Deconstructing and Recontextualizing Art Therapy Practice in the Chinese Cultural Context

by

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Abstract

Deconstructing and Recontextualizing Art Therapy Practice in the Chinese Cultural Context

Art therapy has been gradually introduced in Taiwan over the course of almost three decades with practice that has been conducted in diverse settings. This field-based research study sought to identify key cultural and contextual factors that may be involved in adapting art therapy to a Chinese culture by investigating the contextual adaptations made by Taiwanese art therapists who trained in the United States and United Kingdom, and returned to practice in Taiwan. My aim was to provide needed data for the profession (i.e., art therapists, art therapy educators, and supervisors) regarding the implications of culturally appropriate art therapy practice in Chinese cultural context. The goal of my research was ultimately to build the cultural and contextual foundation whereby the art therapy discipline can be anchored in Chinese communities and can counteract a prevalence of ethnocentrism and mono-cultural perspectives of art therapy that may be culturally inappropriate.

Seven Taiwanese sojourner art therapists were invited to describe a case with client's artwork and clinical notes that would exemplify their use of art therapy with Taiwanese client. Thematic qualitative data analysis revealed 13 themes and 17 sub-themes that fell into three broad domains. Results suggested that the key cultural and contextual factors identified from the participants' descriptions of sojourner practice of art therapy in Taiwan Chinese culture relate to the processes of (a) orienting clients to art therapy, (b) fostering their positive engagement with art making, and (c) improving psychological homeostasis with art therapy interventions.

Keywords: indigenous, art therapy, sojourner art therapist, Asia

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Dedication

This work was inspired by my own acculturation and re-acculturation processes, this work is dedicated to my clients who taught me in the pursuit of understanding and appreciating my own culture. Finally, I dedicate this work to the seven Taiwanese sojourner art therapists who generously shared their valuable experiences and took me into their confidence and trust.

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CHAPTER 1: INTRODUCTION

Art therapy is a young profession that originated in the United States and England and, over time, gradually was introduced to other societies as people and ideas migrated in an increasingly globalized world. In my own case, I was educated in mainstream fine art schools for more than 10 years in Taiwan. However, I had never heard about art therapy or anyone with expertise in using art to help people heal until I was in my second year of college. I chanced upon a Taiwanese art therapist who was invited by my professor to share her clinical experiences in my art history class. Listening to her journey of working with disadvantaged children in a poor rural area of Taiwan, it was the first time that I witnessed the healing power of art, despite spending many years learning and practicing art making skills in my school training. As an audience member, I had tears in my eyes and was full of feelings of sadness and love. After that, I started to become passionate about art therapy as a career path.

I decided to pursue art therapy training in the United States. However, when I returned to Taiwan and mainland China after my U.S. training, I was confronted with serious issues about the applicability of the art therapy theories and practice that I had so diligently learned. I was often challenged by my clients' strong expectations to receive direct problem-solving strategies and see concrete changes. For example, some of my clients politely refused to make art and dropped out of therapy after only few sessions. A few clients shared that they had made the art only because I required it of them. In group settings, it was difficult to engage with relatively traditional ethnically Chinese adults, especially those who did not voluntarily seek art therapy services. It was too much to ask them to draw on a piece of paper without any or little instruction and to share it with the group. Often, it seemed that making art did not fit into their context of success in therapy. Therefore, this pull-push tension between my art therapy training and my

practices with traditional Chinese communities caught my attention and posed a problem to solve: I wished to develop clinical adaptations based upon the needs of my clients within their own culture.

To understand the dilemma that confronts the Chinese art therapist one must trace back to global cultural changes in Chinese societies, which include Taiwan, Hong Kong, Macau, Singapore, and mainland China. In Taiwan, the clinical training of a mental health professional, as in many other academic domains, is greatly influenced by Western psychology, which in turn grew in influence in parallel with the expansion of Western political and economic power throughout the world since the Cold War. Taiwan has been dependent on the United States not only politically and economically, but also academically, especially in the sciences and technology (Hwang, 2005). From 1965 to 1975, new policy in United States and political unrest in Taiwan made the United States the most popular country for Taiwanese to study abroad or to eventually immigrate.

Kwang-Kuo Hwang (2005), a distinguished Taiwanese scholar who trained at the University of Hawaii in social and cultural psychology, observed the steady spread of colonialism taking root in Chinese academic society during these years: "American textbooks or their translations were widely used, many teachers were educated in America, and many graduate students chose American institutions for advanced study. Consequently, psychological research in Taiwan was Americanized (p. 229)." Clearly, this cultural change in Taiwan has involved power held by different parties. U.S. economic, political, and military power have been leveraged to market Western products and lifestyles and make them appealing world-wide (Marsella, 1998). Hence, the direct transplanting of Western psychology that occurred in Taiwan

heavily impeded the indigenization process that would have provided its culturally appropriate adaptation to serve a rapidly changing Chinese society (Hwang, 2012; Yang, 2012).

Beginning in the early 1980s, scholars in non-Western countries started to raise questions in response to these events and the powerful assimilation of Western psychology influences into their societal and cultural views. Non-Western psychologists in Philippines, Japan, Korea, India, Taiwan, and Hong Kong enthusiastically put forth the idea of "indigenizing" psychology as an academic movement (Adair, 2006; Church & Katigbak, 2002; Yang, 1999). Their aim is to create an indigenized, local psychology to replace the Westernized/Americanized psychology that colonialism had brought. Thus, to interrupt the dominant Western paradigm, Non-Western indigenous psychologists have called for the development of culturally-appropriate psychologies (Azuma, 1984) based on "native values, concepts, belief system, problem methods and other resources'" within the social group to which it applies (Hwang, 2009, p. 934).

As a result of these same forces of modernization, technology, and globalization, art therapy also has begun to struggle with the need for an indigenization process to serve non-Western countries. The rapid expansion of art therapy training throughout Asia has attempted, with uneven success, to teach culturally-sensitive uses of the arts in healing while promoting the art therapy profession (Kalmanowitz & Potash, 2010; Potash, Bardot, & Ho, 2012). Particularly in Chinese societies, art therapy has gained great popularity. Taking Taiwan as an example, in 2004 the Taiwan Art Therapy Association (TATA) became the 36th art therapy association in the world (Establishment of Taiwan Art Therapy Association, n.d.; Wolf Bordonaro, 2016). Founded by a group of art therapy practitioners and educators, and educators from related fields, many TATA members are "sojourners," meaning they completed their art therapy training in Western countries, usually the United States or United Kingdom, and returned to their homeland to

practice (Carliér & Salom, 2012; Chiang & Hou, 2015). As of 2019, according to the TATA website, there are a total of 88 professional members and the membership continues to grow.

Art therapy has been introduced to Chinese societies via both international speakers and sojourners who bring their Western knowledge home; however, a review of English- and Chinese-refereed journal articles, book, theses, and dissertations reveals, in general, a lack of sociocultural relevance. Particularly disturbing is the wholesale acceptance and sheer mimicking of art therapy's Western dominant theories and approaches. Moreover, very limited empirically-based expressive arts therapy research has been discussed within the context of Chinese culture (e.g., Ho, 2005; Ho, Potash, Lo, & Wong, 2014; Kung, 2013; Lai, 2011; Lai & Tsai, 2014). Without an evidence base and coherent configuration of cultural and ethical application of art therapy to different sociocultural locations, art therapy training and practice likely will continue to present fragmented, ineffective interventions that are unmoored from Chinese societies' historical contexts and local values (Potash, Bardot, & Ho, 2012). My research goal, therefore, is to identify key cultural and socioeconomic factors involved in practicing art therapy in Chinese cultural context in order to counteract a prevalence of ethnocentrism and mono-cultural perspectives of art therapy that may be culturally inappropriate (Kapitan, 2015; Talwar, Iyer, & Doby-Copeland, 2004). More specifically, my research pays attention to the influence of traditional Chinese Confucian values and beliefs, which are located in cultural practices beyond the current boundaries of geopolitical identities and territory.

The research aims of this dissertation are consistent with the art therapy profession's increasing awareness of the need for cultural relevance. In the United States the growing Asian population and their need for mental health services (Barnes & Bennett, 2002) has contributed to a re-examination of Western-based theories as well proposals to modify therapeutic frameworks

to meet the needs of the Asian American community (Hodges & Oei, 2007; Hwang, 2006). Alongside multicultural counseling research, art therapists are examining ethnocentric biases within art therapy pedagogy and practice, both with respect to relevant concepts and effective teaching and learning (Frostig, 2011; Gipson, 2015; Hocoy, 2005; Kapitan, 2015; Talwar, 2010; ter Maat, 2011). Hence, my study aims to contribute not only to multicultural and cross-cultural literature but also offers empirical research in art therapy that explicitly examines traditional Chinese Confucian culture values and their effects on art therapy practice.

Because art therapy has been gradually introduced in Taiwan for almost three decades, its practice has been conducted in diverse settings. Through continual exposure to globalization, contemporary Chinese society is undergoing rapid change from its Chinese cultural origins to a hybridization of cultures, making it very important to take local culture into consideration, especially when working with ethnically Chinese clients and communities that are strongly affected by traditional Chinese Confucian values. As a Taiwanese-born art therapy sojourner who studied in the United States and then returned to mainland China and Taiwan, I have direct experience that supports this assertion. My own journey has been one of continuous interweaving of acculturation and re-acculturation processes, both personally and professionally, which enables me to clearly see the cultural-bound values and assumptions in my art therapy practice and professional identity. For my research, I studied in-depth a sample of art therapists who practice within Chinese communities, the results of which I believe will help bridge the gap in the art therapy literature. My study will provide a needed philosophical reorientation and contextual adaptation of art therapy to the Chinese cultural context.

To be clear, no culture and community is homogenous. My research intention is not to create strict cultural dichotomies (e.g., individualistic vs. collectivistic) as a static concept, nor to

present Chinese cultural principles to be systematically applied, which would create only fragmented pieces of cross-cultural practice. Rather, in my cross-culture practice, universalist and cultural-specific interventions in art therapy are not mutually exclusive. I intend to build a more intercultural and coherent configuration between prevailing art therapy theories and the current, broad spectrum of practices for societies that are predominantly populated by ethnic Chinese people, such as Taiwan, Hong Kong, Macau, Singapore, and mainland China, and for ethnic Chinese communities that are minorities in other countries around the world. This aim will demand an intersectional perspective because clients and sojourner/local art therapists may share the same Chinese ethnicity but hold different worldviews.

CHAPTER 2: LITERATURE REVIEW

Introduction

In order to learn how and why certain issues arose in the process of art therapy migration, it is important to first understand the social, cultural, and historical background of mainstream Western psychology and its influence on how art therapy evolved in its historical context. The context of my research study weaves together knowledge from the literature in both Western and Eastern domains. The resulting ethno-relative prism will relocate Chinese sociocultural roots in art therapy so that its practice will be sufficiently relevant to Chinese communities.

Challenges to Social and Cultural Changes

Marsella (1998), a pioneer in cross-cultural psychology, psychological anthropology, and transcultural psychiatry, compiled a list of 25 major global economic, political, social, technical, and environmental events and forces that the world continues to face today, 20 years later. The rapid social changes that have occurred from the impacts of telecommunications and media, transportation, health, knowledge, recreation, economics, population, environment, and so on, illustrate how complex and interdependent social-psychological well-being is entangled in the political and psychosocial problems of the global era. Such realities affect our views of human nature, ways of knowing, and behavior patterns, and ultimately shape their unique construction of reality. Cultural variations within and across nations are produced as well.

The highly complex human problems that underlie interracial or international conflicts have brought challenges and opportunities for Western and non-Western psychologists around the world. In response, researchers have advocated for a re-examination of the assumptions, methods, and interventions of psychology (e.g., Gerstein, Ægisdottir, & 2005; Heppner, 2006; Kwan & Gerstein, 2008). Their awareness of potential harm to non-Western cultures comes from

the ever-present demand placed upon professionals to address and resolve problems related to psycho-social wellbeing on a global scale. For example, some mental health professionals have criticized trauma-informed and other treatment protocols derived from Western psychology and ethno-cultural determinants, which are being applied to diverse populations around the world in response to present needs (e.g., Bracken, Giller, & Summerfield, 1995, 1997; Marsella, 2010; Summerfield, 1999; Wilson, Friedman, & Lindy, 2001; Wilson, 2006). The Western construct of trauma, Marsella (2010) argued, was created from a mode of generating knowledge that decontextualizes problems and solutions from their larger social structures. The assumption is that trauma can be generalized across diverse human experiences and that vulnerable local communities need expert-led, humanitarian interventions for their recovery. However, trauma responses are very much influenced by ethno-cultural notions of personhood, social support, system patterns, concepts of health and disease—all are complex variables that influence the outcome of delivering mental health service and have to be considered (Marsella, 2010).

For example, especially for some Chinese people who hold traditional beliefs, trauma-related dissociative phenomena are viewed very differently from how they are viewed in the West. Dissociation is not perceived as traumatic experience but rather is a state intrinsically connected to spiritual belief. Taiwanese-born psychologist Lin (2000) found that the common Western psychological intervention—with its one-on-one structure of sharing feelings, emotions, and suffering with a counselor—was ineffective and unsuccessful during recovery from the 1999 earthquake in Taiwan. As one woman in treatment explained,

> I do not know how to communicate with the experts. [The counselor] told me that I have
> some kind of disease in my mind but I think I am OK. And he kept asking me to express my
> feelings toward the earthquake, but I feel embarrassed if I tell people my own feelings . . . I

went to a Master in the temporary temple and she taught me how to deal with the situation. How to calm my anxieties through worship and helping others. How to accept grief as an arrangement of the gods. You know that our people have done so many wrong things. (Lin, 2000, pp. 10–11)

Before the importation of Western psychology in Taiwan, most people in Taiwan were unfamiliar with mental health professionals and their services. More recently, in 2006, Yeh and Lin found that seeking of mental health therapy/counseling was still not in the top options for care and healing, as compared to traditional practices. In their study of help-seeking behavior among the general public in Taiwan, only 6.82% research respondents ($N = 7,888$) chose "mental health counselor/therapist" as an option. Most respondents preferred to seek help from medical services, Chinese herbal medicine, fortunetelling, indigenous religions, and self-care methods. This study underscores the assertion that without first understanding the values, beliefs, expectations, and worldviews that local people hold, ethnocentric assumptions about wellbeing will remain a barrier to the accurate assessment of local communities' needs and treatment. Wilson (2006) urged that when Western professionals work across cultural boundaries, their accompanying power structures, tacit cultural assumptions toward illness and care, and assumptions within the scientific community should be examined with greater sensitivity.

