Comparison of International Art Therapy Projects: Purpose, Training, and Practice of Art Therapy in Developing and Transitioning Countries

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ABSTRACT

Around the world, art therapy varies in its definition, training process, purpose, and theoretical approach. Furthermore, there is a limited amount of research on international art therapy projects, particularly in developing and transitioning countries. The variations within the field and the limited amount of research make it challenging for art therapists to engage in international art therapy work. An integrative, systematic literature review was conducted to gain an understanding of varying training processes, purposes, and implementations of art therapy in developing and transitioning countries. Contemporary research articles on international art therapy projects were found and integrated in order to create a guiding framework to inform future art therapy projects in these nations. Overall, twenty countries were included in this literature review. The resulting definition of art therapy provides a guiding framework for future work in these areas. This framework includes a crisis intervention theoretical orientation and community-oriented structure. The art therapy approach is studio art therapy with an emphasis on indigenous art making and sustainable art materials. The guiding framework also promotes the training of local community members to utilize art therapy interventions and stresses the importance of avoiding power dynamics that further marginalize oppressed communities.

DEDICATION

I dedicate this thesis to my parents, Jane and Dennis Leeds, and the educators in my life who have provided me with the necessary tools and support to reach this milestone. In particular, I dedicate this thesis to my teachers and professors at TASIS, the American School in England, and Ohio Wesleyan University. It is because of these educational institutions that I learned the importance of cultural awareness and social action.

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CHAPTER I

INTRODUCTION

American art therapists have been engaging in international art therapy work since the 1960's. This work has ranged from helping to establish art therapy educational programs to implementing art therapy programs in communities overseas. American involvement in international art therapy has helped to increase the growth of the profession worldwide. At this moment in time, over 10,000 individuals in 91 countries outside the United States are currently practicing art therapy (Stoll, 2005).

Published research on art therapy in developed countries outside the United States and Britain is now common. However, there is minimal research on art therapy in developing and transitioning countries despite art therapists working in these areas. Furthermore, it is difficult to understand what research we do have on art therapy in developing and transitioning countries without reading a multitude of websites, articles, and books, as there is no comprehensive source available on this topic. Professionals in different countries have their own needs and definition of art therapy, which in turn impacts the training processes, purpose, and approach of art therapy utilized. For art therapists that plan to work in communities within developing and transitioning countries, understanding the precedents for art therapy practice in similar locations is important due to the varying types of training, purposes, and approaches that could be used.

This systematic literature review addresses the lack of clarity and comprehensive understanding of the purposes, training processes, and approaches

of the art therapy profession in developing and transitioning countries. This study is essential because without a comprehensive and contemporary understanding of the differences and similarities that exist between cultures in regards to the purpose, practice, and regulation of art therapy, art therapists who seek to work internationally may be unable to work effectively and ethically. Without an understanding of culturally appropriate applications of art therapy, indigenous models of health may be disregarded and struggling communities may be further marginalized (Levers, 2006), resulting in more harm than good. This study serves to lessen cultural tunnel vision, which has been a criticism of the field of art therapy in the United States (Doby-Copeland, 2006). It provides a greater understanding of art therapy in different countries across the globe so that it can be applied in a way that supports the local cultures.

This literature review focuses on areas within developing and transitioning countries in which access to a functional mental health system is limited. Therefore, art therapy programs in settings that are comparable to those in developed countries will not be included. This distinction has been made due to the modeling of these treatment settings after similar facilities in the United States and Western Europe. The structuring of mental health facilities and programs using the United States and Western Europe as models decreases the treatment variations that may exist due to cultural differences. The developing countries that are included in this literature review are Rwanda, South Africa, Sudan, Israel, Palestine, Pakistan, Saudi Arabia, Sri Lanka, Thailand, Argentina, Brazil, Colombia, Ecuador, Jamaica, and Nicaragua. The transitioning countries that are included are Croatia, Bosnia and

Herzegovina, Kosovo, Russia, and Ukraine. The distinction between developed, transitioning, and developing countries was made based on the country classification published by the Department of Economic and Social Affairs of the United Nations in 2012, which includes 167 countries.

The results of this study will provide necessary information for approaching international art therapy work in developing and transitioning countries where access to mental health services and structured programs are limited. In addition, it will assist art therapists in the preparation and execution of global art therapy programs and projects that are culturally competent and sensitive. This research may also be used to enhance already existing education on multiculturalism and help to train culturally competent art therapists.

The demographics of America are continually and rapidly changing. When approaches used in other countries are better understood, they can be integrated into our own society to enhance the cultural competency of art therapists as the cultural environment America continues to change. As stated by Kapitan (2008), when art therapists understand how art therapy is used by other groups "to serve their own distinct needs, [then] applications to mainstream practice are enhanced" (p. 2). Benefactors of this study include art therapists who work with the increasing number of refugees in the United States, art therapists who work in community mental health agencies, art therapists who engage in international travel and work, and art therapy educators. Overall, the results of this study will broaden our understanding of what art therapy is across the globe to create a more diverse and inclusive professional identity.

Purpose

The purpose of this systematic literature review is to first understand the current trainings, purposes, and approaches of art therapy in developing and transitioning countries through an examination of the existing literature. Included literature will feature art therapy projects in developing and transitioning countries. Art therapy projects are defined here as programs and events in which art therapy is a main or adjunctive therapeutic tool. The cultural relevance of each art therapy project included will be determined by evaluating the appropriateness of the training, purpose, and approach to the local culture. Common themes and concerns among the included literature will then be used to create a definition of art therapy that can be applied in developing and transitioning countries to ensure ethically and culturally appropriate standards of practice. This will be beneficial for art therapists practicing outside their country of training or in countries where a definition of art therapy has yet to be established by a professional body or educational institution. The creation of this definition will act as a framework that delineates the most appropriate art therapy approaches in different countries and cultures based on the existing models of art therapy, mental health, and overall wellness.

Definition of Terms

12-step program- A guideline for recovery from addictive, compulsive, or other behavioral problems. During each of the 12 stages, patients take action, learn new roles, and apply new behaviors (Miller, 2013).

Approach- An approach is a system of how to go about conducting therapy based on a set of principles and beliefs (Corey, 2009).

Art media- The materials with which an artist engages such as paper, pencils, pastels, paints, clay, collage, photography, fibers, wood, metals, text, and video (Moon, 2010).

Art therapist -An art therapist is a Masters-level clinician who uses knowledge of the creative process, psychology, art, and therapeutic techniques and theory to in the context of a therapeutic relationship (American Art Therapy Association, 2013).

Attachment style- The ability to establish a personal relationship with a caregiver or loved one based on the infant-mother relationship (Ainsworth, 1969).

Bibliotherapy- The use of books in the treatment of emotional or behavior problems by trained helping professionals (Bibliotherapy Education Project, n.d.).

Creative process- A process by which ideas are generated and then selected. The creative process is enhanced by plasticity, non-conformist thinking, and precision(Fürst, Ghisletta, & Lubart, 2012).

Continuous Trauma- Trauma in which there is a feeling of inescapable and unchanging danger or lack of safety leading to patterns of maladaptive behaviors in individuals and/or communities (Berman, 2013).

Culturally relevant art therapy- Art therapy that is based on the culture of the country in which the project/program is occurring. The local culture is the foundation rather than adding the local culture into the approach of a non-native art therapist (Gómez Carlier and Salom, 2012).

Dance/movement therapy- the psychotherapeutic use of movement to promote the emotional, cognitive, physical and social integration of self within the context of the therapeutic relationship. It is based on a belief that the body, mind, and spirit are interconnected (American Dance Therapy Association, n.d.).

Defenses- Defenses are behaviors that help an individual cope. They are used either consciously or unconsciously and depend on the individual's anxiety and developmental level (Corey, 2009).

Developing country/third world country- A country in which a stable economy is still developing as measured by basic economic conditions within the country such as gross-national income (United Nations Development Policy and Analysis Division, 2012).

Drama therapy- Drama therapy is the use of drama and theater to achieve therapeutic goals such as enhanced problem solving, emotional expression, and cathartic release. It can also be used to share one's story and explore the roles one takes on in life (North American Drama Therapy Association, n.d.).

Formal elements- The components that artists use in producing artworks: line, color, value, shape, form, texture and space (J. Paul Getty Museum, n.d.).

Goal- A therapeutic goal is based on the needs of the client to improve his or her well-being (Corey, 2009).

Healing- Healing is an internal process in which the various aspects of an individual are integrated, resulting in a balanced and whole self (Rancour, 1991).

Indigenous models of health- Indigenous models of health are the medical and healing practices of an indigenous culture. These are traditional healing methods of a culture as opposed to medical models imported from Western society (Levers, 2006).

Music therapy- the clinical and research-based use of music interventions to achieve therapeutic goals such as emotional support and increased motivation in the context of a therapeutic relationship with a professional with credentials from an approved program (American Music Therapy Association, n.d.).

Psychodrama- Psychodrama is the use of dramatic action to explore a problem and enhance insight, personal growth, and integration of cognition, affect and behavior. Psychodrama is based on theories of group dynamics, role theory, and systems theory. A trained psychodramatist acts as the director and guides participants (American Society of Group Psychotherapy and Psychodrama, n.d.).

Participatory action research (PAR)- Participatory Action Research is research in which the individuals, whom the research proposes to help, are considered the experts, rather than the researcher. The style of research is egalitarian and brings people together to discuss the problems they encounter, examine the societal structures that cause these problems, and then brainstorm to create solutions that can then be put into action by the community members (Watkins & Shulman, 2010).

Psychotherapy- Psychotherapy facilitates change and healing through genuine dialogue in the context of a supportive, nonjudgmental therapeutic relationship (Corey, 2009).

Purpose- the purpose is the reason for using therapy with one individual or a community in order to achieve a particular outcome (Corey, 2009).

Sophrology- The use of movement and mental exercises to relax the body and mind simultaneously (Sophrology Center Online, n.d.).

Studio art therapy model- Art therapy as practiced in an open environment in which the emphasis is on the art making. The art making is understood to have therapeutic benefits and is viewed through a social science or human services lens (Vick & Sexton-Radek, 2008).

Therapeutic art making- Art making that is used to enhance one or more persons' psychological wellbeing, but done so without the presence of an art therapist and their support and expertise (Malchiodi, 2013).

Therapeutic relationship- the relationship between a therapist and client in which the therapist is supportive and yet challenging in order to encourage growth and change (Corey, 2009).

Transitioning countries-Countries in which the economy is in transition between developing and developed countries (United Nations Development Policy and Analysis Division, 2012).

CHAPTER II

METHODS

An integrative systematic literature review was conducted to gain an understanding of completed research on art therapy outside the United States; specifically who uses art therapy, its purpose, and its implementation. An integrative systematic literature review is a form of research in which literature is read, critiqued, and synthesized in order to create a new framework or perspective (Torraco, 2005). This was done in effort to understand how art therapy is implemented in other countries and how American art therapists may approach international art therapy work in the future. Relevant studies were compared to establish common practices as well as to identify gaps in the research. Studies were found using search databases through a large, state university library.

An integrative review of the literature was used to combine the disconnected body of knowledge that currently exists on international art therapy. Research on the breadth of international art therapy projects has previously been conducted and published, however, a holistic and comprehensive understanding has not been achieved. This is due to delimitations used by researchers in their studies, such as the exclusion of countries without professional associations (Stoll, 2005).

Research articles, editorials, and websites of art therapy professional associations were used as sources. Articles and editorials were found using the search databases PsychINFO, PsychARTICLES, and Google Scholar. A variety of search terms was used. The search terms are organized by topic in tables 1-4. The Search Terms and Phrases for International Art Therapy are listed in Table 1. Table

2 contains the search terms that fall under the category of professional art therapy associations. Table 3 lists the search terms for art, expressive, and creative therapy by geographical region. Lastly, Table 4 lists developing countries as defined by the United Nations Development Policy and Analysis Division (2012) used as search terms combined with "art therapy".

To further understand art therapy internationally, websites of art therapy professional associations were selected based on existing research articles whenever possible. Literature was also found through the reference lists of sources found through search databases.

Table 1

Search Terms and Phrases for International Art Therapy

Art Term	Therapy Term	International Term
Art	Therap*	International
Art	Therap*	Third world
Art	Therap*	Global
Art therapy	-	Third world
Art therapy	-	Global
Art therapy	-	International
Expressive	Therapeutic	Third world
Expressive	Therap*	Third world
Creative	Therap*	International
Creative	Therap*	Global
Creative	Therap*	Third world

Table 2

Search Terms and Phrases for Art Therapy Professional Associations

Art therapy Term	Professional Term	Association Term
Art therapy	Professional	Organization
Art therapy	Professional	Association
Arts therapy	Professional	Association
Arts therapy	Professional	Organization
Expressive therapy	Professional	Organization
Expressive therapy	Professional	Association

Table 3

Search Terms and Phrases for Art Therapy by Geographical Region

Art Term	Therapy Term	Country/Area
Art	Therap*	Africa
Art therapy	-	Africa
Expressive	Therap*	Africa
Creative	Therap*	Africa
Art	Therap*	Asia
Art therapy	-	Asia
Expressive	Therap*	Asia
Creative	Therap*	Asia
Art	Therap*	"South America"
Art therapy	-	"South America"
Expressive	Therap*	"South America"
Creative	Therap*	"South America"
Art	Therap*	"Latin America"
Art therapy	-	"Latin America"
Expressive	Therap*	"Latin America"
Creative	Therap*	"Latin America"
Art	Therap*	"central America"
Art therapy	-	"central America"
Expressive	Therap*	"central America"
Creative	Therap*	"central America"
Art	Therap*	"Middle East"
Art therapy	-	"Middle East"
Expressive	Therap*	"Middle East"
Creative	Therap*	"Middle East"
Art	Therap*	"Eastern Europe"
Art therapy	-	"Eastern Europe"
Expressive	Therap*	"Eastern Europe"
Creative	Therap*	"Eastern Europe"
Art Term	Therapy Term	Country/Area
Art	Therap*	Africa
Art therapy	-	Africa
Expressive	Therap*	Africa
Creative	Therap*	Africa
Art	Therap*	Asia
Art therapy	-	Asia
Expressive	Therap*	Asia
Creative	Therap*	Asia
Art	Therap*	"South America"
Art therapy	-	"South America"
Expressive	Therap*	"South America"
Creative	Therap*	"South America"

