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**Exploring Multicultural Competency in International Art Therapy Student
Through Art Journal Inquiry**

Capstone Thesis

May 5, 2022

By

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Expressive Therapies Division with specialization in Art Therapy, Lesley University

GEXTH 7017 – Thesis Seminar

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Title

Exploring Multicultural Competency in International Art Therapy Through Art Journal Inquiry

Abstract

The purpose of this paper is to investigate the multicultural competency of international art therapy students while working with the BIPOC population in the shelter setting by using the qualitative research study method. The research explores various art therapy tools that can be used to cultivate multicultural awareness among counselors in training and specific adaptations are required to provide a culturally sensitive multicultural curriculum for its successful application worldwide. The data was accumulated with weekly journal entries exploring various topics of multicultural competency areas over the five weeks while working with BIPOC clients. The findings suggest that the continuous reflection on multicultural competence is vital for being effective as a therapist while working with the BIPOC population.

Keywords: Multicultural competency, international students in a graduate art therapy program, counselor education, internship

Introduction

Multicultural competence training has been a vital part of art therapy curricula in western countries as well as worldwide to increase the effectiveness of therapy while working with a diverse population and to maintain the ethicality of practice. “Multicultural awareness refers to counselors’ recognition of the impact of culture on their lives as well as those of their clients” (Ivers et al., 2016, p.72). The multicultural approach considers the unique cultural and ethnic background of the clients. It puts the responsibility on the therapist to connect with the client from the client’s perspective and positionality. It encourages therapists to be mindful of and attentive to the client’s experiences to practice multicultural competence. It also fosters empathy towards the client which is the core construct of the therapeutic setting.

I was introduced to the topic of multicultural competence during my first year of the Expressive arts therapy graduate program in a course on *Examining Power, Privilege, and Operations*. As I explored my international student identity through the role of an art therapist in training, I started to think about how to foster multiculturalism in my practice. Being foreign to the western culture while working with clients who identify as black, indigenous, and people of color (BIPOC) which are a minority in the western society, I found it difficult to connect with clients through their positionality due to lack of perspective. This made me wonder about my own multicultural awareness as well as that of other international art therapy students. This study explores my understanding of multicultural competency as an international art therapy student in training while working with the BIPOC population through a five-week art journal inquiry on various multicultural topics including cultural genogram, reflection on intersectionality, identity exploration, etc. The anticipated outcome of the study would be the need for significant growth in fostering multicultural awareness in therapeutic practice. The study uses the self-reflection

method in hopes to provide the individual with their own lens to build multicultural awareness. The study also aims to recognize the guidance of advisors and supervisors who can support an individual in building their awareness of multiculturalism.

Building an individual's multicultural awareness allows the therapist to have a deeper understanding of the client's positionality. Acknowledging the client's cultural and ethnic variables, sociocultural, ecological, and biological factors gives the therapist the benefit to assess from a culturally competent lens. The therapist should notice the attributions in the client's life and identify them by considering potential issues and solutions. "The client's and counselor's awareness of their attributions of responsibility might lead to identifying and circumventing potential conflicts and misunderstanding and also increases the scope of options which might be considered" (Young & Marks, 1986, p. 327). To recognize the attribution of responsibility, the theory of multicultural awareness puts the responsibility on the therapist to research factors that are shaping the client's life to understand the client from their perspective.

In order to understand the client's perspective, the therapist needs to be aware of their own biases, attitudes, and resistance. My experiences as a person of color, woman, immigrant, student, middle class, unemployed, and Hindu were much different than a person of color with a different cultural, ethnic, geographical, and socioeconomic background. My experiences as a person of color are different from the client's experiences as a person of color. And not just being a person of color but other parts of identity such as gender, religion, family values, geographical positionality, and the past experiences that I and my clients have been exposed to are different. I must be aware of my privileges while working with clients because I might view the client through the lenses of casteism, regionalism, islamophobia, and other biases that are institutionalized in my cultural beliefs. My identity as a cisgender and heterosexual person could

raise biases against clients who identify with the LGBTQIA+ community. My religious beliefs and values could interfere with the therapeutic process. My understanding of ethics and justice could also result in personal biases. My Indian accent is not my personal bias, but it is an obstacle while connecting with other people. My identity as a woman and person of color (POC) has allowed me to experience very specific experiences which I try to be aware of and consciously keep aside during the therapeutic process. To support this process of multicultural awareness as an art therapist while working with the homeless population in a shelter setting, I underwent multicultural competence reflection through art journal inquiry which is explored in this paper. This paper explores this process and suggests art therapy tools and methods that can be used to investigate the multicultural competency of international art therapy students in training.

The Literature Review

To explore multicultural competency and suggest methods to foster multicultural competency, it is important to understand what multicultural competency is, why it is important in therapists and why multicultural awareness is essential in international art therapists who are working with a diverse population. The following literature is a snapshot of aspects of multiculturalism which includes, racism, attribution theory, multicultural competencies in art therapy and frames my exploration of the topic of multicultural awareness in international art therapy students.

Racism

Working with minority clients and identifying as an international therapist from an ethnic minority in the social structure makes both therapist and client aware of their social status and its impact. Understanding the racial differences, incompetency, and power dynamic which can

contribute to a therapeutic relationship can help to develop a welcoming environment for diverse clients. The social background of a BIPOC client, in this case, American social structure is layered with racial systems determined by skin color, physical features, and language (Carter and Johnson, 2019). This social structure informs the therapist of the racial experiences the client might have had in their life.

“Racism in all its horrific forms is transmitted across generations and is manifested in individual behaviors, institutional norms and practices, and cultural values and patterns. Racism serves simultaneously both to rationalize the hierarchical domination of one racial or ethnic group over other group(s) and maintain psychological, social, and material advantages for the dominant group. Both active racism and passive acceptance of race-based privilege disrupt the mental health and psychological functioning of both victims and perpetrators of racial injustice” (APA, 2008, p.1). Researchers agree that the single most important reason for the underutilization of mental health services by ethnic minority clients is the inability of psychotherapists and counselors to provide culturally sensitive/responsive therapy for the ethnic minority client (Griner & Smith, 2006). In addition to this, restricted access to clinical services, less engagement of the clinician in the therapeutic relationship, higher rates of discrimination by clinicians, and generally poorer quality services provided to the racial and ethnic minority are other factors that contribute to the underutilized mental health services by people of color. This indicates the need for advocacy, education, and research among clinicians about culturally informed practice with ethnic and racial minority groups (Hawkins et al, 2022).