The rapid growth of humanitarian responses to global catastrophic natural disasters (e.g., earthquakes in Haiti, China, Japan, and Nepal; the Christmas tsunami in Southeast Asia) have attracted not only Western mental health professionals but participation from art therapists as well (Wolf Bordonaro, 2016). For example, during post-conflict recovery in Bosnia and Rwanda in the late 90s, art therapists volunteered to provide psycho-social support (Chu, 2010; Fitzpatrick, 2002). After the 2008 Sichuan earthquake in China, art therapists provided

experiential training for elementary and high school teachers across the earthquake area (Ho et al., 2012; Ho et al., 2014). There are also a growing number of art therapists working across the globe to meet the challenges posed by poverty, refugees, war, oppression, and other social ills (e.g., Atlas, 2009; Kalmanowitz & Ho, 2016). Many professional art therapists look for ways to contribute their therapy skills to help when disasters have been reported whether local, national, or global (Potash et al., 2017).

However, Western assumptions and biases accompany these professionals in their efforts abroad. In response, art therapy literature has begun to recognize that art therapy theories, approaches, and applications do not constitute a universal compatibility of its practices and, thus, cannot serve as the foundation for global context (e.g., Carliér & Salom, 2012; Huss, Kaufman, Avgar, & Shuker, 2015; Kapitan, 2015). Moreover, as Huss et al. (2015) claimed, art practices within international aid, based on such Western concepts as self-expression or therapy, can be understood as "an additional type of Western imposition" (p. 285) — that is, of an unrecognized connection to the fraught history of colonization.

The Dynamism of Culture

As the above discussion indicates, culture plays a significant role in practicing art therapy in a non-Western cultural context. But what do we mean by culture and how is it implicated in an era of globalization? Over the past decades, many Chinese communities have been undergoing social and economic changes that have been accompanied by change in Chinese interpersonal relationships, family structures, and social processes. This rapid change requires a re-thinking of culture and a broader perspective than was understood in the past. Marsella and Yamada (2000) provided six characteristics that define culture: it is (a) *transitory*, in that culture is always situational even for a few minutes; (b) relatively *enduring*, as seen in ethno-cultural life styles;

and, in all instances it is (c) *dynamic*, meaning that which is subject to change and modification. Additionally, cultures are represented both (d) *internally*, with respect to their values, beliefs, attitudes, axioms, orientations, epistemologies, consciousness levels, perceptions, expectations, and personhood; and (e) *externally*, with respect to artifacts, roles, institutions, and social structures. Finally, people (f) *construct* their realities through culture, contributing to worldview, perceptions, and orientations. The authors further defined the role of culture in this latter characteristic as:

> shared learned behavior and meanings acquired in life activity contexts that are passed on from generation to another for purposes of promoting survival, adaptation, and adjustment. These behaviors and meanings are dynamic, and are responsive to change and modification in response to individual, societal, and environmental demands and pressures. (p. 801)

Clearly, in our current post-colonial multicultural era, the accelerating process of globalization has increased the interconnections between cultures. As Hermans and Kempen (1998) emphasized, the characteristics of a culture may change over time, such that a social group can hold the co-existing worldview values and beliefs from more than one culture, and this is particularly true in a globalizing society. The elements of culture are becoming ever less static, stable, and independent. For example, rising modernity and individualism has had a great impact on people in Chinese societies in the rise of global Westernization. Yang (2003) indicated that in Taiwan, compared with other domains, educational systems and interpersonal relationships are still very much rooted in traditional Chinese values. Although the cultural adaptation process in Chinese societies to Western values orientations has enriched the personal choices of individuals, it has also created both intrapersonal and interpersonal disturbances caused by cultural conflicts between traditional Chinese social ethics and individualistic Western culture (see e.g., Chen,

2009; Yang, 1996). Above all, in the context of how culture is defined and evolves, the features of modern Chinese societies are not positioned as static and now comprise both Western individualism and Eastern collectivism.

Accordingly, these hybrid social realities challenge psychologists around the world to reexamine the Western universalistic stance (Gergen, Massey, Gulerce, & Misra, 1996) and to increase sensitivity as to not oversimplify by conceptualizing cross-cultural differences in the form of essentialist (i.e., Bastian & Haslam, 2006; Medin & Ortony, 1989) or dichotomous distinctions.

The Spread of Western-Dominated Disciplines in Chinese Communities

At the close of the 20th century, rapid Westernization began to exert a tremendous force on urban and socioeconomic development of Chinese societies. Western dominance manifests in cultural, political, social, and academic systems. In the latter, it is not uncommon for Western-dominated psychology to be transplanted through the influence of visiting Western scholars and returning local students who have studied abroad. Concurrent with China's rapid economic and social changes is the great need for mental health services, which has been increasing since 1970 (Hesketh & Ding, 2005; Wang & Zhou, 2010). However, even as culturally-aware professionals try to expose the cultural limits of Western psychology, relatively limited literature exists about the cultural impacts of applying Western models to serve China's mental health needs (Epstein et al., 2012; Qian et al., 2001; Sim & Hu, 2009). Despite the evidence that humans create different cultural constructions of their social realities and elaborate numerous variations of them, many mental health professionals in mainland China still practice from dominant Western paradigms (Luo, Liao, & Hao, 2009; Qin et al., 2008).

Examples of powerful widespread importation of Western psychology in Chinese communities exist, including research that suggests Western-centered counseling theories have been widely accepted since the early 21st c. among Chinese practitioners (Duan & Wang, 2000). In their national survey of Chinese counselors and psychotherapists ($N = 1,543$), Qin et al. (2008) found that in six major field facilities, the most frequent approaches to treatment reported (in order of frequency) were cognitive therapy, behavioral therapy, humanistic therapy, integrative therapy, psychoanalysis, and family therapy. A survey of school counselors in mainland China indicated that the most popular counseling models in the Chinese educational system were behavioral therapy, client-centered therapy, rational–emotional therapy, and psychoanalysis (Luo et al., 2009).

These findings indicate that awareness of the cultural relevancy of these Western-derived theoretical models is still limited in the current academic discourse and practice in mainland China. Hung and Chen (2005) suggested that cultural shock and self-reflection could bring Taiwanese counselors into greater conscious awareness of the cultural discrepancies between their clients and their models, and motivate them to be more culturally sensitive in their approaches in practice. On the other hand, a recent qualitative study (Wu, Huang, Jackson, Su, & Morrow, 2016) exploring the efforts of Chinese counselors ($N = 22$) to implement culturally-responsive counseling practice in mainland China revealed that all participants, whether aware or unaware of the discrepancy between Western-based approaches and the Chinese context, had to develop some strategies to adapt their practice. The researchers also found that the Chinese counselors who were unaware of the discrepancy reported both less cultural shock and less applied self-reflection in their practice. Therefore, as an implication of the above-mentioned studies, particularly in the non-Western context when clients and counselors are in the same

cultural group, there is an increased importance for including cultural sensitivity and awareness in Chinese counselors' professional development.

Similarly, the formalization of art therapy that is emerging today indicates its worldwide awareness and popularity. Since the early 1980s, art therapy has been introduced to many countries by British and American art therapy scholars and practitioners (Arrington, 2005; Golub, 2005; Stoll, 2005), as well as by returning of British and U.S. trained "sojourner" art therapists (i.e., trainees who migrate voluntarily to a host country but consider their move to be temporary; Carliér & Salom, 2012). Despite this occurrence, very little has been documented in the art therapy literature about its effects. Sojourner art therapists who have written about their experiences of re-acculturation upon returning to their home countries include Colombian art therapists Carliér and Salom (2012), Korean art therapist S. Kim (2009), South African art therapist Solomon (2006), and Australian art therapist Westwood (2010, 2011). *Acculturation* is defined as the dual process of cultural and psychological change as a consequence of engagement in a long-term context between two or more cultural groups (Berry, 2005). Sojourners have described their art therapy training as not broadly sensitive to different worldviews and have shared the difficulties encountered stemming from having internalized ill-fitting Western concepts to adapt to the local cultural context.

It is particularly striking that the profession of art therapy in the U.S. and UK was initiated in a similar struggle of adaptation to fit into the existing Western mental health system in their respective countries (Kalmanowitz & Potash, 2010). In Solomon's (2006) account of trying to establish art therapy in her country of South Africa, she pointed out the influence of the post-apartheid health system that made it difficult for art therapists to provide their services without first being recognized as Westernized medical professionals. As a consequence of

Westernized professionalization, local cultural beliefs and traditional practices have been excluded in favor of Western mechanistic assumptions of behaviorism and determinism. Hence, the history and politics of domination in one's own home may be an impediment to developing an inclusive, culturally-appropriate approach of art therapy.

Campanelli and Kaplan (1996) offered an early account of art therapy development in Australia that foreshadowed current discourse on the continuing power of Western replication of theories and models, as well as different degrees of a country's post-colonial context. Westwood (2010, 2011), a registered art psychotherapist in the UK and Australia, traced the historical and theoretical landscape of art therapy programs and practice in Australia in her study, finding that it was influenced by economic and socio-political forces from the country's post-colonial context, including a health care system dominated by the Western medical model. Because art therapy's earliest development took its theories from the U.S. and UK, she argued, indigenous, integrative, and post-structural perspectives were marginalized from the start.

Turning to the individual level of the sojourners' experience, the process of re-acculturation involve struggles to make their Western art therapy knowledge meaningful in other contexts with different cultural norms, conditions, needs, and expectations. Park's (2017) autoethnography of a Korean art therapist's re-acculturation to a collectivist cultural context following training in the UK provides an example of the cultural adaptation that may be required. She revealed challenges and difficulties in her adaptation process when she was faced with conflicting Western and Eastern values and preferred behavior patterns in clinical and educational contexts. She associated these problems with the notion that everything she had learned about art therapy was tied to Western ideas, values, and practices. Clearly, in order to

foster a new social and culture-relevant discipline in one's country, the importance of aligning with one's own culture when transplanting art therapy should not be underestimated.

Overall, from a review of the evolution and migration of art therapy worldwide, a conclusion can be drawn that common phenomena for sojourners include culture shock, disparate traditional practices, reconnection to home culture, and development of alternative orientations and approaches. Carliér and Salom (2012), U.S. trained art therapists in Colombia, pointed out the need to synthesize different theoretical orientations and practices to meet the present country's culture. They concluded:

> In each new culture the profession of art therapy must develop coping skills and intercultural competence. Drawing from what we know is required of immigrants in the acculturation process, we assert that for the profession to accomplish a successful adaptation to new cultures, art therapy needs to know itself, to be open and interested in getting to understand the host culture, and to gradually learn to compromise through empathic communication. (p. 8)

Surely, Western academic hegemony may be having an impact on the growth of art therapy across the world. However, the difficulties encountered by sojourner art therapists also call our attention to the need to identify which Western thinking and values are embedded in art therapy practice that may be problematic and available to adaptation. Example of such issues are found in Solomon's (2006) critique of her training limitations when working in South Africa with abused children in a shelter:

> The important thing in art therapy is that you define the boundaries of the therapeutic situation with the client, which is fine in a democratic country like England. I think in the English situation I would have understood and I would have felt free. There everybody's

in a house and you take him or her somewhere else to do the therapy. . . Now, I come

from a background where a child belongs to every woman. I come from a background

where we work collectively, have certain skills and I want to share them with everybody

in that culture. Here I'm seen as a mother, an artist, an art therapist. In England you do

the job and walk out. Some of these children have realized there isn't a home for them

anymore. (Solomon, 2006, p. 27)

Clearly, certain concepts from her art therapy training in traditional psychoanalytic theory

were not applicable in her situation. Many Western and non-Western art therapy practitioners

and educators who are working in different cultures have shared a clear, collective assertion that

many art therapy training programs' research methods, activities, and publications remain rooted

within Euro-American culture (Hocoy, 2005; Kalmanowitz & Potash, 2010; Kalmanowitz,

Potash, & Chan, 2012; Kapitan, 2015; Potash et al., 2017; Solomon, 2006). Therefore, it is

particularly important at this time to reexamine fundamental cultural values and assumptions

embedded in the art therapy field in order to meet the challenges of the profession's growth in

the era of globalization. Contextualizing our knowledge in this way may provide an avenue for

art therapists to examine the myth of universal culture while retaining all applicable and usable

knowledge in art therapy.

The Structural Factors of International Relations

As is apparent in the above-mentioned discourses, the application of Western-developed

research methods, instruments of measurement, assessments, and diagnostic methods in order to

understand human behaviors and problems in non-Western people was initially accepted by

many in non-Western countries and without inclusion of indigenous concepts (Misra, 1996;

Sinha, 1986). Based on this phenomenon, the terms *Westernized global psychology*

(Moghaddam, 1997; Paranjpe, 1984) and *Westernized psychology* (Yang, 2012) have been used to describe the exportation of psychology ideas and values that are embedded within the process of global modernization. These terms highlight psychology's ties to localized Western interests and involvement in a colonization of the mind (Ho, 1998). Such an attitude is "the imposition of the colonizers' ways of knowing and control of all of the knowledge produced" (Chilisa, 2012, p. 9). Hwang also described this artificial wholesale transplantation of Western psychology as academic colonialism (Hwang, 2005) and the "colonization of the social scientist" (p. 931, Hwang, 2005; Gergen et al., 1996, as cited in Hwang, 2009).