Table 4

Search Terms for Art Therapy by Developing Country

Art Therapy	Country/Area
Art therapy	Algeria
Art therapy	Egypt
Art therapy	Libya
Art therapy	Morocco
Art therapy	Tunisia
Art therapy	Cameroon
Art therapy	Central African Republic
Art therapy	Chad
Art therapy	Congo
Art therapy	Equatorial Guinea
Art therapy	Gabon
Art therapy	Sao Tome and Principe
Art therapy	Burundi
Art therapy	Comoros
Art therapy	Djibouti
Art therapy	Eritrea
Art therapy	Ethiopia
Art therapy	Kenya
Art therapy	Madagascar
Art therapy	Rwanda
Art therapy	Somalia
Art therapy	Sudan
Art therapy	Uganda
Art therapy	United Republic of Tanzania
Art therapy	Angola
Art therapy	Botswana
Art therapy	Lesotho
Art therapy	Malawi
Art therapy	Mauritius
Art therapy	Mozambique
Art therapy	Namibia
Art therapy	South Africa
Art therapy	Zambia
Art therapy	Zimbabwe
Art therapy	Benin
Art therapy	Burkina Faso
Art therapy	Cape Verde
Art therapy	Côte d'Ivoire
Art therapy	Gambia
Art therapy	Ghana
Art therapy	Guinea
Art therapy	Guinea-Bissau
Art therapy	Liberia
Art therapy	Mali
Art therapy	Mauritania
Art therapy	Niger
Art therapy	Nigeria

Art therapy	Senegal
Art therapy	Sierre Leone
Art therapy	Togo
Art therapy	Brunei Darussalam
Art therapy	China
Art therapy	Hong Kong SAR
Art therapy	Indonesia
Art therapy	Malaysia
Art therapy	Myanmar
Art therapy	Papua New Guinea
Art therapy	Philippines
Art therapy	Republic of Korea
Art therapy	Singapore
Art therapy	Taiwan Province of China
Art therapy	Thailand
Art therapy	Viet Nam
Art therapy	Bangladesh
Art therapy	India
Art therapy	Iran
Art therapy	Nepal
Art therapy	Pakistan
Art therapy	Sri Lanka
Art therapy	Bahrain
Art therapy	Iraq
Art therapy	Israel
Art therapy	Jordan
Art therapy	Kuwait
Art therapy	Lebanon
Art therapy	Oman
Art therapy	Qatar
Art therapy	Saudi Arabia
Art therapy	Syrian Arab Republic
Art therapy	Turkey
Art therapy	United Arab Emirates
Art therapy	Yemen
Art therapy	Barbados
Art therapy	Cuba
Art therapy	Dominican Republic
Art therapy	Guyana
Art therapy	Haiti
Art therapy	Jamaica
Art therapy	Trinidad and Tobago
Art therapy	Costa Rica
Art therapy	El Salvador
Art therapy	Guatemala
Art therapy	Honduras
Art therapy	Mexico
Art therapy	Nicaragua
Art therapy	Panama
Art therapy	Argentina
Art therapy	Bolivia
Art therapy	Brazil

Art therapy	Chile
Art therapy	Colombia
Art therapy	Ecuador
Art therapy	Paraguay
Art therapy	Peru
Art therapy	Uruguay
Art therapy	Venezuela

Data Analysis

Data analysis began with reading the found sources that were relevant to the focus of the study. Relevant studies were those on art therapy projects in areas with limited or no access to mental health services within developing countries. Data analysis also involved recording key information using a literature matrix. The focus of the analysis was on hypotheses that included the training, purpose, and practice of art therapy in developing and transitioning countries. Important information included the title, author, key words, location of the research, the training of the art therapists involved, the purpose of the art therapy interventions, and the art therapy approach utilized. The data gained from each source was analyzed using the above method, critiqued, compared, and synthesized to create a new framework.

The research included in the literature review was found in books, academic journals, and on websites (see Figure 1). Books comprised 18% of the sources, academic journals were 64%, and websites were 18%. The research specifically on art therapy projects in developing and transitioning countries was found using PsychInfo, Google Scholar, books, and websites. Figure 2 illustrates the division of where these sources were found. PsychInfo produced 66% of the sources, Google Scholar 8.5%, books 17%, and websites made up the remaining 8.5%.

The 2012 United Nations Statistical Annex on World Economic Situations and Prospects was used as a reference point to determine which countries are classified as developing or transitioning. This report provided a list of developed, transitioning, and developing countries. As the focus of the research was on art therapy in developing and transitioning countries, research articles on art therapy

projects in developed countries were not included. Twenty-six of the 125 transitioning and developing countries were featured in the research found on art therapy projects. Of these countries, only 20 were included in the literature review. The choice to not include research on the other six countries was made because the articles were written in a language besides English or utilized art therapy in mental health settings similar to that of developed countries (see Figure 3).

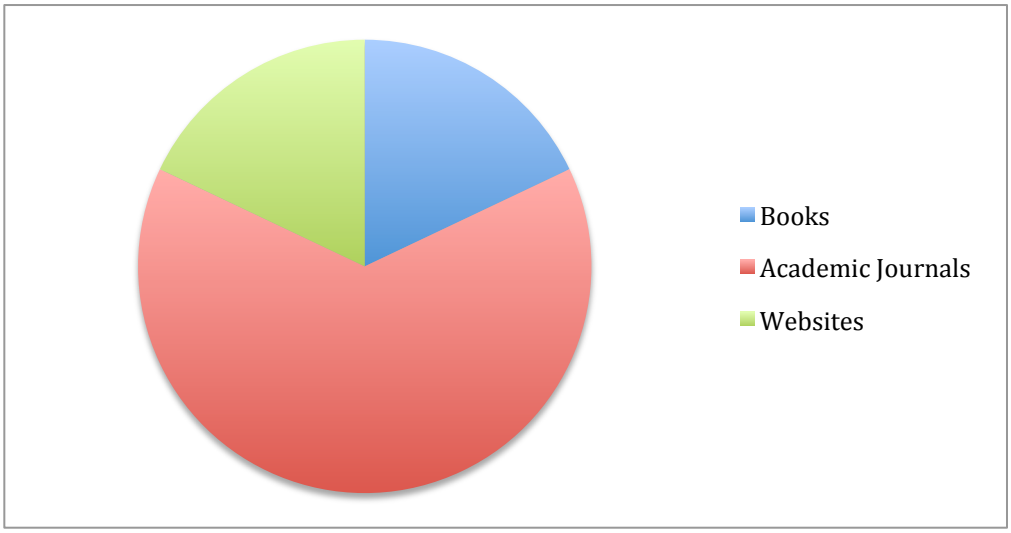

Figure 1. Types of Sources Included in Literature Review

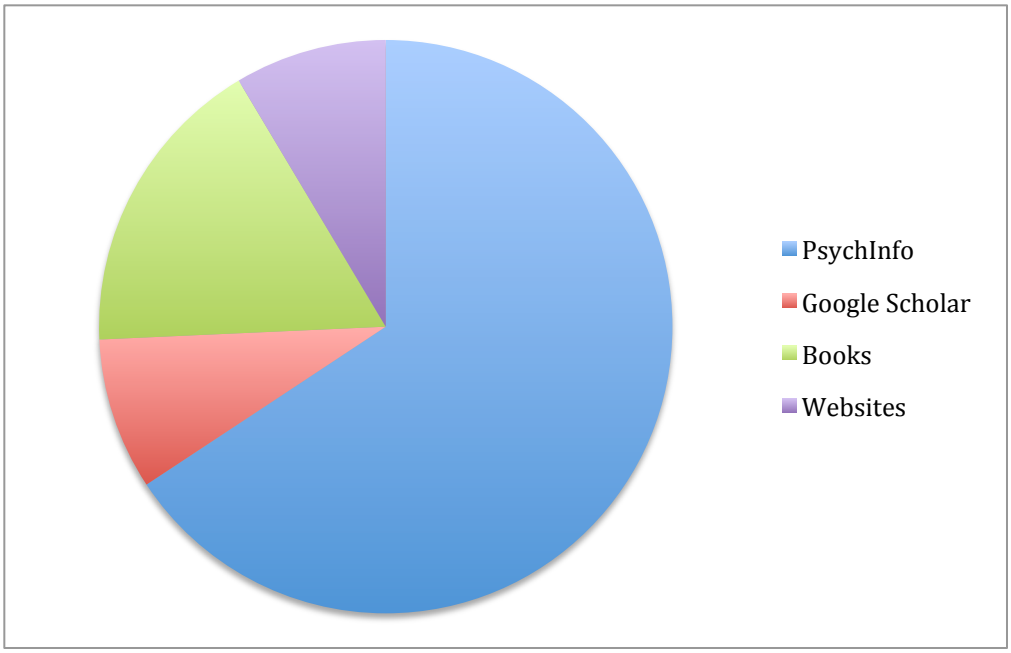

Figure 2. Where Research on Art Therapy in Developing and Transitioning Countries was Located

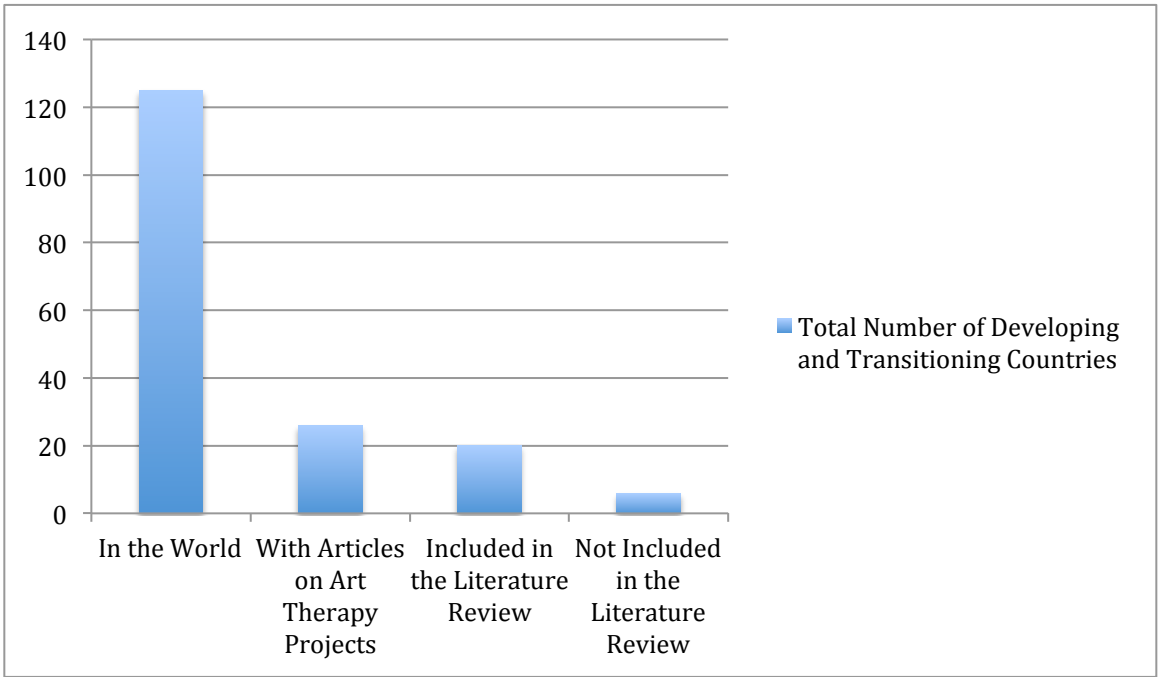

Figure 3. Developing Countries with Art Therapy Projects Featured in the Literature Review.

CHAPTER III

LITERATURE REVIEW

History of International Art Therapy

In her article, "Global Art Therapy Training: Then and Now", Arrington (2005) presented research on the history of international art therapy, with a focus on early work. A pioneer in international art therapy development, Myra Levick, travelled to Israel to attend a conference held by the International Society for the Expression of Psychopathology in 1967 (Arrington, 2005). Levick's travels were among the first international connections made by American art therapists. Her international involvement set a precedent for the following decades. In the 70's and 80's, international travel for art therapy work increased, with individuals such as Shawn McNiff, Paolo Knill, Helen Landgarten, Arthur Robbins, Judy Rubin, and Harriet Wadeson working overseas to promote art therapy (Arrington, 2005). International art therapy work was comprised of lecturing on art therapy, establishing educational programs at the university level, and practicing art therapy within local communities.

As American art therapists promoted art therapy within the international community, the field grew at varying rates. The profession was slow to develop in countries such as Australia, Brazil, Slovakia, and South Africa, where art therapy was not established as a unique profession until after 1985 (Stoll, 2005). Professional associations have also taken time to develop. While the United States and Britain established their professional associations in the 1960s, art therapists in countries such as Greece, Peru, Brazil, and Slovakia did not form their professional

organizations until the end of the 20th century (Stoll, 2005). The varying levels of maturity within the field of international art therapy may contribute to differences in regulation, training and approach of art therapy found from country to country.

Differences and Similarities within the Profession of Art Therapy Worldwide

The differences within the field of art therapy in various countries are organized in Table 5. This table is intended for ease-of-reference while reading the following review of the literature. The first column lists each country that has been included in this literature review. The second column contains the term or terms used to refer to the field of art therapy in the designated country. The training required for art therapists to practice in their field is included in the third column. The fourth column provides the names of professional associations in the countries listed. The last column lists what organization, if any, is charged with regulating the ethics of the field.

As art therapy has grown internationally, each country has developed its own theoretical foundation. The profession of art therapy within the United States is different from the profession worldwide, which can make the task of an American implementing art therapy in other countries difficult. This difficulty is due to the complexity of culture and the challenge of being accurately informed and aware as an outsider of a community.

Terms for art therapy. The main differences found within the field across the globe are the terms, training, purposes, and approaches of art therapy. Art therapy is the most common term used for the profession around the world. In Australia and New Zealand, the term used is arts therapy (Australia and New

Zealand Arts Therapies Association, n.d). Expressive therapies or creative therapies are both used in Israel (Israeli Association for Therapy by Creation and Expression, n.d.). In Switzerland, art therapy exists as a term but does not exist independently as its own field. Rather, activity therapists, animation therapists, and painting therapists are known to have integrated art into their professions (Stoll, 2005). Other common terms include art psychotherapy and arts therapies.

Research on the definition of art therapy and its related terms in different countries also yields a variety of responses. Appendix A lists the definition of art therapy used in each country included in this paper. Words that appear within multiple definitions of art therapy include mental health, psychotherapy, media, art therapist, creative process, feelings, emotions, self-awareness, personal growth, communication, healing, therapeutic relationship, unconscious, and safe space. These are commonly accepted foundational terms of art therapy around the globe.

The definition of art therapy in the United States is "a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to…improve or restore a client's functioning and his or her sense of personal well-being" (AATA, 2013). Some art therapy associations have more unique elements within their definitions. The International Expressive Arts Therapy Association (n.d.) definition of art therapy includes community development. The Australian and New Zealand Arts Therapy Association (n.d.) includes music, dance, movement, and drama therapy within its definition of art therapy. The definition used by the Israeli Association for Therapy by Creation and Expression (n.d.) is similar to that of Australia and New Zealand but

also includes psychodrama and bibliotherapy. These particularities in definitions illustrate the overall variation within the international art therapy community.