Attribution Theory

Attribution theory suggests that attributions are the clarifications of the behaviors caused by beliefs, attitudes, and values that individual holds to expect the possible events and result in a

particular point in time in their life (Young & Marks, 1986). The identification of the attributions helps clients and therapists to understand themselves from a cultural standpoint. It opens the conversations about the client's background and clarifies acculturation and oppressive structures in the client's life. The knowledge about the client's behavioral patterns, emotions, and issues supports the client to take responsibility for their actions. Using a cultural lens in therapy helps to identify cultural support systems and solutions (Young & Marks, 1986).

Responsibility attributions suggest that counseling students tend to give more significance to their own perspectives while working with a diverse population as they are encouraged to reflect on their biases. It suggests counselors' beliefs inform the client's cause of the problem. Responsibility attributions state that counselors' beliefs influence their behavior about blame and control in the therapeutic relationship. Counseling students feel uncomfortable working with diverse populations due to their incompetence in managing their reactions due to biases, beliefs, and attitudes towards clients who are racially/ethnically diverse. Responsibility attributions can help to shift the perspectives of counseling students toward a diverse population through conceptualizing the client's background and presenting problems. Responsibility attributions are necessary skills to have as counseling students who are future professional clinicians (Richard et al, 2020).

Multicultural Competency in Art Therapy

The curriculum model for multicultural competency includes the acquisition of knowledge, awareness, skills, and the counseling relationship and focuses on conceptualization areas of the multicultural identity, intersectionality within privileged and oppressed identities, a wider approach to conceptualized identity and its multiplicity, socio-ecological perspective, an expanded view of multiculturalism and social justice advocacy (Killian & Floren, 2020).

Multicultural competence training has been a vital part of art therapy curricula in western countries as well as worldwide to increase the effectiveness of therapy while working with a diverse population and to maintain the ethicality of practice. "...one must reexamine the concept of multiculturalism when the majority and minority shifts within a cultural context, considering that multiculturalism can be a tool that propagates the illusion of power dynamics and the systematic dehumanization of indigenous communities, practices, and ideals. It becomes even more important and impossible to ignore, the influence of power dynamics within multiculturalism, when presuming that multiculturalism advocates respect for diversity" (Park & Ramirez, 2021, p.1). The significance of cultural context in the multiculturalism model provides me with a lens through which to review my awareness of cultural competence. The perspective about multiculturalism suggests necessary adaptation to take into consideration while creating a multiculturalism curriculum for therapists in training from diverse backgrounds. It encourages therapists to reflect on their identity and to be mindful of imposing their worldview on clients (Park & Ramirez, 2021).

The study conducted by Paone, Malott, and Barr (2015) measured pre and post outcomes on the topics of white racial identity development, white privilege, color blindness, and the cost of racism. It measured the effectiveness of race-based multicultural counseling courses and the feelings of empathy, guilt, and fear associated with them. The findings suggested positive growth in all four areas: white racial identity development, white privilege, color blindness, and the cost of racism. The results indicate the development of antiracist approaches in participants and increase awareness to understand the effects of race in BIPOC clients' lives. The results state women report having more informed social positions than men. It states the need for bringing changes in the curriculum by including four areas to improve multicultural awareness and the

effectiveness of the therapy (Paone et al., 2015). Although the article does not relate the multicultural competence in art therapists, it provides a model to assess therapists' biases and perspectives towards multiculturalism through examining racial identity development, color blindness of the therapist, and effects of racism in the therapeutic relationships. The article states the need for courses in schools and colleges to address and build cultural competency and to bring awareness to multiculturalism which includes a thorough investigation of the above areas.

To explore the integration of art therapy interventions in multicultural counseling training, the study by Linesch and Carnay suggests the significance of experiential-based learning to address issues of multicultural competency. Incorporating art interventions in the multicultural awareness training helped to explore implicit biases, fears, and areas of resistance in students while allowing them to use art as a tool to approach change in their attitudes. The article states the need of expanding the multicultural curriculum worldwide and offering it in multiple languages and between diverse populations to foster empathy among clinicians in training from diverse backgrounds who are working with a diverse population (Linesch & Carnay, 2005). The findings are helpful to recognize the effectiveness of art therapy interventions in the multicultural competence course as they state students found the integration of art interventions at the same time transformative and a playful way of learning. Although there is a lack of inquiry about the adaptability of the multicultural competency course in various languages and places in the world, it suggests the possibility and need of it.

There are limited studies around the topic of integration of art in the multicultural awareness curriculum however qualitative study conducted by Shiflett, McAuliffe, and Deaver provides evidence for the effectiveness of art interventions in the multicultural competency curriculum. In the article, the authors explored the integration of Cultural De-Centering Activity-

Visual (CDCA-V) in the multicultural counseling course to assess the effectiveness of art intervention to foster cultural sensitivity among graduate-level students of mental health counseling. The authors stated the visual art component in CDCA-V may allow “visual arts-based multicultural activity to trigger cultural de-centering in counselor trainees” (Shiflett, McAuliffe, & Deaver, 2017, p.8) The study required students to complete a one-day, three-hour multicultural class with CDCA-V instructions. Results suggested four major themes: benefits of artmaking, difficulties of artmaking, questioning received norms, participation during the discussion, and collage activity. Data analysis included quotes from the participants which helps to understand the process behind the research. Researchers’ background was disclosed to understand their worldview. Findings suggest that art-based prompts in multicultural education draw attention to the process of artmaking and the process of cultural de-centering which are evident in the common themes stated above. The authors stated that the process of artmaking allowed students to “enhance openness through sharing created tangible images” (Shiflett, McAuliffe, & Deaver, 2017, p.22), “experience deeper and personalized learning” (Shiflett, McAuliffe, & Deaver, 2017, p.22), and “make a visible representation of importantly-held beliefs about the dimension of culture” (Shiflett, McAuliffe, & Deaver, 2017, p.23). The study considered that art is not universal and validated participants’ experiences who had difficulty with engaging in art intervention due to multiple reasons such as lack of representative images of diversity in given magazines during the collage activity. The authors stated that it is the educator’s responsibility to provide an abundance of images that reflects dimensions of all cultures, especially the inclusion of cultural minorities. Findings suggest that art interventions helped with evoking cultural awareness and “the CDCA-V may be an engaging way to enhance multicultural counselor training” (Shiflett, McAuliffe, & Deaver, 2017, p.27). I think this is a

powerful tool as it keeps students interested while learning about multiculturalism which can be threatening at first.