The expansion of Western colonial power within the international scientific community can be illustrated with the dynamic of the global positioning of political-economic domination. K.-S. Yang, a pioneer scholar in the indigenization movement of psychology in Taiwan, has devoted his career to promoting the development of an indigenous psychology to Asia. In a 2012 paper, he applied Wallerstein's (1974, 1980) world-system theory to describe the power dynamics embedded in the process of importation and transplantation of academic disciplines in Taiwan. As Yang explained (2005), from 1895 to 1945, Taiwan was under Japanese rule. After the 1945 surrender of Japan, the U.S. Navy deployed to Taiwan for a temporary military occupation. From the 1950s through the 1970s, Taiwan was a "semi-periphery" country under the military and political protection of the United States, which meant that it occupied an intermediate geo-political position between a core nation and countries on the periphery of its interests. Throughout this time, the U.S. advanced industrialized capacities within the military, political, economic, cultural, and educational domains of a Western-dominated world-system. Taiwan served to alleviate political pressures of U.S. domination in exchange for the possibility of innovative technology and reforms in Taiwan social and organizational structures. Thus, U.S.

imperialism led to an advance of Taiwan to increase its own advantages. Consequently, in the early 1960s, Taiwan entered a period of rapid economic growth and industrialization and, accordingly, these historical circumstances led to the widespread acceptance of Western psychology in Taiwan (Yang, 2005).

Taking note of the emergence of a capitalist world economic system, Moghaddam (1997) also traced the hegemony of Western psychology to the end of World War II, which is when the United States rose to become the most powerful country in the economic structure of the capitalist world. U.S. dominance resulted in promotion of a desire for a modern way of life and "good society" that was constructed from individual personalities, dispositions, and psychological characteristics. This same push for modernization across many disciplines resulted in the United States becoming the center of the world's academic systems (Hwang, 2012). For example, often when non-Western students go abroad to study in the U. S., they pursue their own assimilation into the dominant culture of the modern West (see Misra's section in Gergen et al., 1996; Hwang, 2012). Since this particular time, American scientific psychology especially has flourished and has been imported by non-Western countries (Church & Katigback, 2002; Jing & Fu, 2001).

Clearly, when increased numbers of graduated sojourner psychologists returned to their countries to establish Western psychology in their communities, while lacking a knowledge system of non-Western social, cultural, and historical contexts that have bearing on human psychology, they encountered numerous difficulties and began to question the universality and applicability of the psychological theories they had learned. However, beginning in the 1970s, a growing number of non-Western psychologists in Philippines, Japan, Korea, India, Taiwan, and Hong Kong began to enthusiastically engage in ways to "indigenize" psychology as an academic

movement (Adair, 2006; Church & Katigbak, 2002; Yang, 1999). Their aim has been to create an indigenized local psychology to replace the Westernized/Americanized psychology transplanted in their countries. According to Blowers (1996), *indigenous* in this sense refers as "the study of grass-roots thinking, the everyday, the commonplace, as ingrained among inhabitants of a community and a culture" (p. 2). Kim and Berry (1993) defined indigenous psychology as "the scientific study of human behavior or mind that is native, that is not transported from other regions, and that is designed for its people" (p. 2).

Based on their definition (Kim & Berry, 1993), Yang (2012) pointed out that Western psychology is actually a European indigenous psychology that originated in scientific studies on European people's psychological and behavioral functioning in the late 19th century before it was transplanted to the United States. A 2008 meta-review conducted by University of British Columbia of the world's top psychology journals reported that 96% of psychological research subjects in studies published between 2003 to 2007 were from the "Western, Educated, Industrialized, Rich, and Democratic" (WEIRD) subpopulation that represents about 12% of the world's population (Henrich, Heine, & Norenzayan, 2010). However, mainstream theories of human behavior and psychology, such as fundamental cognitive and affective processes, have been constructed and validated with similar sampling from what is a small subpopulation in industrialized societies (Hwang, 2012). Nevertheless, American psychology took the lead and developed into a well-validated discipline that has greatly impacted other Western countries (e.g., Canada, England, Germany, Australia) and therefore, as a whole, is generally what is meant by the term *Western psychology* (Yang, 2012).

Modernism —A Universal Science of Psychology

The knowledge system of Western psychology is naturally most relevant and appropriate for understanding and resolving problems encountered by Western people in their daily lives (Yang, 2012). An important influence on Western psychology was modernism, which arose at end of the 19th century in European countries (Hwang, 2012). Modernism was, in part, a reaction to centuries of religion that was dominant in all West cultural systems, which can be found in art, science, philosophy, and other practical areas of knowledge. By supplanting conventional religious beliefs, psychoanalysis and psychiatry introduced the world to new rational ways of explaining and accessing the inner self. One example is Freud's psychosexual theory of personality development that emphasized conflicts stemming from instinctual drives (e.g., sex, aggression) that formed the basis of various types of personalities (Yi, 1995). The assumed, universally acceptable conceptions grounded in individual freedom and all human potential through the rationality of formal science were emphasized to counteract centuries-old political and religious oppression. Consequently, under this cultural and historical context, Freudian psychiatry became a dominant intellectual force that paralleled the rising dominance of the West in the early 20th century, largely reflecting a particular sociocultural context that it claimed was universal to human experience. Even today, the characteristics of autonomy, the emphasis on the importance of individuation, and independence are deeply rooted in many contemporary Western psychology theories (Surrey, 1991).

Western psychology evolved over the centuries from classic philosophy (Yang, 2012). The notion of a universal science of psychology is a byproduct of the Western cultural traditions at this particular time in its historical development (Gergen et al., 1996). However, this evolution was so powerful and lasting that its authority continues into the 21st century. Even today, mainstream clinical psychology is conducted with well-developed subjective theories in which

mechanism and objectivity are embedded in a scientific, decontextualized vision of human actualization (Misra, 1996). Consequently, the role of psychology as a science inhabits in the Western modern world (Hwang, 2012). Unfortunately, the modernist role of social science to develop theories that are universally applicable arguably has impeded the field to see the reality of other cultures; the schemata for recognizing other, non-universal aspects are not provided by science (Azuma, 1984).

Modernization in the United States reached its peak around 1930–1950, during which time American-centered *logical positivism*— defined as a systematic reduction of all human knowledge to logical and scientific foundations—received academic prestige in the international scientific community (Hwang, 2005). Marsella and Pickren (2012) noted the power structure in the international scientific community that maintains its hegemony through Western assumptions of objectivity:

> The essence of "science" —an idea/concept/method much valued in the West—is ultimately about accuracy in describing, understanding, predicting, and controlling the world about us. But the problem is that Western psychology is often *inaccurate* when applied to the behavior of non-Western people – indeed, it also has difficultly explaining behavior of Western people —because it too often decontextualizes behavior. The "decontextualization" of behavior, an approach often favored by Western psychologies that locate the determinants of human behavior within the human psyche and/or the immediate situation, fails to acknowledge that all human behavior carries with it the developmental and contextual influences of the culture of any individual or group. (p. ix)

In fact, in many non-Western countries, scientific psychology did not exist before it was imported from the West (Yang, 2012). Because they aren't connected to or don't share the same

evolutionary process, many non-Western psychologists offer expertise that relies on imported Western theories, concepts, methods, and tools in research and application (Enriquez, 1989, 1993; Yang, 1999). This expertise, in turn, served to create a market for the psychology in accordance with Western conceptions of care. In sum, the assumption of a global relevance in the Western ideas of social psychology and their export has not only greatly contributed to the gap between scientific research studies and local practice in non-Western countries, but also has positioned non-Western countries in a colonial stance that is always one step behind development in the West (Misra, 1996).

Historical and Cultural Roots of Art Therapy

Given the above-mentioned historical, sociocultural, and geopolitical forces, to understand how art therapy assumptions are embedded in the complexities of global social changes one must first understand the socio-cultural realities in the early history of art therapy's development as a field and profession. In parallel with the flourishing mid-20th century cultural, sociological, and intellectual climate of Western psychology, art therapy was first defined as separate and adjunctive to mental health professions in the United States and Great Britain (Hogan, 2001; Junge, 2010). In this particular location and period of history, classic psychoanalytic and medical science dominated mental health care (Norcross, VandenBos, & Freedheim, 2011). For examples, several early pioneers of art therapy in Britain worked closely with psychiatrists to assist with diagnostic procedure through image making during the 1950s (Westwood, 2016). Due to this context, their ideas and practices were heavily influenced by psychoanalysis and analytic psychology. Based on the belief that art could reveal an expression of the inner self, the role of unconscious mind significantly impacted the development of art therapy in Great Britain (Hogan, 2001).

A number of psychiatrists and psychologists who were interested in patient artwork as a means to assess pathology also supported the establishment of art therapy in the United States, and many of the early art therapists were trained and hired to worked alongside with them in the psychiatry community (Junge, 2010; Rubin, 2016). At the time, psychiatrists and psychologists were positioned as experts on their patients' problems and afforded the power to interpret their behaviors, experiences, dreams, and associations. Art therapy was defined within this medical model as a "discipline which combines elements of psychotherapy with untapped sources of creativity and expression in the patient" (Fink, Levick, & Goldman, 1967, as cited in Junge, 2010, p. 167). Although there are discrepancies between traditional psychoanalysis and the two original viewpoints from art therapy pioneers Naumburg (who promoted art in psychotherapy) and Kramer (who conceived of art therapy as therapy), the tensions between medical communities and art therapy had much influence over the early formulation of art therapy in the United States (Rubin, 2011).

To trace the historical development of art therapy, it is essential to understand Freud's pervasive concept of the unconscious that had such a significant influence on the basis for the field of art therapy. More specifically, Naumburg's ideas were derived from Freudian psychoanalytic concepts and techniques; however, unlike traditional psychoanalysis, her theory of psychodynamic art therapy advocated for patients to take an active role in their therapy through art making and to interpret their own art imagery. Naumburg believed that patients could gain self-autonomy by recognizing their own art imagery as an outward projection of their inner processes. Her techniques of dynamically-oriented art therapy are based on the core value that "every individual, whether trained or untrained in art, has a latent capacity to project his inner conflicts into visual form" (Naumburg, 1987, p. 1).

Even today, within numerous contemporary theories of art therapy, one can trace their Euro-American core assumptions about human growth and maturation of the self-actuated individual to the particular time and social reality of modernism. Prevalent ideological constructs of art influenced the worldview of the field's pioneers as well (Burt, 2012; Byrne, 1995; Haslam, 2005; Ulman, 1975). Modernism in art not only has profoundly affected the way art is made even today but also how the purpose of making art is perceived in Western societies. After having served historical, religious, and mythological purposes for centuries, the new values of art in the modernist age came to celebrate the power of individual and the search for universal inner truths (Haslam, 2005). During the time of modernism, as in psychology, modernist art emphasized the role of unconscious processes in individual creativity and a spirit of experimentation with art materials and the creative process. That is, an authentic creative process and spontaneity of expression was promoted as best for exploring the unknown of one's individual psyche and inner experience (Burt, 2012). The three branches in Modernist art (abstract expressionism, primitivism, and surrealism) broke with a long academic tradition in which art in the realist style was held as the ideal aesthetic standard. Modernism also profoundly influenced the identity of artists in that making art conveyed an ideology of the heroic and innovative (Byren,1995).

Accordingly, these same philosophical concepts of modern art appear in the therapy context. The pioneer art therapists of the U.S. and UK at the time focused on their clients' working with individual inner experiences and exploration of the unconscious mind in order to reach the goal of self-realization and individuation. Even today, the function of art in therapy, according to Huss (2015), is "to address and to express pain, desire, and love," which situates art therapy within its natural home in the world of fine art, humanities, and visual culture (p. 22). This focus on the individual's struggle to overcome personal obstacles that impede self-

actualization remains powerfully embedded in the art therapist's "lens." Thus, the role of art therapist has been built on a power differential relationship that privileges the art therapist's expertise in exploring unconscious layers of the mind over the individual's cultural and daily life experiences (Talwar, 2010).

Beginning Steps in Art Therapy and Culture

There have been a large number of growing multicultural groups and ethnic minorities in the United States and Canada over the past two decades. Taking Asian immigrants as an example, as of 2010, there were over 14.7 million Asian Americans in the United States, representing 4.8% of the total U.S. population and an increase of 46% since 1990. Between 2000 to 2010, Asian Americans became the fastest growing racial group in the United States (U.S. Census Bureau, 2010). Along with increasing immigration, socio-psychological theories are evolving and are diverging from the hegemony of traditional psychodynamic therapies to meet the needs of these and other diverse populations within constantly changing socio-cultural realities.

With an increased awareness of the diverse social realities within the multicultural prism and the need to become culturally sensitive and competent, emerging discourse in art therapy is steadily becoming more sensitive to cultural diversity. Looking back historically, art therapists have long struggled with their own minority status, at least occupationally. In the 1960s art therapy proponents sought to organize as a profession by leaving the International Society of Psychopathology of Expression, which was mainly dominated by psychiatrists and psychologists, and establishing the American Art Therapy Association (AATA). Thus, it is relevant to note that AATA was formed by an occupational minority group that wanted to shift the focus from art as evidence of pathology to art as treatment. However, due to the hierarchical

climate in the mental health community mentioned earlier, the dominant voices in the AATA created a relatively limited definition and scope for art therapy in order to be accepted by the mainstream psychology and psychiatry community (Junge, 2010). Consequently, in the founding of the field's definition and standards, formalizing of art therapy education and training, composing its journals and journal editorial boards, and establishing registration, AATA leadership internalized the universalistic stance from the prevalent medical science and psychiatric standards of the time (Wadeson, Durkin, & Perach, 1989). For example, the first education standards to become a registered art therapist required experience in a psychiatric facility; soon after, beginning in 1992, a master's degree was established as entry level to professional practice (AATA, 1988) in the U.S. Although these standards were necessary to obtain employment within the U.S. mental health care system, their restrictions made difficulties for those who worked within non-mental health settings and they created economic obstacles for enrollment of students of color in art therapy graduate degree programs.

Awareness of White, middle-class, mainstream dominance in the field became visible in 1978 when AATA's first committee that addressed concerns of art therapists of color was formed by Georgette Powell and Lucille Venture to support access for minority groups to enter the field (Talwar et al., 2004). However, diversity among AATA leaders, committee members, and members-at-large still remains limited today. Although there is no formal research to confirm this claim, several art therapists have argued that the lack of minority viewpoints and diverse voices from art therapists not working in psychiatric facilities has contributed to enduring *ethnocentrism* in art therapy theories and practices (Hocoy, 2005; Potash, 2005; Talwar, 2010; Talwar et al., 2004) —defined by the assumption that the worldview of one's own culture is central to reality (Bennett, 1993, 2004). One can also trace the relative absence of art therapists

practicing outside of clinical settings, and within humanistic, social justice, class-based, and studio approaches in the historical narratives of art therapy's founding in the U.S. (Potash & Ramirez, 2013).