Art therapy training. There are differences in the training of art therapists across the globe. The standards for education vary from educational certificates to Master's degrees with a supervised clinical experience with a range of 700-1000 clinical hours. In some locations, such as Nicaragua, a degree or certificate is not required. In countries with art therapy educational programs, a standard educational requirement exists to guarantee that trained individuals are the sole practitioners of art therapy. This standard ensures that those providing art therapy follow a consistent set of ethics regarding practice. Without such standardization, untrained individuals may practice art therapy, increasing the potential to cause harm due to a lack of knowledge and understanding. Due to this increased potential, countries with training specifications consider practicing without proper education to be unethical. The standardization of ethics begins during the education process, and the enforcement of these standards is generally the responsibility of professional associations within those countries. In countries without art therapy educational programs, it can be difficult to ensure that educational and ethical standards are consistent.

The purposes of art therapy. Common purposes of art therapy listed within professional associations' definitions include sharing stories and histories, increasing autonomy and self-esteem, processing or containing trauma, and improving communication. The identification of these purposes may be the driving force behind the theoretical training approaches adopted in certain countries. Just

as the purpose influences the theoretic training model, it also influences the approaches used to achieve the purposes identified. For instance, if the purpose of art therapy is to raise social consciousness, the art therapy approach may be based in community art projects rather than individual psychotherapy. A range of purposes will be identified through the research and included in this study.

Art therapy approaches. As previously mentioned, art therapy can be practiced utilizing different clinical and theoretical approaches. These include art psychotherapy, studio art therapy, and community-based art therapy projects. In addition to these clinical art therapy approaches, there are programs that utilize therapeutic art making. Therapeutic art making is art that may be used to enhance one's psychological well-being, but done so without the presence of an art therapist and their support and expertise (Malchiodi, 2013). It is often difficult to determine which approach is being utilized within an art therapy project or program due to the previously discussed varying definitions of art therapy and unique interpretations of each approach based on location and culture (Coulter, 2014). Oftentimes, the structure of a program is based on a blend of different therapeutic approaches, making categorization challenging.

Table 5

Terms, Training, Professional Association and Ethics Regulations by Country

Country	Term Used	Training	Association	Ethics Regulation
Australia + New Zealand	Arts therapy	2 year Masters with 750 clinical hours	ANZATA	ANZATA
Argentina	Art therapy	Masters	AAAT	-
Bosnia and Herzegovina	Art therapy	-	-	-
Brazil	Art therapy	Undergraduate degree	UBAAT	UBAAT
Britain	Art therapy	Masters degree	BAAT	BAAT
Canada	Art therapy	Post-graduate certificate or graduate degree with 700 clinical hours	CATA	CATA
Croatia	Creative therapy or art/expressive therapy	2 year graduate degree in Education Rehabilitation with three modules. One of which includes Creative and Art/Expressive Therapies	The Croatian Association for Sophrology, Creative Therapies and Arts/ Expressive Therapies	The Croatian Association for Sophrology, Creative Therapies and Arts/ Expressive Therapies
Colombia	Art therapy	Masters with 600 hours clinical experience	Colombian Art Therapy Association	-
Ecuador	Art therapy	-	-	-
Greece	Art psychotherapy	Four year post-graduate program with 750 hours clinical experience	GAAT and Hellenic Association of Art Therapists	Hellenic Association of Art Therapists
Italy	Art therapy	Varies	Art Therapy Italiana and Italian Professional Association of Art Therapy	Italian Professional Association of Art Therapy
Israel	Art therapy or creative and expressive therapy	Masters degree with 600 hours clinical experience	IHT	IHT
Jamaica	Creative arts	-	Caribbean Art	Caribbean Art

	therapies or art therapy		Therapy Association	Therapy Association
Korea	Art therapy	Graduate degree or undergraduate degree	KACAT, KAI, KEAPA, KATA, and KACA	-
Kosovo	Art therapy	-	-	-
Kuwait	Art therapy, visual therapy	-	-	-
Nicaragua	Art therapy and creative art therapy	-	-	-
Pakistan	Art therapy	Workshops and courses offered	Art Therapy and Mental Health Association	-
Palestine	Art therapy or expressive therapy	-	-	-
Russia	Arts therapies	Post graduate degree	RATA	RATA
Rwanda	Art therapy	-	-	-
Saudi Arabia	Art therapy	Exists but level of education unclear	-	-
South Africa	Art therapy or art psychotherapy	Community Art Counselor/foundational course	ATASA	South African Government
Sri Lanka	Art therapy	-	-	-
Sudan	-	-	-	-
Switzerland	Art therapy	Varies	APSAT	APSAT
Thailand	Art therapy	Post-BA diploma or Post-MA certificate	Art Therapists Society of Thailand	-
Turkey	Art psychotherapy or visual arts therapy	Certificate with 30 application hours	Art Psychotherapy Association	Art Psychotherapy Association
Ukraine	Art therapy or art psychotherapy	-	-	-
United States	Art therapy	2 year Masters and 700 hours clinical experience	AATA	AATA

Research on the Similarities and Differences of Art Therapy Internationally

In an effort to establish a clear and contemporary understanding of what art therapy is internationally, Stoll (2005) studied the commonalities and differences within the field. She compared the theoretical foundations, preferred approaches, professional recognition, common challenges, and educational processes of art therapy in countries around the world. Stoll (2005) specifically focused on countries

with professional art therapy associations and whose development was comparable to trends in other countries. Stoll's research illustrated the vast number and the diversity of art therapy projects around the world. Her findings of the diverse nature of settings in which art therapists are working supports AATA's current requirement for multicultural education within graduate programs that focuses on "cultural diversity theory and competency models" as well as investigates "the role of the art therapist in social justice, advocacy and conflict resolution" (American Art Therapy Association, 2007). Further education on social and cultural diversity allows for a foundation for the adaptation of art therapy models based on local culture.

Standardization of Art Therapy Internationally

Standardization of definitions and education processes helps professional fields form a consistent and clear vision for future development. As stated by Potash, Bardot, and Ho (2012), "formal trainings and education standards are more than a way to consolidate knowledge and ensure its appropriate distribution: it is a way to mark oneself as a profession" (p. 143). Coulter (2014) explains that "generations of art therapists continue to struggle to sustain a global stance [this] highlights a sense of unclear definition of purpose" within the field (p. 226). This is a long-standing issue and supports the need for standardization within the profession. Global standards of art therapy education may be unrealistic due to the large variation among mental health systems throughout the world. However, it may be beneficial to have international standards that establish a minimum amount of expected areas of knowledge for art therapy professionals. Establishing common ideas for art

therapy training is "important for the profession to grow on a global scale" (Potash, Bardot, & Ho, 2012, p. 149). Potash, Bardot, and Ho report that there are currently only four associations that either provide art therapists accreditation, or set educational requirements for licensure. They are AATA, CATA, BAAT, and ANZATA. There appears to be a need for other associations to create standards within their own countries as well as to join together to establish minimum educational requirements across the globe. Potash, Bardot, and Ho also emphasize that global standards must not merely be a replication of Western standards, and must take into consideration other cultures as well. Coulter (2014) supports Potash, Bardot, and Ho's desire for international standards, stating "art therapy would benefit greatly if broader international standards could be determined that considered registration, training, and standards of clinical practice" (p. 226). It should also be noted that in 2011, the Art Therapy Credentialing Board in the United States announced it was considering an international credentialing system, but no further information has been released

Contemporary Art Therapy Projects Across the Globe

To create a definition of art therapy that establishes an ethical and culturally appropriate standard for practice to be followed worldwide, understanding and incorporating the existing literature on contemporary art therapy projects across the globe is essential. Table 6 lists the articles included in this literature review, the countries in which programs occurred, the countries in which the programs' leaders were trained, what their training was, the programs' adherence to the guidelines of the country of training, the programs' adherence to the guidelines of the program

country, and whether or not the programs were culturally relevant. Cultural relevance is determined utilizing Gómez Carlier and Salom's (2012) definition of culturally relevant art therapy, which is art therapy that is based on the culture of the country in which the project is occurring, as well as reviewing the country's traditional mental health structures.

Art therapy in Africa.

Chu (2010)—Rwanda. American art therapist Chu spent three summers providing art therapy groups to young adult survivors of the Rwandan genocide in Kigali, Rwanda. Chu, who had previously established a relationship with a community development organization in Rwanda, approached the leaders of this organization with the idea of beginning an art therapy program as part of this organization. After receiving the support and permission of the leaders, Chu began planning art therapy groups, which were exploratory in nature, to determine the most effective and appropriate programs. Chu made a distinct effort to structure her art therapy groups in a manner that was culturally appropriate. This was achieved by considering the accessibility of the art supplies in Rwanda. Chu gradually introduced materials to avoid overwhelming participants because many participants were unfamiliar with art materials due to the impoverished conditions during and post-genocide. In addition, collage materials contained representations of Rwandan culture and images of a diverse group of people (Chu, 2010, [Letter to the Editor]). Chu was mindful that Rwandan culture discourages open displays of emotion, and therapy and counseling is not well understood or accepted. In her article, Chu (2010) focused on decorating boxes because "the box metaphor had

such functional equivalence in Rwandan culture" (p. 5) specifically to the private and contained nature of emotions. Chu's program does adhere to the ethical standards of AATA. It does not appear that Rwanda has a professional association for art therapists, nor an educational program for training art therapists, and therefore it is difficult to discern the ethicality of Chu's program in Rwanda. However, due to Chu's extensive consideration of cultural differences, as well as consultation with local community leaders in Kigali, Chu's program was culturally appropriate.

Field & Kruger (2005)—South Africa. In 2005, South-African clinical psychologists Field and Kruger studied the effects of art therapy on levels of depression and locus of control among black, South African women with HIV. A total of nine women participated in the art therapy group. Field and Kruger used the term "psychocybernetic model of art psychotherapy" to describe the model of treatment utilized in this project. Psychocybernetic art therapy is defined as an approach in which art is created spontaneously without technical skill or instruction. Communication between the therapist and client is "instigated, facilitated and sustained with the help of a visual product" (Nucho, 2003, p. 13) as the artwork is examined for thoughts, feelings, and experiences. This approach mimics that of art psychotherapy, which the authors also used as a label for their program. The therapeutic activity of the group was creating dolls. Doll-making is "theoretically related to the link between creative self-expression and a sense of mastery over helplessness" and can "symbolise the client's ability to assert influence on the self" (p. 471). The program was found to successfully increase the internal locus of

control and decrease the levels of depression experienced by the participants. The program fails to follow the South African government's guidelines for the practice of art therapy, which states that art therapy services should only be provided by a certified art therapist. However, the program is considered culturally appropriate due to the deficit of mental health and art therapy services in South Africa, which will be expanded up in subsequent studies.

Solomon (2006)—South Africa. Solomon, a South African art therapist, clarified the need for both British trained art therapists and South African Healing practitioners to provide services in South Africa. The South African government requires government-regulated credentials for individuals to practice art therapy. Without the proper credentials, the government can prosecute individuals practicing art therapy. However, according to Solomon, the process for credentialing seemed to be "a closely guarded secret" due to the fact that "the requirements for registration were never published in any form" (2006, p. 18). This obstacle has greatly influenced the ability for professionals to acquire these credentials. South African healing practitioners, including psychologists, counselors, and social workers, use art alongside other forms of treatment to promote health and wellbeing. Traditional healers, who use health practices native to tribal cultures of South Africa, also use art in their work. However, none of these groups receive training that adheres to the standards required by the South African Government. The South African healing practitioners have continued to practice art therapy without government approval due to the barriers to receiving credentials in South Africa. Due to these difficulties, it can be argued that an adapted form of art therapy

is necessary for both healing practitioners and formally trained art therapists in South Africa. Solomon states that in order to address the local needs of the culture and respect traditional African healing, art therapists must develop "a broader view of the role of [art] therapy as being able to promote health and resilience in and with communities" (p. 22). This may include the practice of art therapy by those who are not formally trained or certified. Levers (2006) reinforced this idea in a study exploring Western-taught counseling as applied in Southern Africa. Levers analyzed existing research on the integration of counseling and indigenous healing knowledge in the treatment of HIV. She concluded that in order to respect the native culture and combat the marginalization of already oppressed communities, counselors must avoid teaching Euro-American models of counseling and thus excluding indigenous models (p. 96).

Berman (2011)—South Africa. Berman agrees with Solomon that South Africa has a greater need for art therapy services than can be addressed by the accredited art therapists in the country. This is due to a large deficit in mental health services. This deficit is exasperated due to the prevalence of 'continuous trauma' in South African society and the corresponding need for mental health support. Berman also states that facilitators must have "some" training in order to provide individuals with "an experience of being held, contained and thought about with an extended vocabulary of art materials" in order to "readdress the impact of 'continuous trauma' " (p. 3). To fulfill both of these needs, Berman founded the Art Therapy Centre or Lefika La Phodiso in Johannesburg, which provides foundational coursework to local community members in the form of a yearlong, part-time

program on the therapeutic use of art, or community arts counseling. Individuals who undergo this training are called "community art counselors" rather than art therapists due to their less extensive training. Community art counselors are trained to act as witnesses and provide "holding and containment to create pockets of care and safe spaces in which children, adolescents and adults can use art-making and creative processes to express their experiences" (p. 15). The goal of Lefika La Phodiso is to make art therapy accessible in under-privileged communities by increasing the number of trained community members, particularly among those who work with children to impact their mental and emotional health. Berman, who received her art therapy training in Britain, has created a program that does not adhere to the ethical guidelines of South Africa due to her teaching non-art therapists to practice art therapy. As previously explained, Berman made these structural decisions for Lefika La Phodiso in order to address the needs of the community in what she considered an ethical and efficient manner, and therefore her program can be considered culturally appropriate when applying the definition used by Gómez Carlier and Salom (2012).

Nabarro (2005)—Sudan. Nabarro is an artist and humanitarian aid worker who travelled from Britain to Sudan to work as an artist and trainer on a creative arts psychosocial program with Dutch non-governmental organization (NGO), War Child. The program began with Sudanese artists and musicians working with local children and later joined forces with War Child for technical and financial support. The two organizations now work together to provide art for children to strengthen their inner resources and were working together at the time of Nabarro's visit.

Nabarro worked alongside social workers with children who had been displaced from their homes within Sudan. The transcendence of language that takes place during art making was particularly important in this setting due to the variety of languages and dialects spoken by the children. Nabarro found that "even in these impoverished settings, creative arts workshops seem to have a beneficial and enriching effect on the lives of children" (p. 90). She received long-distance supervision from an art therapist, however she made it clear that she was not providing art therapy but creative arts workshops. Nabarro's awareness of her competencies and limitations help to ensure that she was practicing ethically according to the standards utilized in her home country, Britain. Sudan does not have a professional art therapy association, nor an art therapy education program. Therefore, ethical standards have yet to be established in Sudan. The program was culturally relevant because it was created and maintained by local artists, the approach was supportive of the children, and the focus was on aiding the community members.