The author, Coseo is a white Caucasian female and art therapist in training who used art-based research to investigate her multicultural competency toward the African American community at her internship site. The art-based research included exploration of her own beliefs, attitudes, and feelings through a visual sketchbook and a large mixed media piece by each client. She focused on self-assessment to assess her own biases towards those who are “different” from her, confronted her stereotypes, and reflected on working with a diverse population through art exploration. In the findings, the author states that “therapists, focus on the behavioral, social and psychological components of treatment and fail to address or understand cultural elements of treatment” (Caseo, 1997, p. 155). She added that art exploration provided a safe place to be truthful and take responsibility for misconceptions she had towards African Americans as a clinician. Art exploration serves as a tool to unfold unconscious biases against others. “Although at times it was difficult to separate racially-charged feelings from behavioral or situational factors, art-making helped focus the cultural component of reactions” (Caseo, 1997, p. 156). The author states that fostering cultural awareness in the therapeutic relationship is a lifelong process. The case study provides a reflection on the author's personal experiences to examine the multicultural competency of therapists and their cultural influences on treatment (Caseo, 1997). The art exploration provided an individualistic approach toward investigation which can be a valuable consideration while raising cultural awareness. As an international art therapy student working with the BIPOC population, these research articles provided the framework to continue the exploration of my multicultural awareness.

Method

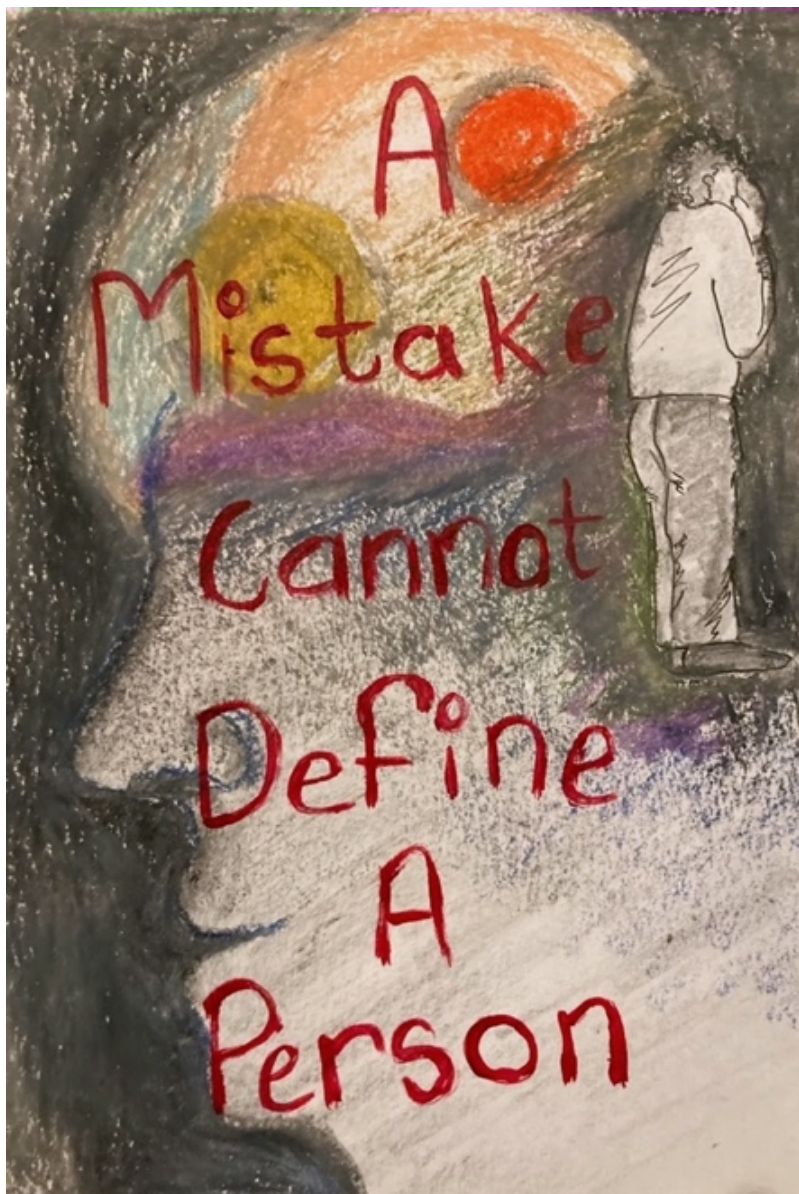
The five-week art journal investigation was conducted to identify the importance of multicultural competency and problems that occurred while developing cultural awareness as an international art therapist in training. For five weeks, I reflected on different topics related to multiculturalism through the art journal inquiry by identifying my personal experience, my experience as an art therapist, and how I think that affects my client while considering their positionality. The topics for art journal entries included exploring self and professional identity, a cultural genogram to promote cultural humanity, deepening understanding of cultural stereotypes and biases, awareness of intersectionality, noticing changes in perception about my cultural competency, and identifying culturally informed clinical practice. These topics emerged from the required exploration at the time. For example, at the beginning of the internship, I found the need to understand my role as a therapist which led to the exploration of self and professional identity for the week 1 journaling. Likewise, other themes emerged as I went through the process of building multicultural awareness. I chose these topics in the interest of focusing on the process of self-reflection.

Along with art journal investigation, I created an artwork to record my perception before undergoing the process of 5 weeks of self-reflection. I created a second artwork to record my perception of multicultural competency after completing an art journal inquiry. I considered using various art techniques like collage, painting, drawing, sculpture, ephemera, and found objects depending on the need.