Discourse in the literature about working with different cultural groups began to emerge in the late 1980s and 90s (see e.g., Golub, 1989; Hiscox & Calish, 1998; Lofgren, 1981; Moreno & Wadeson, 1986). Interestingly, the influence of psychoanalytic concepts and modernist assumptions of the arts appears in the above cited articles, in that they explored, through phenomenological and dynamic projective methods, how visual expressions might manifest in different racial and ethnically diverse populations while relying on the universalist paradigm of individual psychological development. In contrast, in one of the earliest papers that critiqued the hegemony of interpreting artwork with presumed universal symbolism, Campanelli (1991) argued that heavily outlined figures in a drawing by a Mexican American client and unpainted spaces in artwork by a Japanese American client should not be interpreted from a single perspective that presumed the presence of pathology.

At this time, several art therapists advanced the discourse of the field in their emphasis on the function of art therapy as utilizing art as universal language by which to engage with the universal construct of the psyche, thereby transcending cultural differences (Golub, 1989; McConeghey, 1986, 1992; McNiff, 1984). For instance, McNiff (1984) argued that art therapy is transcultural because its practice is based on the commonalities found in elements of the creative process. Drawing largely from Jungian theory, he believed art therapists could bridge different cultural contexts by studying the arts, symbols, and myths embedded in collective cultural experiences of a universal nature. McNiff argued that art therapy has a unique potential to contribute to a cross-cultural theory of psychotherapy because the universal properties of the

creative process "consistently present themselves in imagery and in the process of making art" (p. 126). Similarly, in a theory paper that examined the concepts of art therapy within psychodynamic theories, which including psychoanalytic, Jungian, object relations theory, and attachment theories, Henley (1994) identified an interrelation of common artistic expressions and universal human development viewed through the lens of human ethnology and phenomenology.

From this reading of the literature, I assert that art therapists recognized some of the limitations of mainstream theories and the prevalence of racial stereotypes in large-scale treatment designed for any population that adhered Euro-American values. As a result, art therapists may have attempted to overcome these issues by adopting an "etic" approach; that is, to "search for universal laws of behavior" (Leong, 2002, p. 280) for use with people of color. Art therapists may attempt to make modifications of art materials, process, and types of structure (e.g., directive vs. non-directive approaches; Westlich, 1994) while hierarchical power structures in treatment and society collectively continue unchallenged.

Development of a Multidimensional Prism in Art Therapy

Entering the 21st century with more art therapists practicing across a wide range of settings, contemporary art therapy literature and practices are continuing to grow and evolve. Parallel to other mental health professions mentioned earlier, some art therapists have critiqued the field's early prevalent philosophies (see, e.g., Kapitan & Newhouse, 2000; Spaniol, 2000; Wix, 2010). Rejecting modernist assumptions, Hocoy (2002) called for art therapists to move beyond the universalist paradigm of individual psychological development and consider instead the pluralistic dimensions of a client's cultural and historical context. In their critique of modernist assumptions in art therapy, Kapitan and Newhouse (2000) examined a multi-faceted approach that applied a postmodernism prism. They concluded that the knowledge system art

therapy needs should be generated by understanding ever-changing political, historical, and cultural conditions of the client through the ongoing processes of deconstruction and reconstruction of enduring narratives and contextual experiences.

Today, art therapists likely have reached similar conclusions about the need for new frameworks that transcend the culturally-restricted limitations of Western perspectives and their hegemonic, power-laden inclinations (Huss, 2009a; Salom, 2017; Solomon, 2006; Talwar, 2010). With increasing recognition of the importance of expanding art therapy theoretical prisms (Rubin, 2016; Wadeson, 2010), art therapy literature is shaping contemporary theories and practices in relation to multicultural issues and service to diverse populations. A more inclusive, integrative, eclectic orientation, including such theories as postmodernism (Alter-Muri, 1998; Burt, 2012), systems orientation (Riley & Malchiodi, 2003), community-based practice (Kapitan, Litell, & Torres, 2011; Moon, 2002; Nolan, 2013; Timm-Bottos, 2006), social action and culturally-oriented theory (Kalmanowitz & Loyed, 2002; Kapitan, 2015; Levine & Levine, 2011; Talwar, 2010) and others have emerged to confront the power structures of geo-politics and economy to enrich understanding of diverse human experiences and their sociocultural realities.

In contrast to a conventional model of art therapy, postmodern art therapy literature expanded the definition and paradigms of the field through an emphasis on the role of culture in health, a de-emphasis on an authoritative interpretation of human behaviors, and a search for social and cultural solutions beyond mental health systems (e.g. Alter-Muri, 1998; Burt, 2012; Kapitan, 2015; Kaplan, 2007; Spaniol, 2000). Art making in art therapy is no longer limited to providing access to client insight, such as expressing and exploring the individual's inner self (Huss, 2010). For example, in collectivist cultures, traditional crafts and decoration are highly valued and viewed as an expression of social harmony and the maintenance of expected social

roles (Huss, 2015; Potash & Kalmanowitz, 2012). Huss (2009b), a Jewish Israeli art therapist, has been working with marginalized Bedouin groups in Israel who are struggling with existence within collectivist, religious, and traditional cultures and the Western society in which they reside. Through making embroidery to serve the purpose of self-cultivation and empowerment for womanhood, Huss helped these women adapt their culture-specific coping skills to negotiate their intensive cultural transition.

In order to integrate the fragmented theories found in the art therapy literature to meet the challenges of this population, Huss (2009a) proposed an ecological model composed of multiple layers on which dynamic, humanistic, systemic, and social theoretical theories can be mapped, (Figure 1). This multifaceted framework aims to build a comprehensive base through the interplay of diverse theories, practices, and contexts in order to perceive the individual within the full extent of personality, childhood experiences, and family, communal, cultural, and national realities in each theory. Additionally, the role of art allows for multiple interactions and interpretations simultaneously based on these different theories. Huss proposed that the inclusiveness and flexibility of this framework may enable a more culturally-sensitive stance toward people from non-Western cultures. That is, individualistic and relational/collectivist cultures emphasize different mores and ways of determining life goals (Hwang, 2001); the concept of art therapy, likewise, should be reconstructed within a culturally contextualized lens. Thus, when applying art therapy within non-Western sociocultural contexts, there should be a concurrent shift in the art therapist's lens: from the use of art in a mental health setting as part of a psychological intervention and towards art as a cultural practice (Kapitan, 2015).
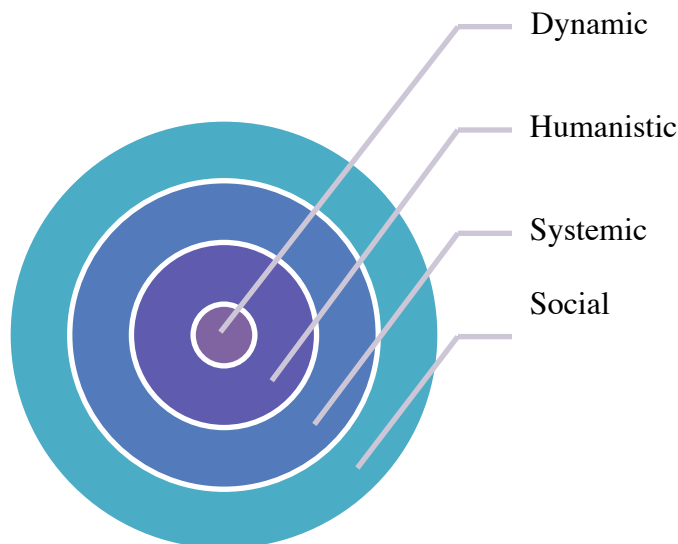
Figure 1: Multilayered theories

With this purpose in mind, in order to decolonize the influence of the European-American mind in the art therapy construct, art therapy practice should be adapted to the sociocultural of the client context. Wilson and Yellow Bird (2005) defined decolonization as "the intelligent, calculated and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies and lands," which is "engaged for the ultimate purpose of overturning the colonial structure and realizing Indigenous liberation" (p. 5). Smith (1999) described decolonization as a process of "centering our concerns and world views and then coming to know and understand theory and research from our own perspective and for our own purposes" (p. 39). To decolonize art therapy practice, Kapitan (2015) articulated the need for an ethno-relative lens that can be developed from an acceptance of and practice with cultural frame shifting along with direct cultural experience with difference and self-reflexivity. These strategies help art therapists release habits of mind that view diverse people and their cultures through the professional's own cultural lens. Kapitan defined self-reflexivity as "the practice of examining the self-in-the-moment with particular attention to how one is actively

constructing meaning" (p. 109). She offered an example from her own experience in which she uncovered her privileged assumptions about a colleague's home in a collectivist culture, which surfaced fragments of her own identity in relation to poverty, education, and gender. As another example, Golub (2005) reflected on her early experience in China as an exchange professor at a time when many people were hyper-vigilant about politically sensitive topics. She discovered that her unreflexive encouragement of individual art expression and verbal discourse raised participant concerns about safety and ethics without sensitive consideration of host country's social and political situations.

Clearly, cross-cultural art therapy practice in the global context must include ethical implications based on the home country's social, cultural, historical, economical, and political conditions, in addition to such culture-specific considerations as the choice of art materials, theoretical frameworks, studio space, service delivery, positions of power, and so on (Potash et al., 2017) such that art therapy can be compatible with different cultural contexts. Otherwise, the lack of critical self-reflexivity, awareness, and understanding of the cultural and sociopolitical environment will further the blind transplantation of art therapy assumptions in non-Western countries and possibly impose a Western worldview. To counteract these dangers, Potash et al. (2012) stated that the importance of improving cultural understanding and ethical applications relies on building globally relevant and locally meaningful art therapy training in diverse cultural contexts. To apply art therapy within different cultural contexts, understanding of the culture-specific values on health, art, therapy, and education cannot be overstated.

Towards an Indigenization Process

From this review of the influence and limitations of mainstream Western psychology on art therapy in the global context, art therapy can now be discussed and understood in the

particulars of Chinese cultural context. As mentioned earlier, many Western and non-Western theorists and practitioners have questioned the Western premise of universality and the hegemonic domination of Western psychology and related health care fields. A "cultural-appropriate psychology" (Azuma, 1984, p. 53) has been a call for many years that is based on "native values, concepts, belief system, problem methods and other resources'" within the social group it applies (Hwang, 2009, p. 934), with "concepts, problems, hypotheses, methods, and tests [that] emanate from, adequately represent, and reflect upon the cultural context in which the behavior is observed" (Adair et al., 1993, p. 149).

As one response, the "indigenization" of psychology for the Chinese context is advancing through a body of studies that has begun to identify the core indigenous Chinese cultural characteristics in the inheritance of Confucianism, such as collectivism and familism. These ideological forces have a great impact on traditional Chinese constructs of self, filial piety (Ho, 1996; Yang, 1988; Yeh, 2003), social hierarchy and role expectations (Hwang, 2001; Smith & Wang, 1996), achievement orientation (Yang & Lu, 2005; Yu, 2005), moral discipline (Ho, 1994), and emotional control (Ho, Fu, & Ng, 2004), among others. Building upon these contributions, a number of conceptual and empirical studies have begun to identify and apply such Chinese values to actual practice, including but not limited to client help-seeking patterns, stress-coping responses, perceptions and beliefs regarding illness, and therapeutic relationships and processes (e.g., Epstein et al., 2012; Hwang, 2009; Kuo, 2004; Yeung & Ng, 2011).

To resolve the possible contradictions between Western and Chinese cultural assumptions, Enriquez (1993) proposed a model that takes into account two routes for indigenization in the local context: *indigenization from without* and *indigenization from within*. Indigenization from without refers to a process in which existing psychological theories,

concepts, and methods are systematically analyzed, modified, and adapted to fit a particular local

cultural context. Based on this approach, one might draw from a Western, well-established

therapeutic approach as the foundation for treatment and then modify it based on Chinese values

and cultural dynamics in its practice.

For example, some studies suggest that cognitive behavioral therapy (CBT) can be

effective with Chinese and Chinese American clients with proper modification (e.g., Hodges &

Oei, 2007; Hwang et al., 2006; Lin, 2002; Zhang et al., 2002). To this end, Hwang, Wood, Lin,

and Cheung (2006) proposed 18 principles to apply when modifying standard CBT to

accommodate the cultural characteristics of less-acculturated Chinese American clients, such as

strengthening the therapeutic alliance and understanding self and mental illness from a Chinese

perspective. They also suggested that relaxation training as a CBT exercise can be replaced with

an indigenous practice such as *tai qi ouan* (Chinese martial arts) and *qi gong*. In the similar vein,

Tseng et al. (1995) suggested that cultural adaptation of Western theories might serve Chinese

people and the Chinese culture through "technical adjustment," "theoretical modification," or

"philosophical reorientation" (Tseng, 1995, p. 1).

Another example of modification to indigenize therapy approaches can be found in Tzou,

Kim, and Waldheim's study (2012). To counteract the limitations of adapting a single Western

psychology theory for highly complicated social and cultural circumstances, they proposed a

strength-based therapy model known as *positive feminist therapy* that integrates empowerment

feminist therapy (Worell & Remer, 2003), systems theory, and positive psychology (Seligman &

Csíkszentmihályi, 2000), as applied specifically to Chinese women going through marital

conflict or divorce. Their model offers five stages of treatment: (a) "establishing the therapeutic

relationship and assisting clients in evaluating the current circumstance"; (b) "facilitating the

understanding of the self within the broader social-cultural context"; (c) "empowering clients to uncover their strengths, reclaim their sense of self, and making personal decisions for their future"; (d) "exploring feelings after the decision"; and (e) "helping clients to develop and implement solutions to their problems with the ultimate goal of establishing a new life after divorce" (p. 144). However, the authors also acknowledged limitations of the model in that insight-oriented and client-centered approaches may not be suitable for women who do not have social resources and are entangled in other difficult issues such as poverty, unemployment, cultural minority status, and compromised cognitive abilities.