Art therapy in Asia.

Huss (2007)—Israel. Huss conducted arts-based research in Israel with Bedouin women. The Bedouin are a formally nomadic culture that is now largely settled in five countries in the Middle East, including Israel. In this program, art was introduced into a previously existing group for Bedouin women who were widowed or divorced and now living on their own. Bedouin women rely on men for transportation, among other things. For these women, life without a husband made providing for themselves and their children very difficult. Another challenge for

these women is the changing culture of the Bedouin. This previously nomadic group is undergoing a transition from a collectivist culture to a more individualistic structure. This cultural change leaves single women without the previous support of family members and friends that is essential to a collectivist societal structure. The purpose of the group was to provide an outlet for these women to improve their support system, problem solve as a group through dialogic learning, and share their experiences as an unheard and marginalized group. Huss utilized a creativity in counseling approach because the artwork was considered a "trigger for words" (p. 963), rather than focusing on the process. Creativity in counseling is the use of art as an adjunctive "means of expression" alongside other modes of communication rather than the use of art making as the "primary means of inquiry" (Rosen & Atkins, 2014, p. 300). Huss allowed the women to choose whether or not their artwork would be included in the research in effort to be culturally sensitive to their history of marginalization and oppression. This program followed the ethical guidelines and standards for art therapy work in Israel. The program was found to be culturally relevant as it respected the history of marginalization of the Bedouin and attempted to alleviate the power dynamic created in a researcher-participant relationship.

Marcow Speiser (2013)—Israel. Marcow Speiser, an American expressive therapist, wrote about a variety of art programs in Israel that focus on community outreach and conflict transformation, including Lesley University's extension program for expressive art therapies. Marcow Speiser did not utilize the term art therapy and instead used the phrase 'applied arts-based approach' for community outreach. The common purpose of the programs was to work with "similarities and

differences between the self and others in order to build a more tolerant and peaceful culture in Israel" (p. 325). In Lesley's extension program, which was founded by Marcow Speiser, educators and experienced mental health workers are trained in the use of art making for conflict mediation. Overall, Marcow Speiser identified her programs as an applied arts-based approach rather than art therapy, despite her Masters-level training as an expressive therapist.

Nathan, Trumble, & Fuxman (2014)—Israel and Palestine. Artsbridge, created by Nathan, Trumble, and Fuxman, is a program that focuses on the Israeli-Palestinian conflict. Nathan is a Jewish American art therapist who resided in Israel from 1976-1979 and acquired firsthand knowledge of the day-to-day effects of the Israeli-Palestinian conflict. Nathan used this experience to inform the development of Artsbridge with Trumble and Fuxman. Artsbridge selects Israeli and Palestinian youth ages 15-17 to travel to Massachusetts for a three-week workshop on conflict resolution and communication. The purpose of the program is to cultivate open dialogue between youth that fosters an atmosphere of respect and communication between the two groups. The expressive therapies component of the program addresses the effects of the collective, intergenerational trauma with the understanding that neither intergenerational or individual trauma can be resolved during the three week program, but that "trauma needs to be acknowledged, held, given voice and witnessed" (p. 150). Expressive therapies are utilized within Artsbridge to reflect upon dialogue sessions and act as a way to keep the group members grounded and cohesive. The program incorporates art making in pairs to explore new communication styles and put into practice the skills learned during

the dialogue sessions. The Artsbridge program follows the ethical guidelines of the United States and Israel. However, there does not exist a professional association for art therapy in Palestine and therefore the ethicality of such a program in Palestine is difficult to determine.

Abu Sway, Nashashibi, Salah & Shweiki (2005)—Palestine. Abu Sway, Nashashibi, Salah, and Shweiki, expressive arts therapists from Switzerland, worked at the Palestinian Counseling Center (PCC), which promotes the mental health and well-being of the Palestinian people. Expressive arts therapies is one of the services offered at the PCC. The expressive therapists worked with local community members and community 'helpers' who were at risk for developing secondary-trauma, such as doctors and ambulance drivers. The purpose of the expressive therapies program was "to activate the body so as to bring it back to life to make individual gain confidence in her self and abilities by strengthening the house of the body" (p. 169). In order to do so, a mind-body approach was utilized. The therapists were flexible in managing roadblocks that arose due to the conflict between Israel and Palestine, such as a 28-day prolonged curfew. The expressive therapies program followed the ethical guidelines of Switzerland and was culturally relevant, demonstrated by adaptations made to support cultural values and a willingness to work within the local conditions. The ethical standards of practice in Palestine have yet to be established as there is not presently a professional association or art therapy education program.

Staples, Abdel Atti, & Gordon (2011)—Palestine. The Center for Mind-Body Medicine, originally established in Washington DC, has an extension program

located in Palestine. Mind-body medicine and mind-body skills focus on increasing awareness and understanding of the interaction of the body and mind in order to enhance self-care (The Center for Mind-Body Medicine, n.d.). The Palestinian location in Gaza created a group focused in mind-body skills in an attempt to decrease levels of depression, PTSD, and hopelessness in Palestinian children and adolescents (Staples, Abdel Atti, & Gordon, 2011). A total of 129 children and adolescents participated in 45 groups, which met twice weekly for ten sessions. The structure of the program consisted of mind-body interventions integrated with a psychoeducational approach. The program utilized a series of three drawings created during the second session and tenth session, which was the conclusion of the group. The drawing prompts for the second session were the following: draw yourself as you feel now, draw yourself with your main problem, and draw yourself as you would be if your problem was solved. The drawing prompts for the concluding session were draw yourself as you feel now, draw yourself as you would like to feel, and draw how you are going to get from how you feel now to how you would like to feel. The drawing-based interventions were not specifically called art therapy, but the use of drawing as a component of the mind-body technique is labeled as art therapy by Staples, Abdel Atti, and Gordon. Other mind-body techniques used included guided imagery, meditation, expressive movement, and relaxation training. An assessment was used to measure levels of depression, PTSD, and hopelessness at the beginning and end of the program, and again at a seven-month follow-up appointment. Overall it was found that participants had lower levels of depression, PTSD symptoms, and hopelessness after participation in the

group. The reductions of depression and PTSD symptoms were partially maintained and the decreased levels of hopelessness remained consistent at the seven-month follow up. The facilitators for the study were 37 mental health professionals who were not art therapists. The mind-body skills group was created with the intent to be used by a variety of helping professions. The program "represents a promising approach to help entire populations of children who have been, and continue to be, affected by war and other disasters" (p. 261). The authors were trained in the United States as psychiatrists and molecular biologists. The 37 mental health professionals who were the facilitators were not art therapists. According to AATA, the use of art therapy within their program is unethical due to their lack of training. The ethicality of the program in Palestine cannot be determined due to the absence of an art therapy educational program and professional association.

Ahmed & Siddiqi (2006)—Pakistan. Pakistani psychiatrists Ahmed and Siddiqi discussed the use of art therapy in disaster settings, specifically the treatment of children affected by an earthquake in Pakistan. The limited number of mental health workers resulted in the training of local individuals in basic counseling skills. The Pakistan Association for Mental Health prepared a manual of therapeutic techniques such as active listening, grief counseling, and the use of art and play therapy. This manual did not include the interpretation of drawings, and focused on the process of art making and not the interpretation of the product. Ahmed and Siddiqi justified their approach to art in therapy stating that, "in developing countries, especially in south Asia, art therapy is almost non-existent" (p. S29). It is uncertain as to whether or not the projects discussed by Ahmed and

Siddiqi are ethical according to the standards of Pakistan or culturally appropriate due to a lack of specific published data regarding the above projects.

Alyami (2009)—Saudi Arabia. Alyami, an American-trained art therapist, began an art therapy program in the rehabilitation center at King Fahad medical center. Saudi Arabia. The purposes of Alyami's program were improving fine and gross motor skills, using color and space-oriented art tasks for individuals with visual and spatial difficulties, and assessing developmental level and brain functioning through art assessment. The art therapy program prepared patients for "more rigorous training in physical or occupational therapy" (p. 283). Alyami used a studio art therapy model and focused on mind-body approaches in order to address the mental and emotional symptoms of physical ailments. While Alyami received training in the United States and utilized AATA's guidelines in planning the art therapy program, he did so with an awareness of cultural differences. Alyami was conscious to adapt his program "to the unique cultural and religious framework in Saudi Arabia…art therapists understand the value of Islamic arts and Arabic traditions in healing and artistic expression" (p. 283), making this program culturally appropriate. Alyami, as the creator of the first art therapy program in Saudi Arabia, has set a precedent for the structure of art therapy in the country. On-site training was provided by the hospital for interested art therapists and Alyami plans to establish a two and half year medical art therapy training program in the future.

McElroy (2005)—Sri Lanka. British-trained art therapist McElroy traveled to Sri Lanka to volunteer as an art therapist for two years in 1998. She held an art

therapy open studio and a small, closed art therapy group in an area hospital. The purpose of the program was not described, but the case study provided illustrated that art therapy provided a place for individuals to express themselves and possibly process their traumatic experiences. McElroy discussed concerns related to the facilities, initially perceiving them as dangerous and dingy, however, upon further contemplation, she determined the space was safe and adequate when compared to the current conditions within Sri Lanka. McElroy was aware of the tendency of Sri Lankan's to elevate British white foreigners, and how this undesired power dynamic needed to be avoided in the program. When it came time for McElroy to leave after working in Sri Lanka for two years, the translators who worked with McElroy continued to offer art groups, which McElroy specifically stated were not art therapy groups. This program successfully followed the ethical guidelines of practice in Britain. Ethical standards of practice in Sri Lanka have yet to be determined due to a lack of professional association or art therapy training program. McElroy's art therapy program in Sri Lanka was culturally relevant due to her awareness of cultural differences and her use of an open-studio art therapy model which was exploratory and supportive in nature.

Chilcote (2007)—Sri Lanka. Chilcote, an American art therapist worked with children in Sri Lanka after the Boxing Day tsunami of 2004. Chilcote ran a total of 11 art therapy groups for girls ages 5 to 13 in three schools and one orphanage. In each location, she offered art therapy groups once a week for an hour for a total of four weeks. The purpose of the art therapy program was to support self-expression and allow the girls to share their traumatic experiences related to the tsunami.

Chilcote used locally purchased art supplies and easily understood art directives to reduce misunderstanding. The directives were non-intrusive and employed an art psychotherapeutic approach through the processing of the final art product, which allowed the children to share as much or as little as they felt comfortable. Chilcote's program followed the standards enforced by the United States. At this time, Sri Lanka appears to have neither a professional art therapy association, nor an art therapy education program. Therefore, it is difficult to identify the country's standards for art therapy and the ethicality of Chilcote's program.

Lemanski & Belenky (2008), Lemanski (2009)—Sri Lanka. Lemanski and Belenky (2008) were the recipients of the Davis Projects for Peace award to fund an expressive arts therapy center in Colombo, Sri Lanka for children. The two American undergraduate students received mentoring and guidance for their program proposal and implementation from therapist and artist Dr. Natalie Rogers, and art therapist Ellen Levine. The initial proposal included working with a grassroots organization in Colombo called Sarvodaya to create an expressive arts therapy program for children. Initially, Lemanski and Belenky planned to reside in Sri Lanka for several months to find a location, establish the program, and train 10-14 local community members to fully operate the center. Sarvodaya agreed to support the program after Lemanski and Belenky returned to the United States. However, due to changes in visa regulations, when Lemanski arrived in Colombo she was no longer able to work with non-governmental organizations (NGO's) such as Sarvodaya. Due to this predicament, Lemanski formed a relationship with nATANDA Dance Theatre (Lemanski, 2009), which offers dance training and art workshops. Through

nATANDA, Lemanski offered a three-month-long expressive arts therapy program incorporating dance and art-making. The goals of the program were to encourage creativity among the children, facilitate a sense of community among youth of different ethnic and religious backgrounds, explore themes of physical and psychological imprisonment, abuse, and discrimination, and raise awareness of these issues through a final, public dance performance. After the final dance performance, Lemanski noticed increased creativity in the participants and "a renewed sense of confidence in many of the new participants and confidence, as well, in the experienced dancers who have learned to mentor their peers" (p. 2). As previously mentioned, the ethicality of art therapy programs in Sri Lanka cannot be determined due to a lack of professional association or educational program. Lemanski's program does not follow the standards of practice in the United States, as Lemanski does not have the required level of education to be a practicing art therapist or expressive arts therapist.

Ayalon (2006)—Thailand. Another example of art therapy work with tsunami survivors occurs in the research of Ayalon. Ayalon, a psychologist, worked in Thailand with art therapist Shiran-Mizrahi. Both were trained in their native country, Israel. Ayalon and Shiran-Mizrahi trained 200 local volunteers to utilize art-based directives to help the community affected by the tsunami. Ayalon and Shiran-Mizrahi also used art-based directives in an effort to create a strong support network amongst the volunteers, which was important due to the potentially emotional nature of the work. An art psychotherapy approach was used, with a focus on positive thinking and identifying and teaching coping mechanisms. Ayalon

highlighted the helpers' similarities to the victims and stated that, "cultural and psychological proximity of the victim population to the local helpers weakens the boundaries between them" (p. 163) and may put them at greater risk for secondary traumatization and compassion fatigue. This was the primary reason that the focus of the training was on creating a strong support system amongst the helpers. Ayalon and Shiran-Mizrahi's program adheres to the standards followed in Israel, their country of training. The website for the Thailand Society for Art Therapists was not located and therefore unable to determine the standards of practice for art therapy in Thailand. It should be noted that an educational program for art therapy does exist in Thailand. It is operated by the Canadian International Institute of Art Therapy and is approved by the Canadian Art Therapy Association.

