

THERAPISTS CREATING A CULTURAL TAPESTRY

Using the Creative Therapies Across Cultures



Edited by

**STEPHANIE L. BROOKE
CHARLES E. MYERS**

(With 19 Other Contributors)

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and

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I dedicate this book to Shannon B. Werley, the man I love. After finally finding you again after searching for years, you showed me how to have fun and enjoy life. In you, I found true love and happiness so it was worth the wait. Thank you for believing in me, when sometimes, I did not believe in myself.

S.L.B.

I dedicate this book to my wonderful wife, Vanessa Winans. Your support during and understanding during the late nights when I am burning the midnight oil and willingness and ability to consult when I have the grey areas of editing.

C.E.M.

PREFACE

Therapists creating a cultural tapestry: Using the creative therapies across cultures combines the editorial efforts of Dr. Charles E. Myers and Stephanie L. Brooke. This text is a comprehensive work that examines the use of art, play, music, dance/movement, and drama in different cultures and with diverse client populations. The editors' primary purpose is to explore how the creative therapies can be implemented in diverse cultures and in different countries. Renowned, well-credentialed, and professional creative art therapists in the areas of art, play, music, dance/movement, and drama helped write this collection. In addition, some of the chapters are complimented with photographs of client works of art or play. This book provides a rich tapestry on how the creative therapies can be used across cultures for issues such as depression, learning disabilities, and trauma to name a few. Of special interest are the chapters on supervision. Not only a tool for the creative art therapists, this informative book will be of special interest to educators, students, therapists, as well as people working in other parts of the world or with culturally diverse clients.

S.L.B.
C.E.M.

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I echo Steph's appreciation to our wonderful contributing authors; your extensive and varied expertise greatly added to the tapestry of our collective book. Thank you Stephanie for your trust in me in bringing me in to coedit; it has been an honor and a wonderful learning experience.

We give our greatest appreciation to all the creative arts practitioners who have preceded and guided us in helping our fellow persons.

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**THERAPISTS CREATING
A CULTURAL TAPESTRY**

Chapter 1

ARTS AND CULTURE: WEAVING EXPRESSIVE ARTS TO SERVE A DIVERSE WORLD

CHARLES EDWIN MYERS

Mosaic . . . tapestry . . . both words evoke images of art and culture. A mosaic is a pattern or picture composed of a diverse collection of material such as glass, stone, and tile. A tapestry is a heavy cloth interwoven with a multitude of colors to create a picture or represent a story. In a world in which diverse cultures increasingly interact, the evolving tapestry becomes more beautiful and complex. In response to this diversity, mental health professionals need to become more innovative and responsive in meeting the needs of their clients. The creative arts are themselves a mosaic of approaches. Clinicians skilled and knowledgeable in art, dance/movement, drama, music, play, and other creative arts modalities are able to respond in more culturally sensitive ways to those individuals they help.

Cultural Tapestry

Today's world is an ever-changing, ever-complex tapestry of cultures. We interact daily in our personal and professional lives daily with people who are different from us in ways that are both readily seen (e.g., age, gender, physical ability, race) and unseen (e.g., language, religious/spiritual belief, sexual orientation, socioeconomic status). This cross-cultural interaction has increased dramatically since the beginning of the modern mental health movement over a century ago, and it highlights the importance of mental health professionals being cross-culturally sensitive and competent.

Becoming cross-culturally competent requires commitment and follow through (Gil, 2005). As professionals who help people to grow and heal, we

must both acknowledge and face our own prejudices, including racism and ethnocentrism (Malchiodi, 2007). This process requires a difficult, but candid, look at our beliefs and biases. Gil defined three distinct levels necessary in becoming cross-culturally competent: building sensitivity, obtaining knowledge responsibly, as well as developing active competence.

Cross-culturally competent clinicians need to build sensitivity both internally and externally. We develop internal sensitivity through intentional introspection, focusing on our interactions with others, and by becoming aware of own biases and values. We acquire external sensitivity through an honest exploration of our clients' experiences, struggles, and motivations. The challenge comes in hearing and understanding a person's experiences without being "defined and limited by our countertransference" (Gil, 2005, p. 8). Cultural countertransference is the complex interaction of our background, our cross-cultural experiences, our willingness to comfort with being uncomfortable, and our own internal pressure to be sensitive. Through personal focus and applied effort, clinicians can build sensitivity thereby facilitating the development of the therapeutic relationship.