Results

Before Painting

The before painting was created to recognize my mindset as an art therapist in training who is entering the field of therapy for the first time. I wanted to notice what was bothering me, and how was I feeling while getting ready to experience the unknown; a new culture, professional identity, and diverse clients. The art was created to reflect on my positionality before beginning the journey of five weeks of multicultural competency exploration.

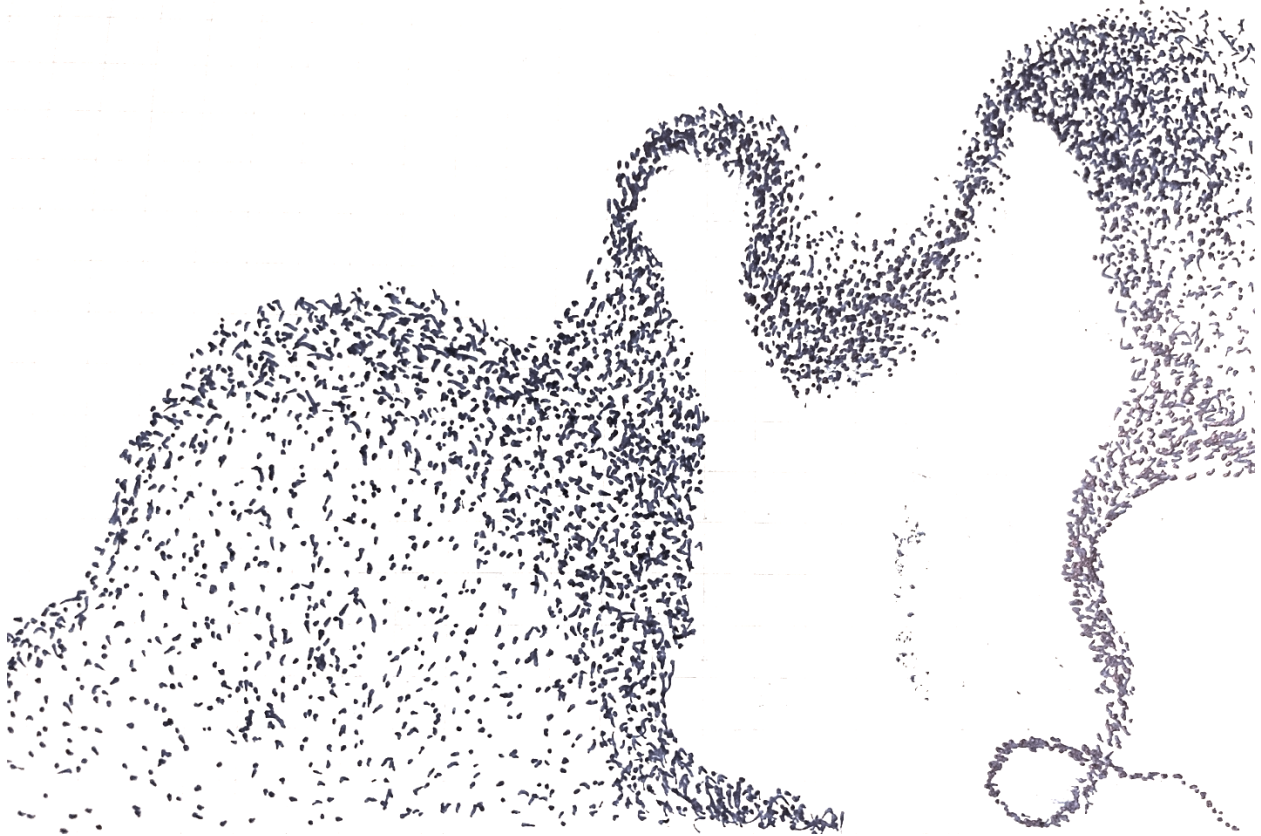


Personal biases lead to resistance in a behavior. The resistance in a behavior reacts as a defense mechanism to protect personal beliefs and biases. Being aware of the resistance by recognizing the pattern in behavior and being sensitive to our defenses would help to bring change to the behavior (Valdez, 2012). I think my resistance is to feel overly guilty and apologetic for my mistake. I have noticed myself overly feeling guilty for my incompetency towards multiculturalism and then causing the dismissal in the situation by focusing on the mistake. I have a habit to rethink situations where I had made mistakes and staying in that mental state for the rest of the time. This behavior is my defense mechanism to protect myself from getting pointed out by others for my mistakes.

The artwork reflects the unwillingness to be open to change and reflection caused by my defensive mechanism to defend me in the uncomfortable position. Before going through the process of reflection on my multicultural competency, I knew it is going to unfold disparities in my thinking and actions towards being multiculturally competent.

Journal Entry 1: My Identity

For week 1 of the art journal exploration, I was remembering the time just before starting my internship at the homeless shelter and the theme of identity emerged from the reflection *Before Painting* which made me think about my resistance and constantly questioning my skills and strengths. I decided to further reflect on my identity as an international art therapy student in a second artwork (shown below).