Prag & Vogel (2013)—Thailand. American researchers Prag and Vogel designed and implemented a therapeutic photography workshop for adolescent Shan refugees in Northern Thailand. Shan refugees have come from neighboring Burma to Thailand due to the military's desire to eradicate minority groups like the Shan State. Therefore, these individuals often have traumatic histories due to their oppression in Burma and further marginalization in Thailand as illegal refugees. Prag and Vogel worked with two organizations, SalusWorld and Fortune, who aim to provide mental health services for Shan refugees in Thailand. The purpose of Prag and Vogel's five-week photojournalism workshop was to give Shan adolescents "the ability to understand their traumatic past as part of their history, rather than a somatically charged daily reality. This was accomplished by giving them a tool to articulate their individual stories" (p. 39). Workshops focused on photography

techniques to "[provide] a safe distraction from the intense work of looking at their own traumatic stories. This was intentional, so that the students could ease into the process of self-analysis" (p. 40). Prag and Vogel also examined the presence of posttraumatic growth (PTG) through analysis of artist statements and photo captions. They define PTG as "an actual change in attitude that occurs as a result of struggling with the material residue of a traumatic event, leading the individual to a new, more positive, paradigm" (p. 39). An interpretive phenomenological analysis approach was utilized in order to give the participants a voice in the analysis of their work. This ensures a more egalitarian approach to data analysis, which is culturally appropriate given the marginalization of the population. The program was found to empower participants and "indicated the presence of PTG in the way that participants saw new possibilities as artists" (p. 45). Staff members at Fortune were trained to continue the workshops after the researchers left Thailand. Neither Prag nor Vogel have training as an art therapist and the program was not called art therapy. Their program aligns with the approach of therapeutic art making and therefore can be considered ethical when evaluated using American standards. The program is culturally relevant as the training of local community members with mental health training ensures sustainability, and an effort was made to allow the participants to interpret their own work, giving voice and power to an otherwise marginalized population.

Art therapy in Eastern Europe.

Baráth (2003)—Croatia and Bosnia and Herzegovina. Baráth worked with traumatized children in Croatia and Bosnia and Herzegovina. Baráth, who received his PhD in Psychology in Croatia, based his programs on early crisis intervention models, 12-step programs, and creative problem solving. Each of the four programs designed by Baráth focused on empowerment, increasing self-awareness, teaching coping mechanisms, establishing safety and support, and improving emotional functioning. Baráth included art in each of his programs and his projects are referred to as art therapy in his published research. He encouraged and educated teachers, community workers and other professionals to use art as an intervention tool. This was to ensure the program reached as many children as possible and was sustainable when Baráth was no longer present. In some countries, the training of non-art therapists to use art therapy interventions and the running of an art therapy program by a non-art therapist, such as Baráth, is considered unethical. However, it is uncertain whether or not this is the case in Croatia and Bosnia and Herzegovina. According to the European Consortium for the Arts Therapies Education (n.d.) Croatia has a Professional Association for Sophrology, Creative Therapies, and Art Therapies; however, the website for the association could not be located. Croatia currently is home to one art therapy education program at the University of Zagreb whose website does not state whether or not art therapy is defined as being done by a trained art therapist. Without information regarding the art therapy training standards in Croatia, it is difficult to discern whether or not Baráth's program violates these standards. Bosnia and Herzegovina do not have a professional art therapy association, and therefore it is uncertain that countrywide ethical standards

for art therapy have been established. The lack of standards or access to information in Croatia and Bosnia and Herzegovina make it difficult to form a final decision on the ethicality of Baráth's programs.

Kälin & Murphy (2005)—Kosovo. British art therapists working for the Art Therapy Initiative (ATI) travelled to Kosovo in response to requests from primary school teachers. The teachers in Kosovo had requested assistance in using art with their students because of the disturbing content of their artwork. The teachers received training on art therapy interventions for six weeks in the fall and again for six weeks in the spring. The purpose of using these art therapy interventions was not to elicit traumatic memories nor to deny and avoid them. The training of the teachers ensured that the help the art therapists could provide would be sustainable. The art therapists were conscious to use local materials for art making to ensure accessibility as well as sustainability. It was also important to the teachers that the art therapists understand the history of Kosovo, which contributed to the art therapists' ability to be culturally sensitive. The program did not adhere to the ethical guidelines of Britain due to the teaching of non-art therapists to utilize art therapy skills. Kosovo does not currently have an art therapy professional association or training program, and therefore standards of practice have yet to be established. The program was culturally relevant due to the art therapists' efforts to ensure accessibility and sustainability as well as the choice to not focus on eliciting traumatic material from the children while also not denying traumatic experiences.

Meshcheryakova (2012)—Russia. Meshcheryakova, an American-trained art therapist, studied attachment in children within Russian orphanages in the late

1990's. She focused on the artwork of children ages 7-12. She connected subject matter and the formal elements to defenses and attachment style. This study was short term and the art therapy interventions ended upon completion of research. Meshcheryakova's study was in compliance with the standards in the United States as well as in Russia, whose standards mirror those of American Art Therapy Association (AATA). However, the program cannot be considered culturally relevant due to its short-term time frame and research-driven approach. Utilizing oppressed populations for research without focusing on the improvement of their conditions can be considered unethical particularly due to the fact that such an arrangement can be considered another form of oppression (Huss, 2007) in which the dominant culture benefits from the oppression of others.

Arrington & Yorgin (2001)—Ukraine. Arrington, an American art therapist and Yorgin, M.D., travelled to Kiev, Ukraine as part of a medical short-term mission to treat homeless and orphaned children. The job of the art therapist within the team was to assess and treat the psychological symptoms of the children, and share this information with other health providers, particularly physicians. Overall, the medical short-term mission team saw 77 children from a state-run children's shelter and Christian orphanage, as well as 15-20 street children. Arrington brought art supplies from the United States and utilized assessments such as the Bridge Drawing, Favorite Kind of Day Drawing, the House Tree Person, and Person Picking an Apple from a Tree to gain an understanding of the children's mental health statuses. Arrington also interviewed each child in order to learn his or her history. It is not stated how long this initial mission went on, but Arrington did return six

months later for another two weeks to work with the same children. The article also stated that the short-term mission team returns every six months. Arrington followed the ethical guidelines and standards of AATA. According to the European Consortium for Arts Therapies Education, there exists an art psychotherapy program in Ukraine affiliated with Queen Margaret University in Edinburgh, Scotland as well as the Ukrainian Psychotherapy Association (European Consortium for Arts Therapies Education, n.d.). However, a website was unable to be located for the program and a professional association website could also not be found. Therefore, the ethicality of this project according to Ukrainian standards could not be determined due to an inability to identify standards for art therapy practice in the country. The program is not culturally relevant due to the use of assessments created in developed countries that reflect individualistic and cultural elements that may not transfer to developing countries. Utilizing evaluations created outside the country of origin may not be appropriate because the cultural complexities experienced by the Ukrainian children have not been taken into consideration.

Darewych (2013)—Ukraine. American art therapist Darewych worked with Help Us Help the Children, a Canadian non- profit organization that offers a camp for institutionalized orphans in Ukraine. The goal of the camp is to provide a supportive environment where the children can strengthen their identities and learn skills to succeed as adults after leaving orphanages at the age of 18. Four Ukrainian psychologists were trained to administer a modified Bridge Drawing assessment where the participants were asked to include a path that connects to a bridge and were provided only graphite pencil for the task. The psychologists administered the

assessment at the end of a self-development workshop. The purpose of administering the Bridge Drawing was to confirm the hypothesis that orphans have the capacity to visualize and draw future goals and hopes despite social isolation and lack of parental attachment. The drawings were analyzed by Darewych and two others according to a modified list of characteristics studied as part of the American Bridge Drawing instrument created by Martin and Betts (2012). Overall, the study included 258 orphaned children ages 8-20. The results of the study indicated that a small proportion of institutionalized orphans were able to visualize future goals. Darewych's research project followed the ethical guidelines of the American Art Therapy Association (AATA). For the same reasons stated above in Arrington and Yorgin (2001), the ethicality of the project according to Ukrainian standards was unable to be determined. The research project was not culturally relevant as the use of art therapy did not aim to improve the mental health of the participants, and instead was used to support research efforts. There is some question as to whether or not it is ethical to produce research based on oppressed communities, as the gaze of academia can become another form of oppression that only benefits the dominant culture (Huss, 2007). The development and administration guide of the Bridge Assessment was based within the United States (Martin & Betts, 2012), and therefore using this assessment to evaluate children living in a transitioning country, with a very different societal structure, is not clinically or culturally appropriate.

Art therapy in Latin America and the Caribbean.

Formaiano (2013)—Argentina. Argentinean art therapist Formaiano created an art therapy group for individuals living with AIDS/HIV. The program utilized an open-group structure and art psychotherapy approach. Formaiano's group explored health behaviors and self-care, self-esteem, empowerment, and management of the psychosocial symptoms of living with AIDS/HIV within a psychoeducational framework. The open group format resulted in a variation in individual participants and attendance each week; however, the average attendance was 14 participants. Formaiano, a native Argentinean, received art therapy training in his homeland and has an understanding of the Argentinean culture and the intersection of HIV/AIDS through this cultural lens. Although the website for the Argentinean Art Therapy Association was unable to be located, it can be assumed that Formaiano's program followed the ethical guidelines set forth by the association as Formaiano is one of the founding members.

Golub (2005)—Brazil. In the late 1980's, Golub, an American art therapist, worked in Brazil to assist in the country's exposure to art therapy. The purpose of her work was to expose social service agency employees to sustainable models of art therapy. Golub operated using a social action lens of art therapy. In preparation for her work in Brazil, she immersed herself in learning about the local community, the relationship between participants and agencies, the sociopolitical context of her work, and traditional and current roles of art making and healing. She consciously decided to use local supplies for art materials to prevent a dependency on outside sources and encourage sustainability. Golub planned to "[facilitate] a process among participants so that they, in turn, might facilitate critical understanding among their

clients" (p. 19). During the training portion for social services employees, She engaged in the directives with the participants, reducing the student-expert power dynamic and providing an experiential learning environment. She encouraged the participants to think in terms of "relating to children through art" instead of art therapy, making the process more approachable and less threatening. Golub stated that she "was not attempting to train them to be art therapists. [She] was trying to catalyze a process of open dialogue and resource sharing" (p. 19). At the time, Brazil did not yet have established ethical standards for art therapy so the ethicality according to Brazilian professional standards cannot be determined. According to the American Art Therapy Association (AATA), Golub's project did not follow ethical guidelines due to her teaching of untrained individuals in the use of art therapy interventions and techniques. Her art therapy work in Brazil was culturally appropriate due to the careful research and customization of her approach based on the culture of the area, as well as her training of local individuals in effort to alleviate oppressive power-dynamics and ensure sustainability.

Gómez Carlier & Salom (2012)—Colombia. Gómez Carlier and Salom studied the use of art therapy in Colombia and observed the tendency of art therapists trained in other countries to implement effective approaches and materials from their country of origin. The art therapists disregarded cultural complexities of the country in which they were practicing, resulting in the "negative impact of importing interventions and extracting treatment issues even before knowing the children who were participating" (p. 9). The children and staff were initially reluctant to cooperate. However, after the art therapists shifted from the

structure of their training, completed in the United States, Argentina, and Spain, and adjusted their approaches to the local culture, the children and staff were more receptive and respectful. Gómez Carlier and Salom concluded that an in-depth and personal understanding of the participants, their culture, their needs, and rapport were important for effective treatment. In addition, they concluded that art therapists should consider what materials honor the history and geographical location of a culture as well as what materials are available and sustainable. Gómez Carlier and Salom's research demonstrated that the therapeutic framework needs to be altered to fit the local culture rather than reflecting the cultures of the practicing art therapists.

Cohen (2013)—Ecuador. Cohen, a clinical psychologist, created a 12-week recovery program called "Common Threads" for women who experienced gender-based violence. These women were Colombian refugees living in Ecuador. The program utilized art therapy and psychoeducational techniques in a group format to decrease social isolation, increase trust, and improve coping skills. The chosen art media was arpilleras, a traditional art form of Latin America. Arpilleras are fabric art pieces that tell a story, also known as narrative textiles. Cohen brought the necessary materials with her, but stated in her recommendations for future work that it would be better to use locally-made fabric and thread, and allow participants to bring fabric that was personally meaningful for them. Cohen spent two weeks training six local women to be facilitators of the group, which included their own participation in the art process, in order to ensure sustainability upon Cohen's departure. Cohen received her education in the United States, but her project does

not follow the standards of art therapy in the United States as she is utilizing art therapy techniques and teaching others to do so without proper training as an art therapist. It does not appear that Ecuador has a professional association or art therapy education program, and therefore it is impossible to determine whether or not Common Threads follows the ethical guidelines for art therapy in Ecuador. It can be determined that the program was culturally relevant due to the use of traditional and culturally meaningful art processes as well as the training of local individuals to ensure cultural relativity and sustainability.

Guzder, Paisley, Robertson-Hickling, & Hickling (2013)—Jamaica. At a school in Jamaica, a multidisciplinary program was created in order to decrease behavioral problems and increase school performance among high-risk children within an elementary school in Jamaica. It has been found that "disruptive symptoms in early childhood are found unlikely to change without therapeutic intervention and are prodromal signs of long term mental health problems" (p. 126). This is particularly true of children within a lower socioeconomic class, who also have greater difficulty accessing mental health services. The program consisted of educational support coupled with cultural therapy, also known as creative arts therapies in the country of Jamaica. Professionals involved included teachers, psychiatrists, clinical psychologists, social workers, and management students. Local visual artists, musicians, and dancers were also involved in the cultural therapy portion of the program. The purpose of the creative arts therapies included "validating their competencies and facilitating collective sharing and reflection, building social skills, empathy, identity formation, self-esteem, negotiation skills,

and understanding of their social and school realities" (p. 127). Thirty students participated in the program for two and half years. During this time period, they attended after school programming, summer workshops, and went on field trips. At the end of the program, the results showed that the students' behaviors had in fact improved. Teachers reported lower scores for aggressive behaviors, attention-deficit and hyperactivity problems, and oppositional defiant disorders as compared to the beginning of the program and compared against a control group. The professionals involved in the program all received their training in either Canada or Jamaica. The program did not follow the ethical guidelines of the Canadian Art Therapy Association, as there was not an art therapist involved in the creative arts therapies portion of the program. The ethicality of the program according to the Caribbean Art Therapy Association could not be determined due to an inability to locate the association's standards. The cultural relevance of the project cannot be determined due to lack of specific information about the approach and interventions used in the creative arts therapies portion.

Kapitan, Litell, & Torres (2011)—Nicaragua. Kapitan, Litell, and Torres integrated art therapy and participatory action research in Nicaragua to empower participants who have experienced oppression throughout their lifetime. The creation of participatory action research is credited to Brazilian Paulo Friere. Participatory action research focuses on making marginalized voices the "masters of inquiry" by encouraging them to examine and question current oppressive power structures, plan for changes in social norms, and take action to implement these changes. Kapitan, Litell, and Torres chose art-based participatory action research

because it is effective in "strengthening and transforming the critical consciousness of their [community] members" (p. 72), allowing for increased autonomy and awareness of power structures so these may be overturned by those who are oppressed. The Latin American roots of participatory action research and its focus on egalitarianism and empowerment made it an appropriate fit for the Nicaraguan participants who experience oppression as an inevitable reality. The use of art allowed for common themes to be identified visually and provided an outlet for thoughts and emotions that may otherwise be difficult to express. The model used by Kapitan, Litell, and Torres was a three-day collaborative research process in which local leaders took part in art therapy exercises that were intended to be recreated within their own communities. The goal of the program was for the participants to recognize personal trauma through these exercises so that going forward they would be able to help others recognize their own trauma and aid in the healing process. As a result, the oppressed became the liberators. With this intervention model it was deemed necessary to train non-art therapists to utilize art therapy interventions due to the lack of community mental health professionals within the country to work with individuals in an art-based participatory model.