Gil's (2005, p. 9) second level of developing cross-culture competence is obtaining knowledge responsibly. This level involves us taking accountability for our insights and subsequent behavior by recognizing our limitations, practicing within our training, consulting or referring when out of our competence, and upholding the ethical tenet to do no harm. The problem is that "gaining knowledge alone does not automatically translate into responsible behavior" (Gil, 2005, p. 9). Responsible behavior comes from clinicians following knowledge and skills with practice and maturity.

Gil (2005, p. 10) lamented that, too often, clinicians do not achieve the final level of cross-cultural competency, developing active competence. The challenge of this level is the requirement that clinicians change their behaviors and develop action plans. Once they build sensitivity and obtain knowledge and skills, Gil proposed that "an interactive, circular pattern of thought and practice" (Gil, 2005, p. 10) must occur. Clinicians continually need to practice self-awareness by paying attention to their internal experiences with a client in session, their emotional response to those experiences, their behavioral attempt to interact with the client, and their reshaping of their attempt based on external feedback from the client. Clinicians convert their knowledge into action through this interactive, circular pattern of thought and response.

Cross-cultural competency requires clinicians not only to gain greater understanding of themselves, their clients, and their interactions, but also to be culturally responsive in their approaches. Effective clinicians acknowledge the multidimensional nature of our profession and the people they

serve and develop the knowledge and skills to work with a variety of populations in ways that benefit them (Gladding, 2011). Creative arts provide a powerful and flexible means of meeting a diverse clientele and their presenting concerns.

Creative Arts Mosaic

Traditional healers of many cultures have incorporated creative arts-based approaches for thousands of years (Degges-White, 2011). The use of movement, music, art, and stories are common features of indigenous healing across the world (Archibald, Dewar, Reid, & Stevens, 2012; Bassett, Tsosie, & Nannauck, 2012; Monteiro & Wall, 2011; Pankhania, 2012; Solomon & Wane, 2012; Struthers & Eschitib, 2005; Wilson, 2006). Creative arts enrich and stimulate, naturally fostering new perspectives and new ways of experiencing the world (Gladding, 2011), helping us to “transcend the mundane and to connect with parts of ourselves” (Degges-White, 2011) that are not readily assessable. When clinicians incorporate creative arts into their practice, they can let go of their “habitual ways of seeing and become sensitive” (Knill, 2005, p. 3) to new perspectives to possibilities (Gladding, 2011), facilitating growth and healing (Rogers, 1993).

Warren (1993) described creative therapies as having their roots in an “ever-changing relationship between culture, artistic activity, and social development” (p. 3). He further stated that creativity engages our emotions, frees our spirits, and feeds our souls, nourishing our growth and healing. When we use creative arts, we can let go, express, and release, gaining insight through processing the symbolic and metaphorical messages (Rogers, 1993). Creative arts open new doors in the therapeutic process, reaching clients in ways that talk therapy cannot (Malchiodi, 2007) and uncovering new perspectives and new solutions (Shallcross, 2011). Creative arts are “process orientated, emotionally sensitive, socially directed, awareness focused, and applicable” (Gladding, 2011, p. vii) to working with a wide range of clientele and presenting concerns over the life span.

Many authors have identified additional benefits to using creative arts in cross-culture counseling. Creative arts in counseling promote personal growth, insight, transformation, self-expression, and wellness (Degges-White, 2011; Malchiodi, 2007). Clients become more invested and motivated (Degges-White, 2011). The creative arts releases feelings, clears the mind, and raises spirits (Rogers, 1993). The arts provide a voice to clients with limited language abilities (Homeyer & Sweeney, 2011). Further, the creative arts transcend trauma, providing clients with a safe medium to express traumatic events and move towards healing (Malchiodi, 2007; Myers, 2007). Creative arts coun-