Enriquez (1993) posited that the second route is *indigenization from within*, which refers to internalized theories and methods that are developed directly from Chinese culture. In the past few decades, a growing counseling literature is focusing on the knowledge base derived from cultural-specific practices within Chinese communities (e.g., Chen 2009; Hwang, 1997-1998, 2009). For example, Chen (2009) proposed a model of self-relation for Taiwanese clients living in contemporary society. "Self-coordination" is defined as "a behavior that a person constantly and consciously coordinates with the task of achieving personal goals, fulfilling role obligations, and meeting related others' expectations in different situations in order to maintain harmonious social relationships" (p. 1000). The goal is to help clients take actions in coordination with others-in-relation, a Chinese construct, while maintaining a state of psychosocial homeostasis (Hsu, 1985).

However, in many important ways, there are limitations in both the strategy of culturally adapting the Western theoretical knowledge and applied strategies (e.g., CBT, Family Therapy, Solution-Focused Therapy) in diverse Western mental health disciplines (e.g., Hsu & Wang, 2011) and in linking indigenous forms of therapy (e.g., Taoism, Confucianism) with Western

psychotherapeutic techniques to create a new indigenous Chinese counseling model (e.g., Ting & Ng, 2012; Zhang et al., 2002). Hence, Leung and Chen (2009) extended Enriquez's routes of indigenization in Chinese cultural context. They suggested three principles that mental health practitioners and researchers could use to examine their current theories and practice, which include (a) adapting theories and concepts based on the cultural characteristics of Chinese communities; (b) testing the adapted theories and concepts by using local samples and diverse research methodologies; and (c) generating alternative models and frameworks where both the indigenous and universal aspects of behavior are addressed in an integrative manner. From these different strategies for corresponding Chinese cultural worldview and contemporary issues in Chinese society, many efforts have resulted in a more culturally coherent configuration between theory and practice.

Chinese Values and Their Effects

In the following reviews of both conceptual and empirical studies, I describe how common Chinese values and cultural characteristics have been examined within helping and counseling relationships and I consider culturally modified implications in therapy in the traditional Chinese Confucian context. In order to develop a cultural-appropriate art therapy approach, one must understand the traditional Chinese culture from a *bottom-up model paradigm* (Kim, 2000); that is, rooted in its foundation as "a psychological and practical system based on and responsive to indigenous culture and indigenous realities" (Enriquez, 1993, p. 158).

Chinese Social-Orientation

Confucian collectivism provides guidance for Chinese ways of living and moral thinking based on Confucian teaching, such as virtues for different types of relationships, role obligations, role expectations, socialization process, family, beliefs, and practices (Hwang, 2001). For

example, *Confucian Analects* provide major ethical principles (*wu lun*) that are derived from five cardinal relationships used by ordinary people to act properly in the relation to others. These are: (a) loyalty, which characterizes the relationship between what is sovereign and what is subordinate; (b) affection and filial piety for the relationship between parents and children; (c) appropriateness of behavior, roles, and obligations for husband and wife; (d) brotherly love and obedience among brothers or siblings; and (e) trust and honesty among friends (Chen, 2009). Hwang (1987) analyzed the inner structure of Confucian thought and used it to propose a theoretical model of the Chinese people's various relations by different rules of exchange. He noted that recognition of superiority or inferiority in social status and the closeness or distance between two individuals are two of the most important cognitive dimensions on which people to decide how to engage and respond properly to one another (Hwang, 2001). The principle of respecting the superior and the principle of favoring the intimate are fundamental principles in all of social interaction (Yang, 1995).

Confucian philosophy not only promotes positive virtues, but also emphasizes the importance of the specific role expectation and obligation among different types of social relationships (Ho, 1993). For example, the values of "tender father and obedient son" indicate that fathers are obligated to take care their children and sons are expected to fulfill their unconditional positive duty and to meet their parents' expectations in return (Hwang, 1999; Kwan, 2000). In order to maintain interpersonal harmony, an individual will take into consideration the other person's generational status, age, gender, and corresponding expectations to fulfill their role obligations in relationships, especially with those who are above oneself in the social hierarchy. Based on the different rules of exchange among different sets of dyadic relationships (e.g., father/son, sovereign/minister, husband/wife relationships), hierarchical roles

within the family and the society as a whole are strongly governed by top-down hierarchical and patriarchal structures (Hwang, 1995).

Similar phenomena can be observed in art therapy practice when working within Chinese culture, especially when in the group setting. Lai and Tsai (2014) noted that clients may be more likely to show hesitation when asked to share their artworks in the presence of the art therapist and within a large group of participants than when asked to do so in pairs and small groups. The authors also urged that how the therapist interprets silence is culturally determined. For example, in the group therapy, not taking initiative for verbally sharing experiences or artwork should not be interpreted as lack of participation.

These cultural characteristics may explain why Chinese educational settings have the largest class size in the world and very limited time for verbal participation as a whole class (Cook, 1989). Under the influence of the Confucian cultural tradition, Chinese culture has emphasized teacher-centered more than student-centered pedagogy. Thus, when teachers take the dominant role in the whole-class dialogue, students are expected to remain silent and relatively passive in their classroom participation (Fung & Howe, 2014). Similarly, Chinese clients' early developmental internalized schemas involving the hierarchical relationships within family and society can be invoked in the therapist-client relationship. Chinese clients construct the therapist's role as an authority figure, such as medical doctor or teacher, and conceive their own role as that of a patient or student. From both cultural and educational reinforcements, Chinese clients may remain silent and silently expect that guidance and structure will come from the therapist (Yi, 1995).

Hierarchy of Needs

Because of Confucian teachings that emphasize relationship, a person's self-identity should be understood primarily as a relational identity defined in specific dyadic relationships, such as that of son, brother, husband, or father. Unlike conceptions of self as an independent and autonomous entity in Western cultures, the Chinese self is conceived as a "relational self" (Ho, 1993) that is built on relationships with social groups and is not an independent entity. Ho (1995) defined the Chinese relational self as "the appearance of others in the phenomenal world as integral to the emergence of selfhood" (p.117). Therefore, Chinese people's personalities and social behaviors are highly sensitive toward the existence of others (Hwang, 2012). Yang's (1993) study supports the observation that an individual's psychological and social behaviors are performed when in different contexts of social life. He defined four different types of social orientations based on the characteristics of the Chinese mind and behaviors within different social interactions, which are: relationship orientation, authoritarian orientation, familistic (group) orientation, and "other" orientation. Yang (1995) further defined the authoritarian orientation as the inclination patterns of a subordinate to submit to and cooperate with an authority or superior in order to maintain harmony. *Authoritarian orientation* consists of three components. "Authority sensitization" means that Chinese people tend to be highly sensitive to finding out who is higher in seniority or status, especially in a new social group in order to adjust their attitudes and behaviors. "Authority worship" means that Chinese people have a strong tendency to worship authorities without doubt, suspicion, and criticism. "Authority dependence" means that Chinese people tend to show an absolute self-surrendering and submissive stance towards authorities who are perceived as trustworthy and almighty.

Therefore, within the therapeutic context, being a licensed psychotherapist in Chinese society is often highly respected and awarded higher social status because of academic

achievements over other qualities (Yeung & Ng, 2011). Chinese clients tend to internalize

interactional reactions to the therapist as a superior. In discussing the issue of transference within

Asian populations, Yi (1995) disputed the classical psychoanalytic view, which does not take

into account the subjectivities of the cultural and historical context of both the therapist and

client. She stated:

> The Asian person's relationship to an authority figure involves positive benign
>
> idealization of the authority figure's power and wisdom, trust in that person's
>
> benevolence, and expectations that the figure will guide them, protect them, or otherwise
>
> take care of them … However, when either or both in the dyad cannot fulfill the expected
>
> role or responsibility, the mutual idealizing cannot be maintained, resulting in loss of
>
> face, shame, disappointment, and resentment. (p. 311)

Thus, the prototypical hierarchical relationship greatly influences a Chinese client's

specific expectations, roles, and rules toward the therapist in the clinical situation. This

differential power between client and therapist is a very common therapeutic dynamic observed

at the early stage of therapy (Chen & Davenport, 2005). Many researchers have also identified

Chinese self-construction, socialization process, social hierarchy, and the role expectations of the

therapeutic alliance (Hwang, 2009; Kuo, 2004; Kwan, 2000). Research on the therapeutic

alliance and therapeutic styles has shown that the Chinese client tends to pay respect to

professionals as authority figures, expects a directive approach in the therapeutic process, and

has an intolerance for structural and relational ambiguity (Hwang, 2006; Leong, 1986).

Indirect Communication Style

Given the cultural values and socialization described thus far, for the purpose of

maintaining interpersonal harmony, it is reasonable to argue that Chinese people are likely to

adapt a high-context communication style, which typically consists of indirectness, implicitness, and non-verbal expression (Chen & Davenport, 2005; Hodges & Oei, 2007). Specifically, people from high-context cultures (e.g., Chinese, African, Arabic, Central European, Latin American) may use implicit communication and non-verbal messages (e.g., voice, facial expression, gestures) to convey significant and potentially disruptive information in a conversation. In high-context communication a message should be understood in accordance with other background information (Gao et al., 1996). By comparison, people from low-context cultures (e.g., United States, Australia) tend to rely on verbal messages for self-expression, use explicit communication, and focus on rational solutions when problem solving. In low-context communication, more of the information in a message is spelled out verbally and defined (Gao et al., 1996).

Therefore, an indirect communication style may involve discrepancy between what a person is saying and what is being shown in gestures, facial expression, or other body language. As illustrated in Chinese cultural context, this strategy often is used to create a space for negotiation in hierarchical interpersonal relationships. For example, children are expected to strive for family goals set by parents or even elders relatives, more than individual goals. Therefore, in order to pursue a personal goal, children may have to "obey publicly but defy privately" (Hwang, 2012). Talking around the main point in order to communicate meaning indirectly, children can still show respect to their parents and elders without disturbing the harmonious relationship (Gao et al., 1996). Hence, in some cases, therapists should respect a client's indirect communication style and be sensitive in ways that encourage the clients' assertiveness if appropriate for the situation or teach a direct communication style. An example is an empirical study conducted by Tzou et al. (2012) on Chinese women who are going through

marital conflict or divorce that encouraged the clients to develop self-care strategies and explore negotiation strategies in the marital relationship and in relationships with the family of origin.

As another example, within the therapeutic context Chinese clients may feel uncomfortable and eventually choose to terminate therapy prematurely; however, rather than express their dissatisfaction directly with the therapist, they may utilize an indirect and suppressive manner of communication towards authority, which serves to avoid interpersonal conflict and is considered to be appropriately thoughtful and humble (Chan & Davenport, 2005). Hence, in the early phase of treatment, therapists should focus on becoming aware of their Chinese client's unexpressed needs, disagreements, or negative feelings, especially in light of the Chinese expression of deference as a communication strategy towards an authority (Hwang, 2006; Wu et al., 2016). Further, therapists should be mindful, when interpreting the Chinese client's experiences, of their culture-embedded theoretical system. It is important to note that the Chinese style of communication should not be misconstrued as signs of disingenuousness, resistance, or passive aggressiveness—especially when interpreting therapeutic issues involving family relationship and parenting styles (Hwang, 2006; Sue & Sue, 2008).

Saving Face and Shame

As mentioned earlier, in a relationship-oriented society the family is the basic self-unit. Compared with the individual's selfhood, family identity is given greater importance (Chan & Davenport, 2005). As such, a selfless person puts family's concerns above personal desires. As the Chinese proverb says, "don't wash your dirty linen in public." In other words, a person of moral integrity will not disgrace the reputation and social status of their family. Keeping family matters private in the Chinese culture to avoid shame is a burden and responsibility shared by each family member (Lin, 2002). Complicating this value for therapists, when individual

psychological problems are regarded as a reflection of poor social relations, a person who seeks help from outside of family risks bringing shame to the family and disrupting social harmony (Chong & Liu, 2002; Hodges & Oei, 2007).

Because of this unique cultural conception of mental health, research indicates that Chinese clients are less likely to report anxiety, depression, and psychological problems than problems that reveal somatic preoccupation (Sue & Sue, 1999). A possible explanation for this phenomenon is that negative feelings may be suppressed in ways that minimize or deny their existence in order to avoid shame in the social relationship (Cheung, 1990; Furnham & Li, 1993). In a similar vein, Confucian traditions promote a modesty orientation, which advocates that to have balance in life, public display of strong emotions should be avoided, as they are a sign of immaturity and imbalance (Hwang, 2009). In other words, the Confucian tradition tends to devalue expression of emotion as unworthy and shameful. Chinese clients may have a tendency to think that learning self-expression is wasteful of time and resources (Chong & Liu, 2002).

These values of modesty and somatization for Chinese clients have great impact on their help-seeking attitudes. Many Chinese clients struggle with talking about their family conflicts or disclosing feelings against their parents or elders in their families. In a sense, the psychosocial imbalance produced from fear of losing face often generates and complicates feelings of guilt and betrayal in the therapeutic process. To address this tendency, Sue and Sue (2013) specifically noted that "focusing directly on emotions maybe uncomfortable and produce shame (p. 508)" and that therapists should try to respond with indirect acknowledgment of emotions and focus more on behaviors than on emotions.

Pragmatic Worldview Orientation

When someone is not able to fulfill the obligations and responsibilities of the hierarchical roles that define one's reputation in the society, seeking outside help implies a failure to resolve issues appropriately (Yeung & Ng, 2011). To achieve harmony in interpersonal relationships and to foster social stability, the Chinese proverb states "the purpose of learning is for use." That is, social practice pressures the Chinese client to desire to be "successful" in therapy, to expect to receive direct problem-solving strategies, and to see concrete changes (Yeung & Ng, 2011). Some research has confirmed the observation that Chinese clients tend to expect goal-oriented, time-limited, directive, and pragmatic approaches to therapy, especially in those facilities where the costs of counseling service and psychotherapy are not covered by third parties and among clients who are constrained financially (Lin, 2002). Both the pressure of relational concerns and the Chinese cultural value of achievement urge Chinese clients to seek immediate improvement from therapy. Therefore, imposing a Western approach to therapy that is non-directive and insight-oriented could decrease the client's motivation and eventually increase risk of early termination from therapy (Chong & Liu, 2002; Leong, 1986; Lin, 2002; Lo, 1993). In support of this concern, some research indicates that clients tend to develop a stronger working alliances and higher satisfaction when therapists provide concrete guidance and focus on immediate-problem resolutions rather than explore past experiences and emotion (Kim, Li, & Liang, 2002; Lin & Kim, 2004).