Table 6

International Art Therapy Projects, Cultural Relevance, and Adherence to Professional Standards in the United States and the Country of Origin

Article	Location(s) of program(s)	Location(s) of training	Training	Adheres to standards of country of training	Adheres to standards of country of program	Culturally-Relevant
Chu (2012)	Rwanda	United States	Art Therapy	Yes	-	Yes
Fields & Kruger (2005)	South Africa	South Africa	Clinical Psychology	No	No	Yes
Solomon (2006)	South Africa	Varies	Varies	Varies	Rarely	Yes
Berman (2011)	South Africa	Britain	Art Therapy	No	No	Yes
Nabarro (2005)	Sudan	Britain	Art/Humanitarian aid	Yes	-	Yes
Huss (2007)	Israel	Israel	Social Work with focus on art	Yes	Yes	Yes
Marcow Speiser (2013)	Israel	South Africa and the United States	Expressive Arts	-	-	-
Nathan, Trumble & Fuxman (2014)	Israel, Palestine, and the United States	United States	Art Therapy	Yes	-	Yes
Abu Sway, Nashashibi, Salah & Shweiki (2005)	Palestine	Switzerland	Expressive Arts therapy	Yes	-	Yes
Staples, Abdel Atti, & Gordon (2011)	Gaza (Palestine)	United States	Molecular Biology and Psychiatry	No	-	Yes
Ahmed & Siddiqi (2006)	Pakistan	Pakistan	Psychiatry	-	-	-
Alyami (2009)	Saudi Arabia	United States	Psychology and Art Therapy	Yes	Yes	Yes
McElroy (2005)	Sri Lanka	Britain	Art Therapy	Yes	-	Yes
Chilcote (2007)	Sri Lanka	United States	Art Therapy	Yes	-	Yes

Article	Location(s) of program(s)	Location(s) of training	Training	Adheres to standards of country of training	Adheres to standards of country of program	Culturally-Relevant
Lemanski & Belenky (2008)	Sri Lanka	United States	Undergraduate student	No	-	Yes
Lemanski (2009)	Sri Lanka	United States	Undergraduate student	No	-	Yes
Ayalon [with help from Shiran-Mizrahi] (2006)	Thailand	Israel	Psychology [Art Therapy]	Yes	-	Yes
Prag & Vogel (2013)	Thailand	United States	PsyD Photo-journalist/ International communic-ation	Yes	-	Yes
Baráth (2003)	Croatia and Bosnia and Herzegovina	Croatia	Psychology	-	-	Yes
Kälin & Murphy (2005)	Kosovo	Britain	Art Therapy	No	-	Yes
Meshcheryakova (2012)	Russia	Russia/ United States	Psychology/ Art Therapy	Yes	Yes	No
Arrington & Yorgin (2001)	Ukraine	United States	Art Therapy and M.D.	Yes	-	No
Darewych (2013)	Ukraine	United States	Art Therapy	Yes	-	No
Formaiano (2013)	Argentina	Argentina	Art Therapy	Yes	Yes	Yes
Golub (2005)	Brazil	United States	Art Therapy	No	-	Yes
Gómez Carlier & Salom (2012)	Colombia	Spain, Argentina, United States	Art Therapy	Yes	Yes	Yes
Cohen (2013)	Ecuador	United States	Clinical Psychology	No	-	Yes
Guzder, Paisley, Robertson-Hickling, & Hickling (2013)	Jamaica	Canada and Jamaica	Psychiatry, Clinical Psychology, and Social Work	No	-	-
Kapitan, Litell, & Torres (2011)	Nicaragua	United States	Art Therapy	No	-	Yes

CHAPTER IV

DISCUSSION

Limitations and Delimitations

The limitations of the study included language barriers, media access, difficulty locating documents and sources, and research articles with limited details on the theoretical framework of art therapy implemented. The use of websites written in other languages, such as websites of international professional associations, may have resulted in the possible misinterpretation of information. Websites were automatically translated by Google Chrome's translating mechanism, which left room for error. The unstable and at times subjective nature of websites created challenges in retrieving reliable information. The Professional Association for Sophrology, Creative Therapies, and Art Therapies, which acts as the professional organization for art therapists in Croatia, was cited as a reference source in other literature. However, a website could not be found. It was uncertain if the source that cited the association was valid and reliable, or if the association is currently without a website. In addition, access to the website of the Argentinean Art Therapy Association was restricted after the initial viewing in September of 2014. The permission and access to all websites and media from other countries was dependent upon media censoring and regulation of the internet based in specific countries. There is a concern in regards to access to all websites and media from other countries, depending on different countries' use of censoring and regulation. This was also evident for the International Networking Group for Art Therapists, which once served as a primary source with important information on

international art therapy projects and no longer exists after being dissolved into the American Art Therapy Association. The archives for this group held by the American Art Therapy Association were found to be incomplete with only a single newsletter from the International Networking Group for Art Therapists currently available. Research articles with limited information regarding the implementation of art therapy programs made it difficult to include these articles in the research. Lastly, it can be difficult to ensure the validity of Internet sources such as association websites, which leaves room for possible error or misinterpretation.

A delimitation of this study is the exclusion of articles published before the year 2000. This is to ensure that international art therapy projects that are included in this study are contemporary and relevant to current professional standards.

Working in Developing Countries

The research demonstrates that the majority of developed countries have art therapy professions with similar goals and practices. They are regulated and structured using similar levels of educational and professional standards. However, art therapy in developing countries greatly differs in its professional titles, goals, and program implementation. This is due to the differing needs of the participants and the cultural complexities within each country.

Needs in developing countries. The prominence of poverty, trauma, and oppression in developing countries, as well as a lack of mental health programming and education, all shape how art therapy is currently used. The countries included in this literature review that featured art therapy work done in disaster settings are Rwanda, Sudan, Palestine, Pakistan, Sri Lanka, Thailand and Kosovo (Abu Sway,

Nashashibi, Salah, & Shweiki, 2005; Ahmed & Siddiqi, 2006; Ayalon, 2006; Chilcote, 2007; Chu, 2012; Kälin & Murphy, 2005; Lamanski, 2009; McElroy, 2005; Nabarro, 2005; Prag & Vogel, 2013; Staples, Abdel Atti, & Gordon, 2011). Other articles discussed art therapy work done in areas recovering from crisis and disaster. Due to the lack of structure often prevalent in developing countries, art therapy focused on flexibility and accommodation, rather than regulation and consistency (Gómez Carlier & Salom, 2012; Kapitan, Litell, & Torres, 2011). The need for mental health services due to trauma and crisis outweighs the importance of traditional mental health standards, such as specific education and training, and professional boundaries. For example, there are differences in boundaries since local community members may become therapeutic art facilitators within small, close-knit communities. The educational and training level of facilitators is, at times, different than that of art therapists in developed countries due to a lack of educational or financial resources available. Kalmanowitz and Potash (2010) emphasize that for countries in crisis or disaster settings, exceptions may need to be made due to a break down in social systems.

Crisis therapy. In the literature**,** crisis therapy models were used in disaster settings with Tsunami survivors in Thailand (Ayalon, 2006), earthquake victims in Pakistan (Ahmed & Siddiqi, 2006), and emergency medical personnel in Palestine (Abu Sway, Nashashibi, Salah, & Shweiki, 2005). Crisis therapy models tend to be short-term in nature and address the immediate psychosocial needs that arise when individuals are affected by trauma, natural disaster, or during political upheaval. In her writings on trauma, Herman (1997) supports the use of crisis therapy models.

She states that "the therapeutic task of the first stage of recovery [safety] can be carried out within the general framework of crisis intervention" (p. 165). Art therapy is an effective tool in crisis intervention because it is a natural and socially acceptable way to express emotion. It provides physical and cognitive distance from emotionally charged material and allows for emotions and reactions to become concrete in order to gain perspective (Landgarten, Junge, Tasem, & Watson, 1978). Crisis therapy often highlights and teaches coping skills in hopes to increase resilience, which can prevent mental health issues stemming from trauma (Ayalon, 2006). Similarly, short-term or brief therapy that focuses on empowerment can promote relief from trauma-related symptoms (Herman, 1997). Challenging the short-term nature of crisis therapy models, Slone (2006) believes:

> Post hoc crisis intervention after acute events [to be] insufficient and resources should be directed toward ongoing management on a more prolonged level…research must adopt a holistic view taking into account the whole child, the family, peers, school and community (p. 188).

Slone states that short-term treatment is purely a short-term fix, and to effect long-lasting change there should be ongoing treatment provided. It is important to remember that while long-term treatment may be ideal, it may not always be practical or even possible in developing countries due to limited resources. While supporting the use of crisis intervention, Herman (1997) agrees with Slone that longer treatment is necessary to properly address trauma. She explains that crisis intervention addresses only the first stage of trauma recovery, and does not achieve integration of the trauma.

Supportive therapy. Research supports community-based, studio art therapy models rather than art psychotherapy for art therapists working in developing countries (Alyami, 2009; Kapitan, Litell, & Torres, 2011; Marcow Speiser, 2013; McElroy, 2005). This preference stems from the ego-supportive and community-supportive nature of these models. This framework is more appropriate to use in reaction to the prominence of collective trauma and the presence of oppressive power structures. These models also support the collectivist nature of society in many developing countries. Recovery from traumatic experiences often involves the need to "painstakingly rebuild the ego functions" (Herman, 1997, p. 166) which is done through creating a safe and supportive environment.

Utilizing studio art therapy as the therapeutic approach establishes an ego-supportive and community-supportive model. Studio art therapy is "founded on these elements: intention, attention to art making, and witness[ing]" (Allen, 2001). This approach focuses on the process of art making, the innate healing qualities of art, and does not stress verbalization (Vick & Sexton-Radek, 2008). Instead, emotion is primarily released through sublimation, a process by which strong, often negative emotion is transformed into something positive (Kramer, 2001). Sublimation occurs in the context of a secure relationship in which the patient feels confident in the availability of the therapist and therefore can reach a "state of relaxed tension" (p. 38). After reaching this state and successfully sublimating, "the ego is strengthened by the experience" rather than "being overwhelmed" (p. 38).

In studio art therapy models, trauma is contained without necessarily addressing it directly through verbalization. Within an ego-supportive, studio art

therapy model, much of the therapeutic work can arguably stem from being held and witnessed by another human being, even when trauma is not specifically talked about. According to Marcow Speiser (1998), "witnessing in the collective allows for the expression and containment of all the joys, losses and sorrows of the human condition, thus it affords the possibility of finishing up with pieces of unfinished emotional business" (p. 215). For example, Berman (2011) states that, "if individuals have an experience of being held, contained and thought about with an extended vocabulary of art materials…there is room to redress the impact of 'continuous trauma'"(p. 3). In Artsbridge, facilitators spend three weeks working with Palestinian and Israeli youth. Their program attempts to balance acknowledging trauma while also equipping the adolescents with new coping skills. While Nathan, Trumble, and Fuxman (2014) "do not expect to resolve individual or intergenerational trauma in three weeks, [they] recognize that trauma needs to be acknowledged, held, given voice, and witnessed" (p. 150). The work of Kälin and Murphy (2005) with teachers in Kosovo echoed this need. They found that "many of the images reflected their need for us to witness their stories, to be representatives of an outside world which had been largely ignorant of their situation" (p. 64). This highlights that the phenomena of witnessing may be extremely important and particularly therapeutic in art therapy work in developing countries. Being acknowledged, particularly having one's pain, suffering, and oppression acknowledged, is not an experience that occurs regularly and therefore is important to begin facilitating the healing process.

While traumatic material is not denied, it is also not elicited at this stage in an effort to create an environment of safety. When traumatic material comes up, it is contained and supported rather than explored extensively. This is seen in the work of Chilcote (2007) and Kälin and Murphy (2005). Chilcote (2007) allowed children affected by the Boxing Day tsunami in Sri Lanka to express their traumatic histories when they chose to, but did not prompt the expressions. In working with children affected by war in Kosovo, Kälin and Murphy (2005) chose to not focus on traumatic experiences while also not denying them, providing the children with a safe "other". A similar approach was used in a day hospital in Sri Lanka (McElroy, 2005). In these instances, focusing on the art making process as well as strengths and coping skills is important to provide containment for the clients rather than processing trauma in a limited amount of time and with a lack of adequate training for facilitators. More resistive materials that emphasize structure and boundaries may be the most appropriate for crisis intervention work in developing countries because they "support cognitive processes and ego-organizing capabilities" (Moon, 2010, p. 52). This should be considered when containment is the main focus of therapeutic work.

As mentioned, the first stage of recovery from trauma is establishing safety. According to Herman (1997), the focus of this stage is on self-care. It is not until the first stage is complete that the trauma becomes the main topic of treatment. Therefore, activities that focus on empowerment, resiliency, and coping mechanisms are appropriate. Slone (2006), whose work focuses on treating children affected by political conflict, supports a therapeutic approach that increases resiliency to ensure a greater chance of survival and recovery in traumatic

situations. Art making can also aid in creating an environment of trust, which is necessary to promote safety. Enjoyment is one of the crucial elements of art making, and "experiencing genuine pleasure creates a sense of trust" (Allen, 2001). Art making without verbal processing can help create a safe environment for individuals. One of the pillars and main advantages of art therapy is a resulting improvement of self-esteem and sense of mastery (Wadeson, 2010). Creating art can also allow for a feeling of success and ability, addressing the need for empowerment and self-efficacy in the first stage of trauma treatment.

Helping helpers. Another common element of art therapy projects in developing countries was helping helpers. Many programs, rather than offering art therapy services to the general public, offered art therapy services to community members in professional roles such as counselors and teachers, in hopes that they would transfer what they had learned into their own work (Abu Sway, Nashashibi, Salah, & Shweiki, 2005; Ayalon, 2006; Baráth, 2003; Kälin & Murphy, 2005; Kapitan, Litell, & Torres, 2011). One reason for this arrangement was that community leaders are often affected by the same traumatic experiences as those they help. In order to help the greater public, teaching helpers to address their own trauma allows for them to engage in self-care and perform their jobs more completely. This echoes the wounded-healer theme discussed by Furth (2002). He states, "if I can face my wounds and work towards healing, then I am better prepared to help another face his wounds and work towards his healing" (p. 15-16). Using therapeutic interventions with professionals of communities in crisis can promote resiliency and "help to mobilize the resources that exist in a community but are

temporarily unavailable because the community is in a state of shock" (Apfel & Simon, 2006, p. 66). This same concept can be applied to the training of local community members who work in helping roles.