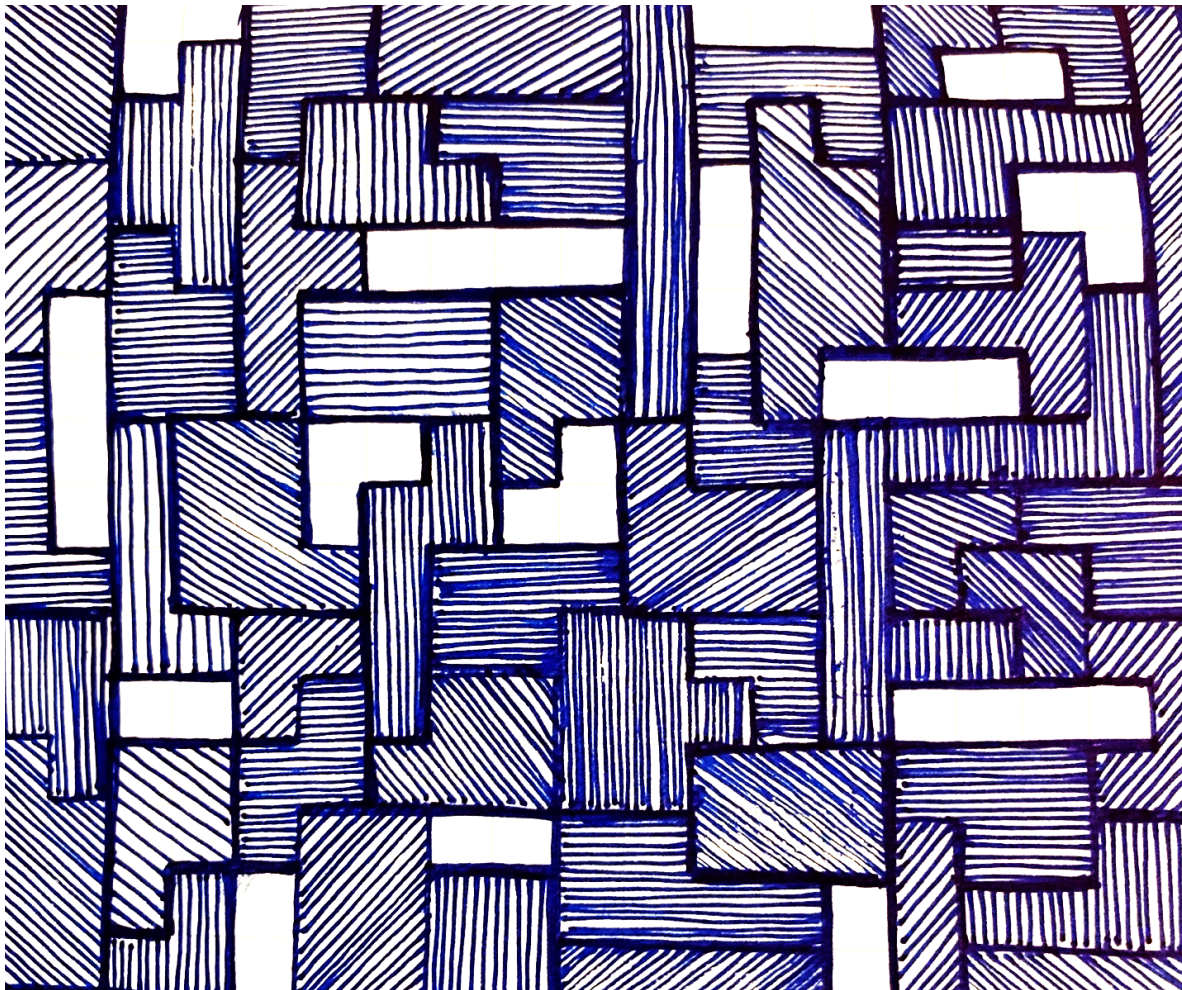


The words that came to my mind while creating this drawing were: murmuration, anxiety/ uncomfortable, clueless vs. direction, structure vs freedom. I was thinking about flow and lack of rhythm as an intern because I am still figuring out where I belong, and what my role/ position at the internship site is.

Who am I? I am an international art therapy student in training working with children who have experienced homelessness. Neither do I resonate with the experiences of the population, nor do I know an international art therapist who I could look up to as a role model. I feel anxious and confused because I am unaware of myself at this moment and feel the pressure to figure out my place at the internship site, and in my own personal and professional life to get some clarity about where I am going as an international art therapist in training.

Journal Entry 2: My Professional Identity

The art journal exploration of identity continued during week two. While in week one I had reflected on my own feelings in week two I began to explore what kind of support I could find around me to help me overcome my challenges as a new intern and international student.



I have structure around my professional self, which is supportive and working together as a team, but it still feels unapproachable to me. It exists but it is blurry. I must find myself in this structure because I do not know where I belong in it yet.

I was feeling foreign to American culture, the shelter system, and my identity as an art therapist which led to a feeling of anxiousness and under-confident. I went into a nutshell. I remember sitting in one of the first therapy settings through telehealth and I noticed my voice

shaking, closed body language with my hands holding on to the pen for dear life, and having a loss of words. Here, I was finding my place in the world while building a therapeutic relationship with an adolescent client who was finding her place in the world as well. My supervision provided the opportunity to role-play the session with clients to overcome my anxiety. My supervisor suggested using the self-disclose method to connect with the client. I noticed that I was my client's support, and the supervisor was mine and we were all trying to find a way to connect.

Journal Entry 3: Cultural Genogram

In week two of the exploration, I started to connect with my clients by noticing the similarities and differences between our life experiences. That's why I chose to continue the exploration by observing my biases and attitudes to be aware of potential transference and countertransference with clients.

“The cultural genogram is designed to accomplish its primary goal by

- illustrating and clarifying the influence that culture has on the family system.
- assisting trainees in identifying the groups which contribute to the formation of their cultural identity.
- encouraging candid discussions that reveal and challenge culturally based assumptions and stereotypes.
- assisting trainees in discovering their culturally based emotional triggers (i.e., unresolved culturally based conflicts); and
- assisting trainees in exploring how their unique cultural identities may impact their therapeutic style and effectiveness.” (Hardy & Laszloffy, 1995, p. 228)

After going through a cultural genogram reflection, I recognized some potential operations that may interfere with the therapeutic relationship. I was a therapist who may view the client from the perspective of shared identities: immigration experiences, people of color, women, family, etc. and determined the client's behavior, and choices through cultural stereotypes. I learned that even though I share some identities and have similar oppression experiences as my clients we are still different individuals. Stereotyping and judging the person because of their decisions, values, and perspectives would be harmful in general and especially in therapy.

Disclosure: I have not included the cultural genogram due to confidentiality purposes.

Below artwork is a reflection on the cultural genogram.



I decided to make a genogram to understand my background and to be aware of my values and biases through it. Biases are part of a person's personality. It is important to be aware of these

biases so as a therapist, I can put them aside to be effective in the therapeutic setting. Putting aside biases helps to empathize with the client and validate their experiences without bringing judgment into the therapy. There were a lot of personal biases which I was not aware of that I realized through the exploration from the lens of a cultural genogram.

My Attitude and Stereotypes

I viewed the children at the shelter as those who needed my support, who needed me to guide them, to whom society has shown its back and I was the one who is lending them a helping hand. I was coming from a privileged background and the attitude of a 'savior'. I am brown, I am an Asian Indian from an upper-middle-class family. I am a Brahmin who is privileged in India; saying this sentence out loud makes me aware of my hypocritical perspective towards minorities and has challenged me to notice my biases. I was born with privilege in India and as I moved to the United States, I was suddenly considered a minority. So, I have a complex relationship with my privilege, power, and oppression, a lifelong exploration.