A recent qualitative study conducted by Wu, Huang, Jackson, Su, and Morrow (2016) in China investigated Chinese counselors' efforts to implement culturally-appropriate practice strategies in art therapy. The majority of the study participants reported that analysis of a projective drawing task was effective as a warm-up activity and for building the therapist's credibility. Compared to other prevailing verbal approaches in China, projective drawings (e.g.,

House-Tree-Person, Draw-A-Person) are viewed as more accommodating and neutral, as well as being less influenced by cultural factors. However, the study also affirmed that the use of art in therapy can increase complexity and requires formal training. Lai and Tsai's (2014) suggestions regarding culturally-adapted practical applications, such as incorporating illustrated cards and artwork to focus a pertinent topic, can meet the need for pragmatism and reduce initial anxiety. Developing approachable techniques as useful buffers, which reduce the risks of immediately exposing oneself in the public, is a fundamental task when working with Chinese clients in group settings.

An exploratory qualitative case study of a Taiwanese therapist who conducted grief and crisis interventions with Taiwanese Chinese clients found that the benefits of a culturally-prescribed relationship dynamic between client and therapist reassures clients of the usefulness and effectiveness of therapy, especially when the professional role is highlighted and the therapist provides direct suggestions (Kuo et al., 2011). They concluded that because of the profound social stigma and shame associated with mental issues in traditional Chinese communities, providing a more pragmatic psycho-educational intervention in a solution-focused, crisis-orientated, and didactic approach can reduce many unspoken anxieties during the early stage of therapy. The researchers described their experiences with the participants that illustrated this point:

> Coaching is a critical component of processing clients' crises. Without effective
> coaching, clients won't be able to get over their crises . . . Of course, we prepare them
> ahead of time in anticipation [of a distressing event]. It's better for us to be advised and to
> anticipate things in advance than being caught by surprises and unawareness . . . That's
> why I inform the clients before executing every new intervention. I tell them what they

can expect next in the counseling process, so all of them can be prepared. (Kuo et al., 2011, p. 9)

Despite the above considerations, it is important to exercise caution when taking an authoritative stance. As mentioned earlier, the Chinese conception of the therapeutic relationship is influenced by different contexts in their daily life, with respect to equality, authority, and communal and general contexts. The therapist's repertoire of roles—as expert, confidant, and collaborator—can be applied in these different contexts and at the different stages of the therapy (Jim & Pistrang, 2007). Although a therapist's application of authority in the early stage of therapy is a useful, culturally-responsive strategy, a more equal dynamic in the therapeutic relationship can be increased later on when client is personally engaged to a greater degree in the process (Chong & Liu, 2002). Because power dynamics between client and therapist are not static but dynamic, both the authority and humility of the therapist are qualities that serve an important accommodation to increase a positive therapeutic alliance. Chong and Liu (2002) also stressed the value of the unique *yin-yang* concept (an ancient Chinese wisdom to describe the two opposing principles in nature) in this accommodating process in which the energy between therapist and client flows in different stages of therapy based on the function of compensation to maintain balance and harmony.

Practice Within Changing Cultures

In reviewing the above-mentioned studies that are rooted in diverse indigenous and traditional populations, it is important to re-emphasize that, in consideration of various demographic variables (e.g., gender, education, social economic status, geographical location), each person may hold a very different perspective on traditional values and collectivism, especially due to the influences of modernity and individualism that have arisen in contemporary

Chinese communities. Under the influence of rapid modernization and Westernization, characteristics of culture change are on the rise as well, such that a person can hold co-existing worldview values and beliefs from more than one culture (Hermans & Kempen, 1998). K.-S. Yang (1995, 2002, 2006) pointed out that individual Chinese traditionality and Western modernity are multidimensional concepts. Traditional values are encompassed by respecting authority, being filial to parents and respectful of ancestors, conservatism, following one's destiny, and male superiority, whereas modernity refers to values of equality, independence, self-sufficiency, optimism, and respect for gender equity.

It has been observed that people in Chinese communities encounter specific psychological and interpersonal disturbances caused by traditional and modern cultural conflicts between generations (Chen, 2009; Kwan, 2000, 2009; Yang, 2003). An example can be found in Hwang's (1999) study, which concluded that in Taiwan some collective traditional values have persisted across the generations. For instance, when collectivistic expectations from the parents and larger society are confronted with their children's individualistic demands, acculturative stress can be triggered for many young Asian adults whose traditional collective families are undergoing a cultural change process. Hence, modernization may involve a continuous process of protest and change. Some psychological and interpersonal behavior is still deeply influenced by Confucian cultural traditions as well. In order to provide culturally sensitive and relevant services based on Chinese people's cultural heritage, therapists must understand their client's psychological dimensions from ecological, historical, philosophical, religious, and cultural context (Kim, Yang, & Hwang, 2006). In fact, as Sue, Ivey, and Pedersen (1996) stated, both client and therapist identities are formed and embedded within their respective cultural contexts and multiple levels of experience. Thus, a client's social restraint, interpersonal conflict,

emotional disturbance, and frustration may be implicated in therapeutic treatment as part of a cultural adjustment process in the changing culture.

Overall, as can be seen from art therapy and Western psychology's migration, the rise of increasingly indigenous contributions can be found in international and national research journals over an extended period of time. Adair (2006) proposed that following the spread of Western psychology around the world, there is evidence of four sequential developments: importation, implantation, indigenization, and autochthonization. According to Yang (2012), in the case of Taiwan the initial phases of importation and implantation occurred from World War II to 1972 when Americanized psychology was introduced and came to dominate. Within the influence of unequal-power relations, students were taught with American or translated textbooks and scientific psychology was completely copied from theories, concepts, methods, and tools in research and application. The second phase, between 1973 and 1981, marked a beginning questioning of the compatibility and relevance of Americanized psychological research that nevertheless continued to dominate in Taiwanese academic scholarship. Between 1982 and 1988, the process of indigenization started to take root. Major Western psychology theories and models were modified based on studies of Chinese psychological phenomena. The last phase, autochthonization (from 1989 to present), advocates for a new knowledge that is grounded in research and understanding of indigenous counseling and healing practices. The aim of autochthonization, which means "sprung from the land itself," is to produce a "critical mass of mature, established scholars [who] focus on research problems that are culturally appropriate and nationally important" (Adair, 2006, p.472).

Summary

As can be seen from the above-mentioned development of indigenization, problems and challenges, and innovative solutions have highlighted the importance for mental health fields to research and consider clinical issues from localized and cultural perspectives. To increase the use of Western-based mental health disciplines, practitioners have to recognize and understand the conflicts and discrepancies between theoretical beliefs and concepts of Western cultures and the worldviews in Chinese societies on the basis of respecting the unique of each culture.

Although art therapy was introduced to Taiwan over three decades ago, and there exists Chinese literature on conducting art therapy in diverse settings and populations, only a few empirical studies have taken into consideration Chinese traditional values and belief system (e.g., Kung, 2013; Lai, 2011). In order to make art therapy more relevant and compatible to Chinese communities, an indigenization process is required. As Salom (2017) claimed, in order to decolonize the influence of the European-American mind in the art therapy construct, art therapists need to reframe their long-held assumptions from the historical development of the field and move toward a more culturally-authentic art therapy.

By the same token, in the art therapy literature, cross-cultural understanding of culturally-specific approaches to contemporary Chinese communities is relatively new and limited, and is still in need of further research that is rooted in sociocultural realities. Therefore, empirical investigation that corresponds Chinese cultural worldview and contemporary issues to art therapy process and dynamic remains to be done. The purpose of my study was to build the cultural and contextual foundation whereby the art therapy discipline can be anchored in Chinese communities. Chinese culturally-specific art therapy practice not only can expand the art therapy literature, practice, and pedagogy beyond the Western countries but also can provide valuable information for other Asian countries and the Chinese population in the Western world.

CHAPTER 3: METHODOLOGY

Introduction

This field-based research study sought to identify key cultural and contextual factors involved in practicing art therapy in a Chinese culture in order to advance indigenization through construction of culturally-appropriate practice. I posit that without a coherent configuration of Chinese cultural factors for applying Western-developed art therapy to Chinese sociocultural locations, art therapy practice likely will continue to present inconsistent perceptions and fragmented, ineffective interventions that do not take into account societies' historical contexts and local values. Therefore, my research questions centered on how Taiwanese sojourner art therapists make adaptations to their clients' cultural realities, native values, belief systems, and the like, especially when working with clients who share the art therapist's ethnicity but hold a traditional Chinese worldview that may conflict with those of the sojourner art therapist. My aim was to provide needed data for the profession regarding the implications of culturally-appropriate art therapy practice in traditional Chinese cultural contexts.

The study addressed the following questions:

1. What are the essential principles of the contextual adaptations, art therapy practical skills, and clinical rationales associated with providing art therapy to Taiwanese clients who are strongly affected by traditional values, as based on sojourner art therapists' case studies?

2. How might these principles of contextual adaptations, art therapy practical skills, and clinical rationales be understood and interpreted within the context of Chinese values and belief system, as based on insights from existing empirical, conceptual, and clinical findings?

To these ends, qualitative case-based research gathered data from seven sojourner art therapists in Taiwan to illuminate how they were adapting their professional training to respond to the cultural and social realities of their Taiwanese clients. Participants in my sample presented a case and described their choice of interventions and perceptions in a semi-structured interview, which generated in-depth understanding of their contextual constructions and clinical considerations required to apply art therapy principles and skills in the traditional Chinese cultural context.

Research Design

Creswell (2003) defined qualitative case study as a method that "explores in depth a program, an event, an activity, a process, or one or more individuals" (p. 15). Any individual or bounded group that shares a common experience or perspective can form the unit of analysis that comprises the case (Patton, 2002). Data is collected from multiple sources of information with an intent to generate rich, detailed case description and case-based themes (Creswell et al., 2007). Based on my review of the empirical, theoretical, and clinical literature regarding Chinese populations and art therapy, it is clear that culturally-specific art therapy research to help construct cross-cultural understanding of practice in contemporary Chinese communities is still in its infancy and very much needed. Therefore, I reasoned that qualitative case research would be particularly valuable, given the nature of the research questions within a relatively new research area. Case research is grounded in data collected directly from the field and is contextualized from participants' lived experiences (Edwards et al., 2004) and, in the present study, will generate knowledge of practitioners in art therapy.

Participant Sample

Participants selected for my case study were sojourner art therapists in Taiwan who practice with clients from ethnically Chinese populations that are strongly influenced by Chinese

traditional values and belief system. In order to locate potential participants, purposive sampling was used, meaning the selection of representatives from the population with similar experiences on a topic (de Chesnay & Fisher, 2015). Selection criteria were that participants had (a) master's level art therapy training in the United States or the United Kingdom, (b) a minimum three years' experience working with Taiwanese adult or elderly persons who were relatively strongly affected by traditional values and belief system, and (c) ability to describe a case with client's artwork and clinical notes that would exemplify their use of art therapy with Taiwanese client(s). Based on the primary origins of art therapy as noted in the literature and core findings from research on the contemporary Chinese Confucian context, I limited my search to participants who were trained in the U.S. or UK and returned to practice in Taiwan. Local-trained Taiwanese art therapists, sojourner art therapists who obtained training from countries other than the U.S. or UK, art therapists who work with ethnically Chinese populations in other countries around the world, and art therapists who work with populations relatively indirectly affected by traditional Chinese values and belief system can be a potential expansion of my sample for future research. I bounded the case by limiting the sample to seven participants, which allowed me to focus attention on only the most relevant experiences and perceptions for each interview.

Because of the small number of sojourner art therapists in Taiwan, participants were recruited through convenience sampling and snowballing approaches (Creswell, 2012). Snowballing, also called referral sampling or chain sampling, is a procedure in which participating study subjects recruit future subjects from among their relationships. Specifically, I contacted current art therapy practitioners and supervisors in Taiwan with whom I have a professional relationship and asked them to recommend interested colleagues who met the selection criteria. I recruited the recommended participants and then asked them in turn for

recommendations they might have, such as their art therapy peers and colleagues. In total, five eligible sojourner art therapists were recruited by convenience sampling and two eligible sojourner art therapists were recruited by snowballing approach.

Informed Consent and Confidentiality

Prior to data collection, the Institutional Review Board of Mount Mary University reviewed and approved the study. I contacted participants via email, social media, and phone conversations that briefly described the goals, structure, and the procedure of the study. After they agreed to be in the study, they were next sent a formal confirmatory note via email thanking them and a consent form for their review (Appendix A). Prior to collecting data in the formal interview, I conducted a 20-minute initial Skype interview with each participant to go over the consent form and to provide a full description of study about the nature, purpose, and procedures involved in participating in the study. These initial interviews also asked participants to complete a demographic survey.

For the informed consent process, each participant was advised that their participation was voluntary and they could leave the study any time without any consequences. Each was assured full anonymity and confidentiality for both themselves and the client cases they would be discussing. In addition, I assured participants that their corresponding data would be coded to protect identifying information. Data analysis would focus on patterns and themes across all data sets and any excerpts from the participant's narrative would only involve salient quotes without any identifying information. Because the professional community in Taiwan is small, I acknowledged that it was still possible that participants could be identified; however, I assured them that when disseminating results, I would make every effort to maintain confidentiality and anonymity.

After this informed discussion and demographic survey, participants expressed their agreement to take part voluntarily and to be audio-recorded. A follow-up email was sent to set up a time and place for interview and the signed informed consent with all of these details was obtained electronically from the participants via email.

Data Collection

Individual, semi-structured interviews were held in a location and time that was convenient for the participants. Four participants were interviewed in their homes and two were interviewed at the participant's workplace. One interview was conducted via Skype due to insufficient time available for in-person interview. Interviews lasted approximately 2–3 hours, which was adequate to allow the participants enough time to present and reflect on their case and for debriefing afterward.

