or helpful for everyone. While psychotherapists generally need to learn and understand their clients' views on mental health and illness in order to offer holistic support, art therapists have additional responsibilities. They need to develop an awareness of how art and creativity are perceived and used by the people and cultures they work with. This potentially means that art therapists have to challenge their own ideas and concepts of art in general.

Returning to Kimmerer's musings about the synergy between the flowers goldenrod and aster, it might be the very process of mutual learning and respect for another's wisdom that help a therapeutic relationship to flourish, especially where power dynamics and cultural differences pervade the environment within which it grows.

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About the author

Caroline graduated as an Art Psychotherapist from Goldsmiths University, London in 2014. As a native German she currently lives in Berlin, where she is about to finish an additional training in systemic family therapy. Caroline is particularly interested in practicing with regards to socio-political contexts and psychosocial wellbeing.
In accordance with her strong interest in intercultural issues, she has experience working with children and families within diverse settings and multidisciplinary teams in England, Nepal, Ghana, South Africa and Germany.