Checking my Biases

Who am I to enter the space with a savior attitude? I am not even part of the American culture and society. I have not experienced homelessness. I have not migrated to different countries to find refuge; I have never been identified as illegal in society. These are the common experiences that my clients had to go through. My religious beliefs and values as a Hindu could also interfere with the therapeutic process. The client shares catholic beliefs. I made a point to acknowledge the religious differences and provide a space where the client can comfortably practice their religion. My understanding of ethics and justice could also result in personal biases. In this case, my ideas about grief, family dynamics, happiness, responsibilities, and other

cultural racial/age/professional differences might have caused misunderstanding and false expectations in the therapeutic setting.

I also found some language barriers in this therapeutic setting. I recognized that English is neither the client's nor my first language. I tried to be an active listener and put in the effort to accurately understand what my client was sharing. My Indian accent is an obstacle when connecting with other people. I cannot change my accent, but I would try to speak as clearly as I could and with appropriate spacing to make it more understandable. If needed, I would also suggest the possibility of having an English-Spanish translator in the room to make the client more comfortable and welcoming in the session. I would try to provide the space for the client where they would be able to ask me to repeat myself to understand my accent better and vice-versa. I would make sure there is equality in the space to openly talk about any differences without causing obstacles or conflict.

Journal entry 4: Intersectionality

While noticing my biases, attitudes, and resistance in the previous reflection, I decided to continue building therapeutic relationships with my clients by noticing the similarities between my clients and myself and what was my role within this relationship.





I found myself often being in the role of guidance since my clients are children. In one session, the topic of forgiveness came up. I initiated an art activity by asking the client to draw about a positive memory they had with their sibling to help them see the bond they had between them. After the session, I started to reflect on why did I initiate the forgiveness? Was it because my biases and values informed my Hindu religion and Indian culture?

What are the similarities between me and my clients? Family values, transition, identity as women, relating with stages of life: in the schools where time management and social skills are the focus.

Intersectionality

I identify as a female and many of my clients also identify as female. I am a daughter and I am a student, another commonality between me and my clients. My identity as a cisgender

woman and person of color has allowed me to experience very specific experiences which would be helpful to empathize with a client who had similar encounters. These firsthand experiences and understanding have been beneficial to starting a conversation about these sensitive topics and providing validation in these vulnerable positions.

I also have firsthand experience of immigration which would be an asset in the therapeutic process with a client who has a history of immigration or has experienced any cultural or spatial transition. I recognize that my experiences with immigration are different from the client's experiences as they are first-generation immigrants. I have experienced the intensity and effects of acculturation and assimilation which I could bring to the therapeutic setting to provide an ear for the client's experiences with discrimination, microaggressions, and assimilation. It would be important to recognize the client's understanding of acculturation to gain perspective to view their experiences of acculturation in their life. At home, they are being raised according to their cultural and religious identifications whereas at school/college/workplace they must follow the dominant cultural norms. I identify with these experiences of acculturation which is also an intersecting point between me and my clients.

Journal Entry 5: Culturally Informed Therapeutic Practice

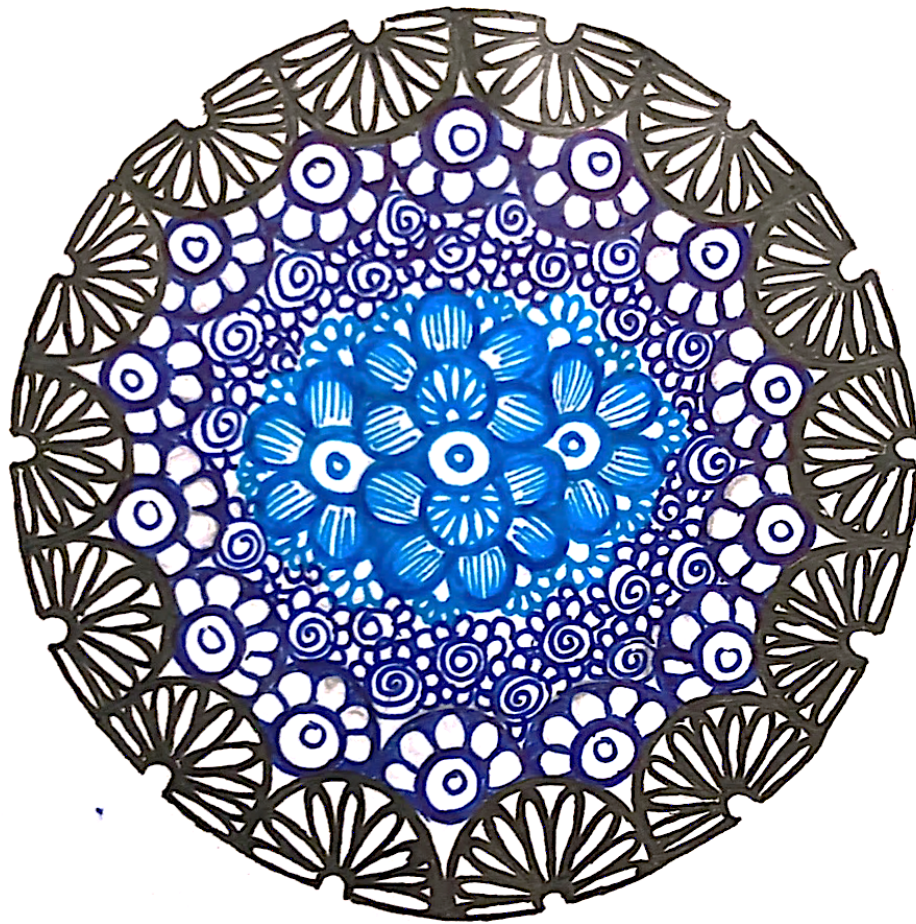
During this exploration, I was actively working towards understanding my own identity and my client's positionality which was directing me towards culturally informed therapy. "Culturally competent practice requires (a) awareness of the self, (b) awareness and knowledge of other cultures' beliefs and behaviors, (c) awareness and knowledge of the cultural dynamics and interactions that exist between the art therapist and the client, and (d) skills and interventions that are ethical and appropriate for clients with cultural backgrounds that differ from the art therapist" (ter Maat, 2011, p.9).