Colonialism

Hocoy (2002) warned that in cross-cultural art therapy work "the most central issue concerns the potential for art therapy to perpetuate Western cultural imperialism" (p. 141). Art therapy programs in developing countries need to focus on sustainability, integration with indigenous models of health, and inclusion of local art forms (Kalmanowitz & Potash, 2010; Levers, 2006). This needs to be done in effort to work within the pre-existing structures of the native culture, rather than imposing foreign approaches in a way that mimics colonialism. Potash, Bardot, and Ho (2012) specifically addressed creating art therapy educational programs within countries that have yet to establish any. In their article, they proposed that art therapy educational programs should look at their curriculum through four lenses: country specific ideas of health, country specific conceptions of art, country specific expectations of therapy, and country specific style of education. These lenses are equally as helpful when considering art therapy projects in developing countries. Art therapy projects in developing countries must align with the previously existing mental health, educational, and cultural structures in a community. To prevent a colonial or "great white hope" overtone in art therapy programs created in developing countries, the founders and facilitators must also constantly be aware of and question their intentions, purpose, and effectiveness (McNiff, 1984). Other ways to prevent a model that replicates colonialism or further oppresses marginalized

groups is to place the power in the hands of local people. Whether this is done by consulting local community leaders such as seen with Chu (2012), Golub (2005), and Nabarro (2005), or by training local individuals to be facilitators, involving local community members is of the utmost importance.

Local people as founders. Art therapy projects in which local individuals are the founders and facilitators do not have the same barriers to cultural relevance as programs in which foreign individuals are the founders and facilitators. Local individuals are more likely to be privy to the local culture and how art therapy can fit within the already existing societal structure. This can help negate the risk of programs merely replicating western mental health models that may not be culturally appropriate. Some of the included literature featured art therapy programs in which local individuals were the primary facilitators (Ahmed & Siddiqi, 2006; Baráth, 2003; Formaiano, 2013; Meshcheryakova, 2012). It is important to note that although a facilitator may be from the same country, he or she may not be a member of the same cultural group. For example, Huss (2007), who worked with Bedouin women in Israel, is originally from Israel and was trained in Israel. However, the Bedouin people are a cultural group in Israel that Huss does not belong to, and therefore does not have as intimate of an understanding of the culture and still may be viewed as an outsider.

Importing approaches and methods. Overall, art is an appropriate therapeutic tool across cultures because art is universal and within art there are more commonalities than differences from culture to culture (McNiff, 1984). However, there are some approaches and methods used in developed countries that

are not culturally appropriate. For example, assessments may be inappropriate and therefore they should be avoided. Hocoy (2002) states that assessments are the therapeutic tools that run the largest risk of replicating the oppressiveness of colonialism. Utilizing a tool designed in a developed country, such as an assessment, as part of an art therapy project in a developing country is inappropriate because the evaluation is based on a culture that does not include the assessed individuals. People living in a developing country have vastly different life experiences due to limited resources, which can then affect education, development, and health. These in turn can affect assessment results, rendering them inaccurate. Assessments designed in developed countries are created with individualistic societies and individualism in mind, which does not align with the generally collectivist societies found in developing countries. Lastly, the need for standardized assessment in developed countries is rooted in a need for standardization and categorization, which is not helpful in developing countries. While assessments provide an understanding of the baseline functioning of participants, it is culturally irrelevant and ineffective to use assessments designed in developed countries while working in developing and transitioning countries. Such assessments would not provide accurate baselines because they are created considering populations in a different culture. For example, Darewych (2013) used a modified Bridge Drawing Assessment with institutionalized orphans in Ukraine. The purpose of the assessment was to confirm that Ukrainian orphans have the capacity to visualize and draw their future lives, goals and hopes despite societal isolation and lack of parental attachment. However, this goal did not address the immediate mental health needs of these

orphans, and therefore is unnecessary and cultural irrelevant. This instance also raises concerns about the ethicality of research on oppressed communities when that research does not immediately improve the situation of the participants.

Egalitarian approach. Four of the art therapy programs featured in the literature emphasized the need for an egalitarian approach (Golub, 2005; Huss, 2007; Kapitan, Litell, & Torres, 2011; Prag & Vogel, 2013). The purpose of this approach is to prevent a possible power dynamic between therapist or facilitator and the participants. This is important because many of the communities in which art therapy programs are operating have traditionally been oppressed and marginalized. The purpose of intentionally creating a therapeutic relationship that is egalitarian and that places the power in the hands of the participant is that it can prevent replication of marginalization. The existing literature specifically supports grassroots campaigns, such as arts-based participatory action research to prevent a colonial-like presence of American art therapists in the international community (Kapitan, Litell, & Torres, 2011). Golub (2005) states that:

> Social action art therapy is ideally a participatory, collaborative process that emphasizes art making as a vehicle by which communities name and understand their realities, identify their needs and strengths, and transform their lives in ways that contribute to individual and collective well-being and social justice (p. 17)

Community-oriented art therapy approaches that place the power in the hands of the participants are also appropriate in these settings due to the collectivist nature of society in most developing and transitioning countries.

Sustainability. Sustainability is important in developing countries to prevent a colonialist dynamic. At times, art therapy programs created by outside individuals can result in the dependence of community members on the facilitators. Sustainable programs allow for community members to operate independently, rather than rely on foreign aid, preventing an unnecessary power-dynamic. One necessary component of sustainability is training local community members to utilize therapeutic art making in order to ensure the program can continue to run without foreign professionals. The second part of sustainability that is important to consider is the use of local art materials to ensure continued access to necessary tools.

The literature predominantly features the training of local community members to utilize art therapy interventions within their own communities due to a lack of infrastructure and availability of mental health services (Ahmed & Siddiqi, 2011; Ayalon, 2006; Baráth, 2003; Berman, 2011; Golub, 2005; Kalmanowitz & Potash, 2010; Kälin & Murphy, 2005; Kapitan, Litell, & Torres, 2011; Prag & Vogel, 2013; Staples, Abdel Atti, & Gordon, 2011). It is also important to consider that in situations where trauma is prominent, individuals may prefer to be with familiar people rather than strangers in effort to establish a sense of safety (Herman, 1997). In general, these local individuals are members of other helping professions such as social workers, therapists, and teachers. Slone (2006) has encouraged the training of teachers in utilizing mental health programming due to the large number of children they are able to reach and are therefore able to effect greater change.

The ethics of teaching non-art therapists to provide art therapy is a debated conversation in international art therapy work. Kalmanowitz and Potash (2010) considered this debate in the context of non-western countries. They stated that art therapists need to make sure we "honor local ways and traditions and perceptions, and finding culturally equivalent concepts is important in training in different countries" (p. 24). They furthered the discussion in the context of countries at war and using grassroots campaigns for mental health development. These situations specifically require an understanding that "at times of war, most often systems break down. Frequently, social services, hospitals, and schools come to a standstill. The needs in these training circumstances are quite specific" (p. 22). When the infrastructure of a community breaks down, enforcing professional standards becomes a barrier to effecting change. Kalmanowitz and Potash concluded that, when necessary, teaching non-art therapists to use art therapy interventions could be appropriate; however, the emphasis should be placed on sensitivity to the art materials and process, rather than technical art skills or psychotherapy. The use of art materials should be framed within the context of each person's own professional competency (Kalmanowitz & Potash, 2010).

The extensiveness of training non-art therapists varied among the different programs. In two, a series of seminars were used to educate local community members on therapeutic art techniques (Bárath, 2003; Kälin & Murphy, 2005). Other programs did not specify the training protocol but did state that local community members were trained (Ahmed & Siddiqi, 2006; Prag & Vogel, 2013; Staples, Abdel Atti, & Gordon, 2011). Berman (2011) had the most extensive

training for facilitators in the form of a yearlong, part-time program in which local individuals in Johannesburg may be trained as community art counselors. Training through a participatory action research approach is utilized by Kapitan, Litell, and Torres (2011) as well as Golub (2005). As previously stated, this approach emphasizes the abilities and expertise of local community leaders through experiential learning. None of the programs proclaimed to be teaching local community members to be art therapists. Instead, the facilitators were trained to utilize art therapy interventions. In the United States and other developed countries, it would be said that the facilitators were trained in therapeutic art making. However, in most of the articles that included the training of local individuals, the term utilized was art therapy (Ahmed & Siddiqi, 2011; Ayalon, 2006; Baráth, 2003; Berman, 2011; Kalmanowitz & Potash, 2010; Kälin & Murphy, 2005; Kapitan, Litell, & Torres, 2011; Staples, Abdel Atti, & Gordon, 2011).

Potash, Bardot, and Ho (2012) have researched and published on creating art therapy education programs internationally. In their article it states "that a formal degree is not necessarily desirable or necessary in all parts of the world" (p. 149). They suggest that under-resourced and developing countries should have a structure and length of art therapy education programs that mirrors that of similar professions. The education systems in developing countries may have been imported from developed countries through colonization and imperialism. It is important to consider if the educational structures within developing countries are appropriate, attainable and realistic for the culture.

The second aspect of sustainability to consider is acquiring supplies. Art therapy programs that utilize supplies imported from other countries are once again dependent on individuals outside the community, which creates a power dynamic and deprives the program of independence and autonomy. Utilizing supplies that are available locally is important for the continuation of art therapy programs and ensures that the art therapy program is culturally relevant, as seen in Chicote, (2007), Chu, (2012), Golub, (2005), Cohen, (2013), and Kälin and Murphy, (2005).

Indigenous art making. Using local art supplies is important for not only sustainability, but also for familiarity because utilizing indigenous art making leads to an art therapy process that is culturally sensitive and relevant. Art, while consisting of unifying elements across cultures, is also unique within different communities and countries. A thorough examination of the history of materials and media in order to understand its cultural significance leads to a "thoughtful and intentional use of materials and promotes sensitivity in considering the relationship between materials, client populations, and the social context within which the therapy takes place" (Moon, 2010, p. 75). Using indigenous art forms proves to be a less common focus of art therapy programs in developing countries, with only four projects specifically focusing on local art forms or involving local artists (Cohen, 2013; Gómez Carlier & Salom, 2012; Nabarro, 2005; Solomon, 2006). This is an area in which more attention should be focused and improvements made. When we import art-making techniques from developed countries it may impact the level of comfort of participants, which is of the utmost importance in a supportive therapeutic setting where the goal is establishing safety. It is also important to

consider that using materials native to the culture, as well as incorporating artists that "represent the social, cultural, and political margins" is necessary for creating a culturally appropriate and familiar environment (Moon, 2010, p. 12).

Academic gaze. As previously stated, academic research on oppressed and marginalized communities may reinforce patterns of marginalization. In her article on art therapy with Bedouin women in Israel, Huss (2007) states that, "research communities can thus become another source of misunderstanding or oppression... Indigenous studies claim that the gaze of academic research often becomes another perpetuator of the very oppression it is trying to fight" (Denzin & Lincoln, 2000; Genat, 2005; Tuhiwai-Smith, 1999 as cited by Huss, p. 962). This may be evident when research is not used to directly benefit the participants, but rather for advancement of research as seen in the modified Bridge Assessment with orphaned adolescents in Ukraine (Darewych, 2013). Another example of this objectification is seen in Meshcheryakova's program in a Russian orphanage (2012). While Meshcheryakova's program was intended to be therapeutic, it was short-term and appeared to be research-driven rather than designed for the benefit and growth of the children. The stated goals were to engage in a supportive relationship with the art therapist and provide a safe outlet for emotional expression but due to the short-term nature of the program trauma was not addressed appropriately. In the article, it appeared that the art psychotherapeutic approach chosen elicited traumatic material rather than attempting to support and contain. Therefore, the main benefit of Meshcheryakova's program appears to be the resulting research, rather than improving the lives of the participants. This dynamic reinforces the concern

expressed by Huss. Participatory action research, seen in the work of Kapitan, Litell, and Torres (2011) is one example of an appropriate structure for art therapy research in developing countries because it emphasizes community, supports collectivist communities, and empowers participants. Overall, it is essential to identify ways in which research may benefit the individuals and ensure that the participant's well-being is the primary focus of any art therapy program within a developing country.

Professional Ethics and Standards

Research on art therapy projects in developing countries generates many ethical questions. As highlighted by Coulter (2014), "standards and policies from overseas do not transfer easily to the political and social systems of another country" (p. 221). Three common issues that arose in the literature that demand attention were the use of art therapy techniques but without using the term "art therapy", non-art therapists employing art therapy, and supervision of art therapists while working in developing countries. These common issues will be explored in depth below.

Therapeutic use of art. It is not uncommon for programs to use art therapy techniques but not label the program art therapy. For example, Marcow Speiser (2013) is an American-trained expressive art therapist who works in Israel. However, she does not call her work art therapy or expressive therapy. Rather, she calls her work using an applied arts-based approach or community-outreach through art. Golub (2005) is an American-trained art therapist who taught local community members to utilize art therapy techniques, but called it "relating to

children through art" (p. 19) rather than art therapy in order to make the concept more approachable. The decision of art therapists to move away from using the term therapy or art therapy raises questions regarding the perception of therapy in other cultures. This reconsideration of the term therapy due to the culture of the area supports Potash, Bardot, and Ho's emphasis on considering local perceptions of therapy when creating programs (2012). Prag and Vogel (2013) used photography with children in Thailand. While the purpose of the program was therapeutic, and photography is an art media, the program was not called art therapy. Nabarro (2005) who travelled to Sudan to work with children specifically did not call her work art psychotherapy but therapeutic art making as the purpose of utilizing art was to increase inner resources and provide a place for expression. These examples are where the clarification of the definition of art therapy once again becomes relevant to the research on international art therapy projects. If an international definition of art therapy is created, then the labeling of these programs may become more clear and distinct.

Facilitators outside art therapy. As previously discussed, it is a common phenomenon for local individuals to be trained to use therapeutic art interventions. These individuals have not received training as art therapists and the ethicality of this was also previously discussed. However, beyond training local community members, there are also professionals who facilitate art therapy training or develop programs that implement art therapy who do not have formal art therapy training or credentials (Ahmed & Siddiqi, 2006; Baráth, 2003; Cohen, 2013; Field & Kruger, 2005; Guzder, Paisley, Robertson-Hickling, & Hickling, 2013; Prag & Vogel, 2013;

Staples, Abdel Atti, & Gordon, 2011). This trend would not be acceptable in most developed countries that have art therapy professional associations, which delineate the standards of professional practice. However, once again it may be necessary to make exceptions due to the lack of resources available in developing and transitioning countries. By the same logic provided by Kalmanowitz and Potash (2010), which supports training local community members, the facilitators and founders of art therapy programs may at times not be able to have formal art therapy training. There may need to be exceptions made in communities that are in crisis due to political violence or natural disasters.