Participants prepared for the interview by recalling a therapy case that they believed would exemplify, among their own cumulative clinical experiences, how they approached Taiwanese clients in art therapy who were comparatively affected by traditional Chinese values and belief system. I did not ask them to bring any materials to the interview, only their recollections of the case. The interview began by inviting the participant to verbally describe their case's context chronologically, including the art therapy process and therapeutic interventions they employed. As they recounted the case, they also responded to open-ended questions that asked them to elaborate on their therapeutic rationales for their choices and decisions, and to reflect on their intervention process over time. The questions used to prompt this reflection were:

- o What kind of art therapy interventions or strategies did you use?
- o How did you decide to use these interventions?

    o What did you intend with that choice?

  Toward the end of the interview process, another set of open-ended questions was asked to deepen their recollections, to collect a fresh data for a more comprehensive understanding of the case, and to produce new insights about their contextual adaptations over time. The following questions were asked:

    o What was your general experience working with this client?

    o How do you feel about working with this this client when compared with other clients who are less strongly affected by traditional values?

    o What do you think were the most significant art therapy treatment effects in this case?

    o What advice would you give to a new Taiwanese sojourner art therapist about working with clients who are strongly affected by traditional values?

  I conducted the interviews in Chinese with each participant individually. The interviews were audio-recorded and later transcribed into text. Data storage included password protection for electronic files and locked filing cabinets for paper files. Each interview transcription was identified only by participant code letter, utilized throughout the documents, and identifying information on consent forms was stored separately from interview transcripts to maintain anonymity.

  After the interview, I asked each participant to make an art piece on their own time, which captured the essence of their experience of working the clinical case study they chose to reflect on during the semi-structured interview. Participants were given approximately one month to make this response art and schedule the follow-up interview. Each interview was transcribed into Chinese and then returned by email for the participant to review and to ensure

accuracy of wording and intent. Participants sent image files of their photographed art pieces via email prior to the start of their follow-up interview. Finally, an unstructured follow-up interview with each participant was conducted via Skype to clarify information in the transcripts and elaborate on their response art. The follow-up interview lasted approximately one-half hour.

Data Analysis

The seven interview transcripts were systematically analyzed with inductive *thematic analysis* (Braun & Clarke, 2006) in which patterns and themes identified across all of the data are linked to the data itself. Braun and Clarke (2006) detailed five phases of qualitative analysis for conducting thematic analysis: (a) familiarize yourself with the data, (b) generate initial codes, (c) search for themes, (d) review themes, (e) define and name themes, and (f) create a narrative using the themes.

For the first step of data analysis, I read and repeatedly revisited the Chinese verbatim transcripts several times before beginning any initial coding. My purpose was to immerse myself in each participant's words and imagery, recalling the interview itself and obtaining a felt sense of the case and its context that had been described. I studied the descriptions of the participant's interventions as well as their therapeutic rationales, both in the interview transcripts and response artworks; the concepts these data reflected were then identified and give a code in the form of brief descriptor or key word. Next, I searched for themes by comparing the initial codes across all interviews and identifying the salient and recurrent codes. The next step was to review the themes, repeatedly reading the codes and themes against the full text to ensure that the thematic results accurately reflected each participant's knowledge and perspectives. Finally, themes and subthemes were grouped into their larger, interpretative domains and organized with direct

quotes listed under each domain heading to illustrate the theme as well as to indicate the number of times the theme had occurred.

As a final step in concluding the case study, a summary of the analysis should be reviewed, if possible, by participants to ensure that it is accurate (Strauss & Corbin, 1998; Yeh & Inman, 2007). The summary included the emergent themes, subthemes, Chinese verbatim excerpts, and the corresponding interpretations. These records were carefully translated into English. After participants verified the accuracy of the translation, the case report was written with the participants as co-authors (unidentified, to preserve anonymity) to ensure the authenticity of the findings presented.

Research's Subjectivities and Bias

I designed my study as field-based research, which gave me opportunities to explore the Taiwanese sojourner art therapists' personal and practical experiences. As Creswell (2009) noted, the goal of qualitative research is "to rely as much as possible on the participants' views of the situation being studied" (p. 8). During my interviews with these sojourners, I listened and reflected upon on their shared personal and clinical experiences. As a Taiwanese sojourner art therapist myself, who also has practiced art therapy with Taiwanese populations strongly affected by traditional Chinese values and belief system, my clinical experiences and my intimate knowledge of indigenous culture may serve as a bias that potentially could affect the interpretation of data in this study. As a cultural insider, I acknowledge my biases in viewing indigenous art therapy practice as inevitable, which might result in overinterpreting the participants' practice experiences or limit my sensitivity to certain culture-related issues in data analysis.

To minimize these biases in the study, I incorporated Creswell's (2009) suggestion that the accuracy of the results be validated by way of triangulation of a variety of data sources (e.g., interviews, digital artwork, peer review, etc.) and by including direct quotes from the participants. I also obtained feedback from a Taiwanese sojourner art therapy supervisor who was not a participant in the research. I provided this supervisor a full un-coded transcript of participant interviews and emerging themes to help assure impartial data analysis. Finally, it should be noted that I was acquainted with five of the seven participants prior to beginning research, through professional relationships. The potential implications of these relationship are explored in the discussion section.

CHAPTER 4: FINDINGS

The study investigated how the Taiwanese sojourner art therapists were adapting their professional training to respond to the cultural and social realities of their Taiwanese clients. The results are presented in this chapter, beginning with the demographics of the sample and a brief summary description of each sojourner art therapist, the clinical case study they chose to reflect on during the semi-structured interview, and the artwork they made in response. All participant names are changed to pseudonyms. Following these descriptions, the study's results are presented, organized into three domains and their corresponding themes and therapeutic principles adapted to cultural phenomena, with examples of evidence from the case record.

Demographics

Seven Taiwanese sojourner art therapists participated in semi-structured interviews with the researcher (Table 1). The participants were all female and came from various clinical specialties. They also had a wide range of experiences with tradition-oriented Chinese clients, including older adults in mental health care, adults with medical and age-related issues, and adult survivors of domestic/sexual abuse and childhood abuse. Years of providing art therapy experience in Taiwan ranged from 6 to 12 years. Two of the seven participants had obtained their master's level art therapy training in the United Kingdom, and five of seven participants obtained their master's degree in art therapy in the United States.

Table 1.
Participants' Professional Demographics (N = 7)

Participant	Academic Degree	Country of Art Therapy Training	Years of Clinical Practice in Taiwan	Fields of Clinical Practice
Wei-Wei	MS	United States	8	Senior and adult mental health care; adults with disabilities and special needs; children with medical issues
Fong	MA	United States	9	Elderly, adult, and adolescent mental health care; adults and adolescents with special needs
Yi-Jun	MA	United States	8	Adult mental health care; adults with medical issues
Shu-Chi	MA	United Kingdom	7	Sexual abuse/domestic violence; adult with disabilities
Ting-Ting	MA	United Kingdom	12	Adult and child mental health care; elderly with medical issues; rehabilitation
Mei	MA	United States	6	Domestic violence; at-risk adolescents; children with special need; family psychoeducation
Ling	MS	United States	6	Sexual abuse/domestic violence; senior mental health care; children with special need

Taiwanese Sojourner Art Therapists and Their Selected Cases

The Taiwanese sojourner art therapists who participated in the study were asked to select either a group or individual case that they believed would especially exemplify how they approached art therapy clients on their caseloads who held or were influenced by traditional Chinese values and belief system. As they recounted the events and therapeutic issues that brought the client to art therapy, they also described their therapeutic choices and decision-making and the underlying rationale that, taken together, explained the cultural adaptations from

their training that they had to make with these clients. Table 2 presents a summary description of the participants' selected cases.

Table 2.
Summary Description of Participants' Selected Cases

Participant	Model	Setting	Population	Duration of Art Therapy
Wei-Wei	Group	Senior skilled nursing care/day care center	Elders with chronic mental illness, physical disabilities, and complex medical and health-care issues	2 years
Fong	Individual	Private mental health clinic	Older woman with anxiety and severe insomnia	10 sessions
Yi-Jun	Group	Private mental health clinic	Adults in need of mental health care	2 years
Shu-Chi	Individual	Non-profit family/domestic violence agency	Adult woman with a history of domestic violence/abuse	8 sessions
Ting-Ting	Group	Community recreational center	Older adults who are solitary or are veterans, with complex medical and chronical health-care issues	10 sessions
Mei	Group	Non-profit organization	Adults who witnessed family domestic violence in childhood	8 sessions
Ling	Individual	Non-profit domestic violence agency	Older divorced woman with a history of domestic violence	1 year

Wei-Wei

As the first art therapist hired to introduce the art therapy profession to a senior and adult skilled nursing care/day care center in her suburban Taiwan locale, Wei-Wei had designed an art therapy program of long-term, weekly art therapy group sessions. The group members presented

with physical disabilities and complex medical issues that are typical of a frail elderly population as well as chronic mental illness. Most of the clients at the center had worked as farmers or factory laborers in the nearby neighborhood and, in addition to few educational opportunities beyond a primary level, had rarely had the chance to access art in their life.

Wei Wei's group sessions typically lasted for two hours and were open for everyone at the day care center. In the first of six months of her program, the sessions involved 15 to 20 participants. Even with the assistance of staff at the center, her clients showed a great hesitation toward any drawing and painting activities. Perhaps as an indication of their discomfort with art therapy, the clients often acted unfriendly toward each other. Moreover, being a younger woman who had been given a superior position to these elders and older adults, Wei-Wei felt disconnected from the group.

Wei Wei's reflection on this case occurred after two years of working with these seniors, and she expressed surprise, looking back, at the cultural adjustments she had made to respond to these clients' needs. With this realization, she expressed uncertainty about whether her current art therapy practice was still following her Western art therapy training, and how very different her clinical experiences in Taiwan were from her sojourner art therapy training experiences in the United States. Wei-Wei's art response (Figure 2) to her reflections on the case is a collage that she said represented her two-year journey working at the day-care center. The left side of her artwork represents her first year of working experience, with a jumble of golden dots disappearing into darkness, which were full of chaos and conflict. The center of the piece marks her transition in the second year at the facility, with a fold in the paper and strong horizontal lines. Moving beyond the transitional stage of her work, on right side of the piece, she placed two photos, one that shows a figure holding herself in an embrace and the other showing a

Chinese tea set. She used the expression "father's love" to describe the positive connection she now felt between the clients and herself. This side of the artwork represents the new balance of the group's dynamic as just like, she said, being "able to sit with them at the same table and drink the tea together."

Figure 2. Wei Wei's Response Art

Fong

For her selected case study, Fong recalled a client who was an older woman with anxiety and severe insomnia. She selected the case because it was so accurately representative of the traditional Chinese value of being, as Fong stated, an "omnipotent and selfless woman" within a traditionally Chinese patriarchal family. Mrs. Cheng (a pseudonym) was referred to Fong by a personal acquaintance for ten individual sessions at the private mental health clinic where Fong was working. Mrs. Cheng came to therapy because she was experiencing feelings of anxiety and severe insomnia after recovering from a serious injury caused by a fall. She was particularly concerned about how her physical and mental condition would cause worry for her family. As a homemaker, Mrs. Cheng also worried that her low level of energy could cause her to be unable to support her family on a daily level.

Fong explained that working with this client was very different from working with clients who are less affected by traditional Chinese values. Recalling her initial impressions of Mrs. Cheng, Fong said, "she was suspicious in the first three sessions. I think not only she was

worried about her family possibly finding out that she was in therapy, but also she was testing me to see if I would understand her anxiety [as] coming from her desire of wanting to perform her family roles." Fong had to work hard to "enter her client's cultural context," she said, before providing any art materials and art directive. However, after fostering a stronger therapeutic alliance with her client, naturally and over time, Mrs. Cheng was able to find a balance that could maintain both her personal needs and her family obligations. Fong created clay art in response (Figure 3) to these case reflections and stated that it represented the outcome of the art therapy. She made a clay house with an open roof to describe a shift in Mrs. Cheng's perspective. The symbol of the house represents how Mrs. Cheng eagerly hoped to perform her role obligations and to meet everyone's expectations from her family. The open roof represents Mrs. Cheng's improvement in becoming more flexible in handling her household duties and balancing her own needs. As Fong remarked, "Now when she [Mrs. Cheng] is tired, she can look out of the roof and breathe."

Figure 3. Fong's Response Art

Yi-Jun

Yi-Jun selected an art therapy self-discovery group for adults for her case reflection because these clients' issues all seemed to involve collective cultural and generational conflicts in their marital and family relationships (e.g., conflicts between a father and son, mother-in-law and daughter-in-law, husband and wife). Yi-Jun's weekly group was conducted at the same urban community mental health clinic where she had been providing individual sessions. Each round of group art therapy consisted of 12 sessions. At the time of her interview with me, Yi-Jun had conducted four rounds over the past two years.

In the beginning of the group program Yi-Jun was uncertain as to whether the clients would be able to accept the use of art therapy as alternative means of self-discovery and self-reflection. She recalled an early dilemma she had faced in meeting the clients' expectation that they would be "learning how to do art therapy via a formalistic procedure" in order to have a fast and simple way to understand themselves. Through a process of making adjustments and developing practical skills, over time Yi-Jun was able to respond her clients' needs, to lead them to develop an intimate relationship with art making, and to improve their interpersonal and intrapersonal relationships. Yi-Jun's art response (Figure 4) to her reflections on the case is an image that she said represented the journey of helping her clients find their "inner wisdom and power." She described the two dark mountains as representing her clients' visions that were blocked by traditional Chinese cultural norms. Yi-Jun pointed out that her work was to find a right moment to lead her clients to meet the "rainbow in their life," which indicated that her clients' had loosened a bit from formalistic cultural concepts while maintaining relational harmony.

Figure 4. Yi-Jun's Response Art

Shu-Chi

The case of a middle-aged woman with a history of domestic violence was selected by

Shu-Chi as it illustrated her culturally-responsive adaptations to a Taiwanese woman who was

deeply affected by traditional Chinese beliefs. Ms. Wu (a pseudonym) was encouraged to seek

psychotherapy by her gynecologist as a way to decrease the symptoms of insomnia during her

pregnancy, and was therefore referred to Shu-Chi by the client's social worker. Shu-Chi

conducted a total of eight individual sessions of art therapy at a domestic violence family agency

before therapy ended with childbirth. Shu-Chi found it challenging to help Ms. Wu express her

discomfort and negative feelings through art making without providing any particular guidance

and to remind her of the importance of self-care. By the end of therapy, Shu-Chi stressed an

importance of following her client's pace of the level of readiness for spontaneous art making.