I need to be aware of my religious background, my family values, relationships and my role in the family, my biases about the role of women, my role as a sibling, etc. I have formed a routine to prepare my body and mind for the therapeutic setting. In Hindu culture, we take our shoes off to enter a temple/home. Many people walk barefoot, to be aware of their bodies, and to feel rooted to the ground. In the mornings, I have found myself feeling the ground with my feet before getting out of bed. This movement of situating myself feels meditative to me. It helps me to be aware of my body. I think practicing this act before the session would be useful to bring myself to the space. It would help me to be centered and be in a grounded state with a sense of personal integration. I think doing this as a closing ritual would also help to leave the therapeutic space. It is an act of self-care. It would also allow me to work on my resistance on my own time without interfering with the client's therapeutic space (Valdez, 2012). This moment to myself

before therapy and after therapy sessions would provide me time to be aware of the biases and reflect on them. I think this moment to the self is especially needed when the client and therapist have differences in their values and beliefs which is most of the time is the case in a therapeutic setting.

After Painting



I created mandala art as an after painting. Mandala or 'sacred circle' is a Buddhist healing practice. Coloring a structured mandala, freehand drawing, and complementary breathing exercises are offered as mindfulness activities for the therapeutic settings. The study conducted by Ramos Salazar shows that coloring structured mandalas with coloring instructions did not

result in a mindfulness experience for the participants. They found guidance distracting. This indicates that freedom in the process of creation helps to promote self-reflection and mindfulness. Many studies indicate mandala activity in an educational setting enriches the educational experience of students and professors (Ramos Salazar, 2019).

One small shape created with colors has the power to evolve through imagination and bring a feeling of peace and centering to the individual who creates it and who witnesses it as well. Mandala needs patience, focus, and repetitiveness, which suggests the skills needed to manage stress and anxiety. I relate the act of creating mandalas to the practice of being multiculturally competent as creating a mandala is a process that provides possibilities for its transformation. It accepts the individuality of each line in it but still manages to balance the creation with symmetry and leads to wholeness.

Discussion

The result of this study has indicated growth in my perception of my role as an art therapist while accepting my own identity and background. As I am learning about my personality and developing my identity as a therapist, I am starting to become more open to the experiences confronting my feelings. This is essential to my growth, as Moon notes, “being a therapist requires continual self-reflection” (2016, p.75). The identification of the attributions helps clients to understand themselves from a cultural standpoint. It opens the conversation and clarifies acculturation and oppressive structures in the client’s life. Using a cultural lens in therapy helps to identify cultural support systems and solutions (Young & Marks, 1986).

As the therapist, I was culturally incompetent at the beginning of the process of art journal reflections as I had a lack of understanding of what therapy implies and what was my role as a therapist. In the first two weeks of exploration, I found myself confused, anxious, and

overwhelmed by the pressure of being a therapist. By the end of the fifth week, I recognized my responsibility as a therapist to consciously reflect on my resistance, biases, values, and attitudes so that they won't interfere in the therapeutic relationship.

This reflection through journaling indicated that I became open to understanding clients from their perspectives. Initially, I held stereotypical views against my clients such as I felt I was a savior for my clients because they were homeless. However, during the process of self-reflection, I noticed my view toward the homeless population shifted and gained more understanding of my role as a therapist. During intersectionality exploration, I noticed the similarities between my clients and myself such as gender, life experiences, social status, and values. I started to see them as a human which helped to foster the empathy which I was lacking in the initial weeks of this journey.

Art reflections helped to gather my thoughts and enhanced the reflection process as they provided an additional method to express myself. I felt safe and comfortable exploring cultural genograms through the art journal method. Artmaking as a tool helped to provide clarity during the exploration as well as worked as a self-care tool.

Three distinct themes emerged from the results: 1) inadequate support structure, 2) open to learning, adapting, and empathizing, and 3) self-reflection is key to building multicultural awareness. Below I will explain these themes in more depth.

Theme One: Inadequate Support Structure

As I disclosed earlier, I have taken a graduate-level course on power, privilege, and operations which introduced me to multicultural awareness and provided in-depth understanding and guidance on how to be multiculturally competent. I had a supervisor around me who was accessible; however, I still had to find a way for myself to recognize that I am unable to be

culturally aware during the therapeutic relationship and then to create a guided journey for myself to be multiculturally competent. I recognized that I was not able to relate to the guidance of the supervisors and the course module because it lacked the perspective of the international student who is building multicultural awareness in a completely unknown environment. Because of my unfamiliarity with the culture and the social structure, as a therapist, I believed in the information shown by dominant narratives during research about the population to enhance multicultural competence. There was a lack of accurate representation of the homeless population because the dominant culture's lens which is visible and accessible to the untrained eye and newbie like me contributed to stereotyping and judgments towards the population.

In general, many international students found supervision to be not culturally sensitive due to their ignorance of multicultural issues, concerning race, sexual orientation, gender, physical differences, spirituality, and social class (Tohidian & Quek, 2017). These limitations during the supervision are very evident for the international students. From my experience, I found supervision to be ineffective because I did not feel heard, or understood and my perspective was ignored.

Supervisors and the support structures around international counseling students need to be proficient to help international students deal with cultural shock which may occur while working in an unfamiliar social structure and with unfamiliar cultural practices. The cultural shock can lead to curiosity and adaptation although it needs proper guidance through supervision to reflect on the international student's experiences, biases, and interpretation of dominant social and cultural structures. The support can be provided through creative means to encourage grounding and centering, reflection, and expression (Potash et al., 2017). "Mentoring should be emphasized as a powerful educational tool that engages people, facilitates trusting relationships,

contributes to a shared understanding, and harnesses the collective power of the organization” (Potash et al., 2015, p. 149). A culturally sensitive multicultural competency curriculum, as well as supervision, is recommended which considers worldviews and not only western art therapists’ perspectives and problems regarding it.