Supervision. Working in developing countries often means that art therapists are working in isolation, at times without the support of other art therapists in the same country. McElroy (2005) addresses supervision and the importance of seeking out supervision even in isolation. While only one article mentioned this challenge, it is imperative to consider and integrate this professional duty into the relatively new and unchartered nature of international art therapy work within developing countries. Two solutions to this dilemma are the use of virtual/online supervision if the developing area offers this resource, or seeking supervision from an individual from a similar helping profession. The identification of the most practical and effective avenue for supervision for professionals practicing in developing countries is particularly important for effective therapeutic practice, cultural awareness and competency, and professional support.

Professional identity. Throughout the research, two major issues of professional identity arise. The first is whether or not art therapy should have

different definitions in different locations, as well as whether or not the term "art therapy" should be used to describe some of the programs included in the literature. As previously discussed, the definition of art therapy varies around the world. Whether or not to call a project art therapy often depends on the training of the facilitators. Some of the time art therapy is specifically defined as taking place in the presence of an art therapist or a therapeutic relationship. However, sometimes the training of the facilitator is not included in the definition. It is important to consider the boundaries of our professional identity and the definition of art therapy. Included in these boundaries is how extensive or minimal training requirements can be and still be considered art therapy. While art therapists trained in developed countries may believe that two-year graduate programs are necessary due to professional associations' codes of ethics and standards of practice, other countries depart from this standard. Training currently required for art therapists around the world varies from institutes, certificates, bachelor programs, and graduate degrees (Anderson, 2002). Variations in training requirements reflect the needs of the country as well as the existing mental health structures. Art therapy, its standards and ethics, are "inescapably shaped by the viewpoint and socioecopolitical arrangements of the culture from which it originates" (Hocoy, 2005, p. 8). In order to navigate these questions of boundaries, art therapists working in developing and transitioning countries must continually question their own biases and beliefs that are impacted by the culture in which they were trained.

The second issue is balancing the responsibility of art therapists to improve the world without overstepping cultural boundaries in a way that echoes

colonialism. As art therapists, we work to improve the lives of our clients by addressing social, behavioral, mental, and emotional concerns. Some art therapists believe that we have a responsibility not only to help our individual clients, but to effect positive world change on a more global scale. Part of this belief is the conviction that art therapy and social action are inextricably linked. Social action art therapy is built upon the idea that oppressive societal structures result in decreased psychological well-being. Hocoy (2005) states that "doing clinical work that is cognizant of the societal implications is social action, and being politically active is doing therapy; these activities are understood to be interrelated processes" (p. 11). It is important to remember that while art therapists may have a responsibility to better the world by helping others to improve their mental and emotional health, it does not imply that they may do so on their own terms alone. Power and privilege must not translate into an entitlement to promote a single interpretation of the profession. Art therapists working outside their own cultures must be careful to not automatically import their own associations' standards and ethics, but must critically examine which portions are culturally relevant and appropriate.

CHAPTER V

RESULTS

Defining Art Therapy in Developing and Transitioning Countries: A Framework

Art therapy is the use of art making to achieve therapeutic goals such as increasing coping mechanisms, promoting emotional regulation, and establishing autonomy. Art therapy is facilitated by an individual with a level of art therapy training that is comparable to that of similarly related fields such as social work and counseling. In the absence of structured mental health systems or accessible education, art therapy may be provided by community members such as indigenous healers, teachers, and secular and non-secular community leaders who understand indigenous art making and have an awareness of cultural perceptions of mental illness and trauma. Individuals facilitating art therapy have a comprehensive understanding of the local culture due to being a native member of the culture or consulting extensively with local community members. Art therapy in developing and transitioning countries should utilize crisis intervention theory as a framework for the prevalence of trauma and a studio art therapy approach that emphasizes the art making process in an effort to create a safe and contained environment. Art making should be congruent with indigenous art forms and art materials should be available locally to ensure sustainability. Art therapy should be structured using a community-oriented format in order to meet the needs of a larger number of individuals as well as promote empowerment and egalitarianism. This is important

in order to prevent a power dynamic between facilitators and participants that replicates the oppression and marginalization experienced in developing countries.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

The limited research on art therapy in developing countries can make it difficult for art therapists to have an understanding of the best way to approach art therapy projects in these countries. Moving forward, the definition of art therapy in developing and transitioning countries created as a result of this literature review will help to provide guidance and structure for such work. The next step would be to conduct participatory action research in developing and transitioning countries to gain a better understanding of how art therapy currently is utilized and structured, implementing the framework provided when appropriate. To ensure cultural relevance, further research should be led by local individuals. If this is not possible, local leaders should be heavily involved in the research process. It cannot be adequately stressed that for each country, and perhaps community, the framework provided is merely a guideline and will need to be individualized for each culture.

In regards to research on issues of professional identity, art therapists should look to similar struggles in other health professional fields such as nursing, occupational and physical therapies, or expressive arts therapies. Moving forward, performing research that examines the growth of other professional fields may provide guidance for art therapists. Much of this integrative literature review is transferable to the fields of music, drama, and dance therapy. Specifically, the guiding framework could also be used to provide a structure for other expressive art therapies.

As stated, there is a need for more research on international art therapy projects in developing countries. One difficulty in accumulating research is that art therapists working in developing countries have been unable or have chosen not to publish research on their efforts. Greater amounts of international networking should be encouraged as well. For example, revitalizing the International Networking Group for Art Therapists could provide a space in which voices from art therapy associations around the world are all heard and carry equal weight and significance. An international organization without connection to any one country or group of countries may help to decrease the chances of a single cultural system dominating the dialogue. Creating such an organization could encourage international collaboration, potentially broadening the research base.

There also appears to be a gap in the literature in regards to Maslow's theory on the hierarchy of needs (Maslow, 1943) and crisis intervention therapy, which is surprising due to the main goal of crisis intervention work, which is to meet the immediate needs of people in distress. It is recommended that in the future art therapists explore the integration of crisis intervention work and art therapy with Maslow's theory of hierarchy of needs.

Lastly, it is recommended that multicultural education for art therapists within the United States should be expanded. At this time the American Art Therapy Association's Education Program Approval Board (EPAB) has educational requirements regarding cultural competency, however art therapy educational programs are not required to train competencies of working internationally in a clinical context or otherwise. It is recommended that graduate and continuing

education courses on international art therapy work require a curriculum that includes training on the development of a greater understanding of diverse populations outside of the United States. As long as art therapists continue to work in other countries, it is suggested that multicultural coursework should be required to cover cultural differences that exist outside the United States so that art therapists working internationally may do so effectively and ethically.

The main benefit of this research to AATA is its application to international work and work at home with immigrant and refugee populations. As long as the globalization gains further momentum, it seems likely that American art therapists will continue to come in contact with art therapy in cultures besides its own. Research on international art therapy and changes made to our educational requirements would ensure that our profession is well-informed and prepared to work in such a way that balances our own professional standards with culturally relevant practices.

The field of art therapy spans the globe and as a result is diverse in its purposes, approaches, and training programs. The standards, ethics, and regulations of the profession vary from country to country. This new definition of art therapy in developing and transitioning countries will help art therapists navigate the complex structure of the field internationally. It is important that art therapists remember that the connotation of art therapy remains the same around the world. The intent of every art therapy program is to improve the quality of life of a diverse group of individuals through the use of art to support the psyche and human development.

APPENDIX

DEFINITIONS OF ART THERAPY BY COUNTRY

Art therapy (Australia and New Zealand)- Art therapy is the use of visual art, drama, dance, and movement within the context of a therapeutic relationship with a professional therapist to enhance physical, mental, and emotional wellbeing. Art therapy emphasizes the process of creating rather than the final product. Art therapy is a therapeutic and diagnostic tool traditionally based on psychodynamic principles but also draws from depth analysis, humanism, behaviorism, and systems theory (Australian and New Zealand Arts Therapy Association, n.d.).

Art therapy (Argentina)- No definition could be found due to a lack of lack of access to the website for the Professional Art Therapy Association in Argentina.

Art therapy (Brazil)- Art therapy stimulates inner growth, reconciles emotional conflicts, opens new horizons and expands one's self-awareness. Art therapy involves the spontaneous and symbolic use of expressive modalities such as visual art and music. To conduct art therapy, an individual must be a professional art therapist with training as outlined by UBAAT (Brazilian Union of Art Therapy Associations) and the professional association of the state in which he or she resides (Silva de Souza, n.d.).

Art therapy (Britain)- Art therapy is a form of psychotherapy that utilizes art to communicate and express. Artwork and art making is used as a diagnostic tool, and to improve emotional issues, mental health problems, physical disabilities, behavioral problems, learning disabilities, life-limiting conditions, neurological conditions, and physical illnesses (British Association of Art Therapists, n.d.).

Art therapy (Canada)- Art therapy is a combining of the creative process and psychotherapy to facilitate self-exploration and understanding. Thoughts and feelings that may otherwise be difficulty to articulate are expressed using imagery, color, and shape in the context of a creative therapeutic process (Canadian Art Therapy Association, n.d.).

Art therapy (Colombia)- A mental health profession that uses the creative process to connect the inner and outer world. Art therapy facilitates the integration of the senses and verbal and nonverbal communication through manipulation and transformation of art materials. Art therapy does not require knowledge or skill in art (Colombian Association of Art Therapy, n.d.)

Art therapy (Croatia)- Art therapy is art or painting psychotherapy, creative therapy, art sophrotherapy, dramatherapy, music therapy, psychodrama, and dance-movement therapy (European Consortium for Arts Therapies Education, n.d.).

Art therapy (Greece)-Art psychotherapy uses art media and artistic expression as a non-verbal form of communication. The process, structure, and content of art making as well as the associations made while creating are seen as reflective of the capabilities, emotional problems, personality, and interests of the client. Art is used as an alternative to using words to rationalize and distance oneself from feelings (Art and Psychotherapy Center, n.d.).

Art therapy (Ecuador)-No definition could be found due to a lack of professional associations/educational programs in existence in Ecuador.

Art Therapy (IEATA)- The International Expressive Arts Therapy Association (IEATA) defines art therapy as the expressive arts, which includes visual

art, movement, drama, music, and writing. These art modalities are used to enhance individual and community growth. The expressive arts combine psychology, organizational development, community arts, and education to achieve the goal of fostering development (International Expressive Arts Therapy Association, n.d.).

Art therapy (Israel)- Art therapy includes visual art therapy, music therapy, dance and movement therapy, drama therapy, psychodrama, and bibliotherapy. Art therapy is the use of the healing power of the arts to nurture and strengthen the adaptability of the client (Israeli Association for Therapy by Creation and Expression, n.d.).

Art therapy (Italy)- Art therapy is the use of art as a means of expression and communication of one's inner world (images, thoughts, emotions, and fantasies). It is the combination of theories of art, the creative process, and psychodynamic psychotherapy. Italian art therapy emphasizes the creative process in the context of the therapeutic relationship (Art Therapy Italiana, n.d.).

Art therapy (Jamaica)- No definition could be found due to a lack of lack of access to the website for the Caribbean Art Therapy Association.

Art therapy (Korea)- Also known as clinical art therapy, art therapy is a treatment in which color and form are used to sooth clients and decrease symptoms of mental illness (KCATA, n.d.)

Art therapy (Kosovo)- No definition could be found due to a lack of professional associations/educational programs in existence in Kosovo.

Art therapy (Kuwait)-No definition could be found due to a lack of professional associations/educational programs in existence in Kuwait.

Art therapy (Nicaragua)-Also called creative art therapy. Art therapy has been adapted to the culture of Nicaragua by integrating culturally relevant art materials, indigenous healing practices, and emphasizing a community-based approach (Kapitan, Litell, & Torres, 2011).

Art therapy (Pakistan)-No definition could be found due to a lack of website for the professional associations/educational programs in existence in Pakistan.

Art therapy (Palestine)-No definition could be found due to a lack of professional associations/educational programs in existence in Palestine.

Art therapy (Russia)- According to a 2009 resolution of the Russian Art Therapy Association (RATA), art therapy is the application of psychological and physical interventions through artistic expression in the context of a therapeutic relationship. It can be used with people with mental disorders, physical disorders, and psychosocial limitations to achieve therapeutic, preventive, or rehabilitation goals (European Consortium for the Arts Therapies Education, n.d.).

Art therapy (Rwanda)-No definition could be found due to a lack of professional associations/educational programs in existence in Rwanda.

Art therapy (Saudi Arabia)-No definition could be found due to a lack of professional associations/educational programs in existence in Saudi Arabia.

Art therapy (Slovakia)- The use of artistic techniques and therapeutic interventions to alter consciousness, improve communication, increase self-esteem, change behavior, and enhance adaptation and social integration. It is based on the

assumption that change occurs during the creation of art in a secure environment and in the context of a therapeutic relationship (Terra Therapeutica, n.d.).

Art therapy (South Africa)- Also called art psychotherapy or analytic art psychotherapy, art therapy is the use of art in the presence of an art therapist to enhance a client's functioning and emotional balance. Both the process and product of are understood to be the means by which a client's experience is mediated, explored, and integrated in a safe environment. The use of art therapy should aim as much as possible to be appropriate for local conditions (South African Network for Arts Therapies Organizations, 2008).

Art therapy (Sri Lanka)- No definition could be found due to a lack of professional associations/educational programs in existence in Sri Lanka.

Art therapy (Sudan)-No definition could be found due to a lack of professional associations/educational programs in existence in Sudan.

Art therapy (Switzerland)- Art therapy allows for the expression of self through the non-verbal methods of metaphor, symbolism, and sensation. The process, product, and therapeutic relationship are all considered therapeutic aspects. Art therapy is based on psychodynamic and humanistic theories and the main mode of communication is the art production (Swiss Professional Association of Art Therapists, n.d.).

Art therapy (Thailand)- No definition could be found due to a lack of access to a website for the professional association for art therapists in Thailand.

Art Therapy (Turkey)- Art psychotherapy or visual arts therapy is the use of art under the guidance of an art psychotherapist to achieve therapeutic goals such

as increasing cognitive skills, decreasing stress, anxiety, and depression, increasing awareness, coping with chronic disease, and increasing self-confidence. The therapeutic relationship, the ability to express oneself and the creative process are all healing factors of art psychotherapy. (Art Psychotherapy Association, n.d.)

Art therapy (Ukraine)- No definition could be found due to a lack of access to a website for an art therapy program in Ukraine.

Art therapy (United States)- A mental health profession in which materials, the creative process, and artwork are used in the context of a therapeutic relationship with an art therapist to enhance functioning and wellbeing. Art therapy is used to explore feelings, work through emotional conflicts, increase self-awareness, manage behavior, enhance social skills, improve reality orientation, increase self-esteem and decrease stress and anxiety (American Art Therapy Association, 2013).

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