Theme Two: Open to Learning, Adapting, and Empathizing

The therapist must adjust to the client’s needs. I think flexibility and adaptiveness in therapy are important to create a welcoming and accessible space for the clients, especially those from diverse backgrounds. Empathy, critical thinking, flexibility, and accessibility are some of the essential skills therapists should have to be competent in the therapeutic setting. The therapist may have difficulty fostering empathy due to a lack of shared experiences with clients. I remembered constantly questioning myself about what I thought my clients want from me and whether am I their savior which added a power dynamic to the therapeutic relationship. Reflecting on my own biases, values, subjectivity, attitude, and intersectionality helped to gain an understanding of a client from a different perspective. Cultural empathy is defined as a skill to work effectively across cultures and an attitude of openness with necessary knowledge which creates a connection to the cultural divide between therapist and client (Vargas & Wilson, 2011). Empathy can help to foster openness which can lead to curiosity about new perspectives, adapt, and be mindful of others’ perspectives.

The reflection process evoked the curiosity for learning about myself as a therapist as well as about my client’s diverse backgrounds. This learning and reflection can be approached through transformative learning which is defined as ‘combining intellectual understanding or knowledge with emotional understanding or affect. It requires the therapist to analyze the feelings, thoughts, and resistance that comes up during being multiculturally aware (Rogers-

Sirin, et al., 2015). Transformative learning with art interventions is recommended to apply in multicultural awareness curriculum and supervision to provide subjectivity to learning for students especially those who are from diverse backgrounds to help them reflect on their areas of resistance, beliefs, and attitudes. Shiflett, McAuliffe & Deaver (2017) note the value of challenging accepted cultural norms via art-based methods. As such, incorporating arts-based learning into the multicultural competency curriculum can provide a way of expression, reflection, and visual learning tool.

Theme Three: Self-reflection is Key to Building Multicultural Awareness

I had the fear of acceptance, language barrier, and limitations with clinical language such as translation from my language work language to clinical. I noticed myself always on high alert to process information on-site and around my clients due to being foreign culture which causes exhaustion, and distress for which I found self-care important.

I recognize that mandala art is a way of self-reflection and promotes self-care which are important skills to be multiculturally competent. It improves self-awareness, mental and physical wellbeing, life satisfaction, personal development, effective stress management, and the ability to connect with others in a deeper sense. Self-care focuses on self-compassion which needs mindful awareness of emotions to acknowledge distress and pain and to provide kindness, understanding, and acceptance to the self. Self-compassion avoids self-judgments and self-criticism. It brings awareness to the pain and stress in the body and mind and holds a space for it. Mindfulness is also a way to approach self-care which focuses on the present moment and self-awareness. Bringing attention to emotions promotes the quality of life by lowering the amount of perceived stress, encourages meaningful life changes, and effective management of emotions. It also supports self-efficiency, empathy, and management of attention and emotions in the therapeutic

setting. Self-reflection is another component that directs self-care. It involves analyzing thoughts, feelings, and actions while considering past experiences to react effectively in the future or to manage the current situation effectively. Self-reflection is linked to self-knowledge which focuses on the practice of recognizing, understanding, and reflecting on thoughts, emotions, goals, and behaviors which is necessary to reflect on multicultural competencies as a therapist (Viskovich & De George-Walker, 2019).

The process of being efficient, responsible, and competent in the therapeutic relationship often causes emotional exhaustion which results in burnout. Counselors in training should receive training regarding self-care as a part of the multicultural competency course to learn to effectively manage the burnout that occurs during the process of being multiculturally aware in the therapeutic setting (Lee et al., 2018, p. 296). The self-care activity is one of the skills everyone practices reflecting on their action and reactions and taking their mind off things. It would help to regain their energy and feel grounded in the place and their own body. The self-care activities could be culturally specific and could be used in a therapeutic space by focusing on a particular issue. Therapists' own culturally sensitive rituals are recommended to practice self-care, self-reflection, and work through resistance.

Limitations of the Study

The study was conducted to understand the process of building multicultural competency in international art therapy students through art journal inquiry. In the study, data was collected through self-reflection which limits data analysis and findings as it is influenced by personal biases, values, and perspectives. The data was informed by the personal experiences of the author which created a limitation for the study as the subject who participated in the study is the same one analyzing their data as the facilitator. The subject has taken a course on power

privilege and operations which indicate they have a prior understanding of multiculturalism which may have influenced art reflections by being cautiously aware of multicultural competency issues.

Conclusion

The study was conducted to build multicultural awareness in the international art therapy student in training and to suggest culturally informed tools and adaptations to the multicultural competency curriculum which is suited for international art therapy students like myself. The study was led through art journal inquiry and before and after process artwork reflections to explore changes in perception towards multiculturalism and responsibilities as an international art therapist. The findings suggest that the therapist should strive to be culturally competent to incorporate the client's culture, beliefs, and traditional practices. Therapists must mold themselves to fit the client's needs. I think flexibility and adaptiveness in therapy are important to create a welcoming and accessible space for the client.

I believe as therapists one should aim for being empathetic and holding intellectual humility. Therapists need to recognize the difference between biased opinion and informed knowledge to avoid the interference of their own attitudes, biases, resistance, and judgments. This process of being mindful and multiculturally aware would help to recognize personal positionality and how that affects the therapist's perspective towards the world as well as it would foster the curiosity to understand the client from an empathetic lens (DiAngelo and Sensoy, 2014). Respect and acknowledgment of a person's individuality without judgment is the most important skill to be a citizen of a multicultural world and to be an art therapist in this world. The ability to step in others' shoes to try to understand their perspective is also a needed skill. Being open-minded and open to communication while updating one's knowledge with

academic evidence is a crucial skill to have as a therapist and an informed citizen of this diverse world. For me, curiosity drives me to understand different world views and to seek the unknown, so keeping this curiosity alive is an important skill. Curiosity also shows that I want to learn new things and broaden my understanding and that I am not pretending to be interested in the topic. Active listening is an important skill to have as a citizen of a multicultural world and therapist. I found being adaptive, without judgment, and respectful to be the best strategies to understand different perspectives. As I recognize the multicultural awareness is the essential for the effective and culturally informed therapeutic practice, through this study I hope to recognize need for cultural sensitive art interventions and tools to build multicultural competency in art therapist aground the world.

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THESIS APPROVAL FORM

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Through Art Journal Inquiry

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: _____Raquel Stephenson_____