Step by step, Shu-Chi developed various strategies to help Ms. Wu engage with artmaking, such

as facilitating meditation and imagination using illustrated cards to identify moods and strengths.

Shu-Chi's art response (Figure 5) is an image that she said represented her profound

understanding of Ms. Wu's pain caused by the oppression of the Chinese patriarchy. The

withered tree represents Ms. Wu's trauma history, and the red flower shrubs represent her strength and resilience. Shu-Chi stressed the importance of making efforts to obtain the balance between these two parts in the art therapy process.

Figure 5. Shu-Chi's Response Art

Ting-Ting

A short-term art therapy group for disadvantaged elderly clients was selected by Ting-Ting for her case reflection, which she had facilitated in ten sessions at a community recreational center. Participants in the art therapy group members were recruited by social workers who worked at a community-based long-term care agency. Each session lasted for two hours and often involved 8 to 12 participants and 3 to 5 community staff members. In the group were older veterans, older adults who lived alone, and others with complex medical and chronic health-care issues. Most of the group members received financial support from the government. They generally were able to come to the community center by themselves, although some group members required transport assistance due to limited mobility.

Unlike her prior sojourner art therapist experiences working with a similar population in the UK, Ting-Ting found the group to be one of most challenging clinical experience she had

ever had. She recalled how much effort she had to put into "loosening up their sensations a bit" and how she sought to proactively learn about group members' backgrounds in order to find ways to engage with them. Looking back on the experience, Ting-Ting expressed concern that her art therapy training was more or less incompatible with her practice experiences in Taiwan. Even though she continuously sought out and received additional art therapy professional development trainings from Western guest speakers after she returned to Taiwan, Ting-Ting still had to develop many and various practical skills to bridge the gaps between the different cultural contexts in which she practiced. Ting-Ting's art response (Figure 6) to her reflections on the case is an image that she said represented her uncertainty about introducing art therapy to the community where little is known about art therapy. She depicted a boat to represent herself as someone who was leading a school of fish. Although Ting-Ting had the power to control the boat, she worried that she could not find the right direction in the heavy seas, such as how to come up a suitable art therapy plan to fit her clients' needs or how to manage different expectations while maintaining essential components of art therapy.
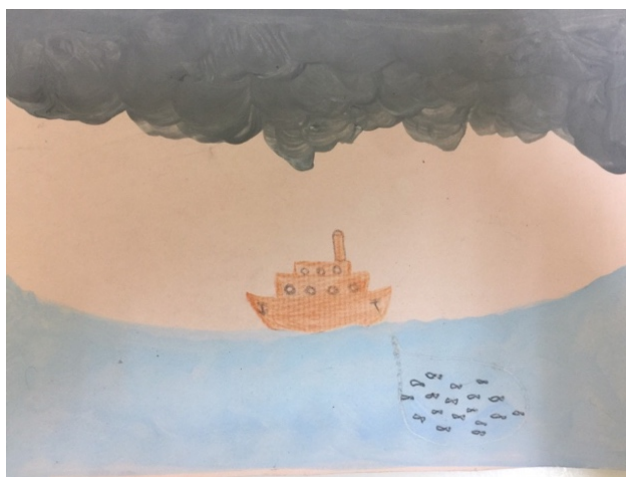

Figure 6. Ting-Ting's Response Art

Mei

      A self-awareness art therapy group for adults who had witnessed domestic violence in childhood was selected by Mei because of the stigmatizing nature of childhood trauma in Taiwan. Mei had co-led a total of eight group sessions with another therapist. The art therapy group recruited participants based on advertisements on the social media of various non-profit organizations. As a result, nine clients had enrolled in the group. Each session lasted for two and a half hours. After the third session, Mei was shocked upon receiving three emails from different clients in the group who informed her of their decision to drop the group. Their explanation was that the group was spending too much time on exploring the past and on art making.

      Mei clearly felt from the group that they expected an immediate, direct solution to their problems in order to decrease the interpersonal disturbances they were feeling. Adjustments were made by Mei to decrease art-making time and to shift the group's purpose from self-exploration to using art as a means of self-reflection and emotion regulation. She had come to the realization that the collective feelings of shame and embarrassment that arose from sharing personal negative experiences had to be addressed and contained before anyone would be able to get in touch with their emotions through artmaking. After three months, Mei witnessed significant changes in the degree of group coherence and she received much positive feedback from her clients. However, she was uncertain whether her art therapy applications would be seen more formally as actual art therapy practice due to the need to reduce spontaneous artmaking. Mei's art response (Figure 7) to her reflections on the case is a collage that she said represented her careful understanding of her clients' backgrounds and difficulties, just as how their life stories were recorded through "a photographer's heart and soul."

Figure 7. Mei's Response Art

Ling

An older divorced woman with a history of domestic violence was selected by Ling because of the client's involvement in a complicated extended-family system, as well as the stigmatizing nature of disclosing domestic violence in traditional Taiwanese communities. Ling believed this case was illustrative of her culturally responsive approach with a Taiwanese woman who she felt was deeply stuck in the traditional Chinese belief system. Mrs. Wang (a pseudonym) was referred to Ling by a local non-profit organization following the client's recent divorce. The referral was made by Mrs. Wang's case manager, whose role was to help divorced women re-enter the job market. Ling conducted the weekly individual art therapy sessions over the course of one year.

Ling described working with this particular tradition-oriented woman as one of most challenging cases she'd ever had in her experience of many and various populations. At the early stages of therapy, Ling had particular difficulty engaging the client with spontaneous art making. Ling's struggle, however, taught her to examine her therapeutic assumptions and consider whether art therapy interventions were incompatible with the client's perspective on her life

experiences as well as the collectivistic cultural virtue for being a traditional woman in Taiwan. Ling's created clay art (Figure 8) in response to her reflections on the case that she said represented her experience working with Mrs. Wang's struggle and transformation. Her artwork consisted of two parts: broken bowls represent how "incompetent and helpless" Mrs. Wang's felt as a result of her failure to meet her traditional role expectations after her divorce. Over time, the flowers started to bloom, Ling said, which represented Mrs. Wang being "able to find her purpose of life again." Reflecting upon her artwork, Ling pointed out the clay as a whole represents Chinese culture itself, because "the problems and solutions are both rooted in our deep connection to the cultural values."

Figure 8. Ling's Response Art

Thematic Results

The above vignettes offer a brief snapshot of the challenges that Taiwanese art therapists experience when facilitating art therapy in tradition-oriented Taiwanese communities. As summarized in Table 3, the analysis of the data from the interviews and artworks revealed 13 themes and 17 sub-themes that fell into three broad domains. Results suggest that the key cultural and contextual factors identified from the participants' descriptions of sojourner practice

of art therapy in Taiwan Chinese culture relate to the processes of: (a) orienting clients to art

therapy, (b) fostering a positive engagement with art making, and (c) improving psychological

homeostasis as an art therapy intervention. Table 4, presented at the end of this chapter,

summarizes each of these three domains, their corresponding themes and therapeutic principles,

and examples of evidence from the case record. The following illuminates the collective

experiences of Taiwanese sojourner art therapists who participated in this study. Sojourner art

therapist adaptations of clinical practice are described based on the themes and their

corresponding cultural phenomena.

Table 3.
A Display of the Three Domains, Themes, and Sub-themes

Main Domains	Interrelated Themes and Sub-themes

Orienting clients to art therapy	1. Responding to clients' initial treatment expectations
	   1a. Reaffirming positive reinforcement of the treatment goal as congruent with client's expectations
	   1b. Orienting client to purposes of art making
	
	2. Addressing client-art therapist roles and clarifying expectations
	
	3. Establishing fundamental art therapy rules and boundaries
	
	4. Establishing a stable art therapy treatment structure
	   4a. Being flexible in time management between art making and talking
	   4b. Facilitating art making to bring clients back to the here-and-now

Fostering a positive engagement with art making	5. Understanding how cultural conceptions of art and clients' past experiences influence art therapy
	
	6. Increasing familiarity with the use of art
	   6a. Providing art materials that clients are familiar with
	   6b. Following client-led themes and being flexible in art-making design themes
	   6c. Emphasizing the stage of art material warm-

	up and slowly introducing new art materials
	7. Balancing the level of control in choice of art materials 7a. Increasing a sense of achievement by giving guidance and demonstrations 7b. Providing direct instructions and simultaneously encouraging individualistic expression
	8. Interrupting the single conception of aesthetics
	9. Loosening the hierarchical structure 9a. Facilitating pair and group activities 9b. Making art alongside with clients
Improving psychological homeostasis as an art therapy intervention	10. Uncovering the client's culture as a strength
	11. Maintaining client's dignity 11a. Allowing sufficient time for negative feelings to be expressed 11b. Speaking in metaphor when exploring meanings in artwork
	12. Reducing personal and relational tension 12a. Facilitating the use of art as a reflection of conflict between personal need and societal expectation 12b. Being presented with feelings of loss and grief
	13. Re-building the client's genuine interpersonal harmonious state 13a. Fostering universality and self-acceptance 13b. Promoting mutual collaboration and strengthening empathy

Domain 1: Orienting Clients to Art Therapy

The unique process of orienting a traditional Chinese client to art therapy is one of the first challenges for Taiwanese sojourner art therapists in practice. They have discovered that coping styles and help-seeking pathways present very differently in the traditional Chinese context found in Taiwan than what they may have been trained to expect. For example, during initial contact, traditional Chinese clients may feel very uncomfortable and believe it is shameful

to talk about their problems with someone with whom they have not developed a close

relationship (Hwang, 2006). Art therapist Ling said that what she remembered in the first of

three sessions, was that once the client sat down, "she was non-stop talking about all kinds of

issues related to her husband, children, and family-in-law. However, after the few sessions, she

told me she actually felt embarrassment and extremely exhausted when she returned home from

therapy." Therefore, without a proper orientation of how the very concept of art therapy and its

purposes and process can help them solve their problems, traditional Chinese clients might

experience high levels of prolonged anxiety and uncomfortable feelings, and eventually drop out

of therapy.

Taiwanese art therapists adapt to the challenge of orienting their clients to art therapy by

(a) responding clients' initial treatment expectations, (b) addressing client-art therapist roles and

clarifying expectations, (c) establishing the fundamental art therapy rules and boundaries, and (d)

establishing a stable art therapy treatment structure.

Responding client's initial treatment expectations. Ling described how beneficial it

was to set up a time to talk about treatment expectations at the end of the first session, which can

foster for the client a sense of feeling more centered and grounded. She explained that focusing

on treatment goals can prevent the client from "feeling shameful for sharing those painful

memories with someone for the very first time." In this way the art therapist and the client "can

have some concrete things to focus on and can move forward together with us towards this goal."

Thus, the art therapist must not only respond to the traditional Chinese client's goal-driven

treatment expectations but also work to reduce cultural stigma from having to seek mental health

services.

Taiwanese sojourner art therapists stress the importance of reinforcing a treatment rationale that targets the client's culturally valued behaviors, especially when a traditional Chinese client's reason for seeking therapy is to be able to perform their role obligations and expectations. For example, in a traditional patriarchal Chinese family, to be perceived as virtuous, a traditional Chinese woman is expected to fulfill various domestic roles as life obligations and to submit to her father, husband, and sons in particular (Huang & Charter, 1996). In order to maintain familial harmony, it is very common for a traditional Chinese woman in therapy to ask for a concrete solution to a somatic problem (i.e., mental health concerns that manifest as physical symptoms) that will strengthen her relational functioning (Cheung, 1985; Leong et al., 2007), rather than focus on her interpersonal conflicts and psychological disturbances (Bong, 1993; Chang, 2001; Chong & Liu, 2002). Instead of identifying psychological issues during the initial contact, as a Western-trained art therapist might do, Ling said, "I emphasize the treatment goal is to find ways to take care of herself, so that she can go back home to take care of her children and families again." Reaffirming the treatment goal in accordance with the client's desire to fulfill socially valued expectations is a core therapeutic principle that Taiwanese art therapists use to increase client's confidence and satisfaction with art therapy.

This adaptation may extend beyond the session, such as when Mei described her reply to the emails she received from group members who wanted to drop the art therapy group. In her email to them she wrote:

> The reason for exploring on past interpersonal relationships is for us to understand how each of us has viewed and handled our relationships. In the next step, we will learn how to take care of ourselves and find the solution to improve our current relationships.

Thus, while being mindful of a client's uncomfortable feelings about coming to therapy, Taiwanese sojourner art therapists adapted to the cultural importance of validating the client's perceptions of the situation by proactively joining a client's concrete problem-solving with the treatment goal. This strategy can decrease the likelihood of premature treatment dropout and give treatment more meaning in accordance with cultural and societal expectations.

A second therapeutic principle in response to early treatment challenges is the importance of orienting clients to the purposes of art making. Traditional Chinese people have a strong tendency to think about their experiences very thoroughly and to try to understand the purpose of their desired action before making a decision and acting upon it (Chen, 1995). Taiwanese sojourner art therapists, in response, learned to slow down the process of selecting and using art materials during the initial contact with clients. Verbally introducing the therapeutic rationales that underlie the art therapist's focus on art making must occur before a traditional Chinese client can engage effectively and without resistance toward art making, especially when a client has little knowledge of the concept of mental health service and little or no experiences with art making. Ling affirmed that "without a verbally psychological cultivation, she [the client] might feel intimidated and think art therapy is not a right approach for her." As mentioned above, it is important to help traditional Chinese clients to understand how art making can contribute their treatment process and what to expect. For example, Ling stated, "I have to find an appropriate moment to introduce art making" as something that might "help her to explain things more clearly and figure out things clearly, and then slowly invite her to make art in future sessions." Therefore, preparing client to enter the art making process and giving clear, anticipated orientation of the purposes of art making can increase familiarity and comfort with art therapy approaches.

Some Taiwanese sojourner art therapists said they felt uncertain and anxious when little engagement with art making activities occurred with their traditional Chinese clients when they returned to Taiwan to practice. However, after gaining a better understanding of where their clients were coming from, they "came to realize that having a good therapeutic bond with clients is more important than what they draw," as Ting-Ting explained, especially during the early stages of art therapy.

Addressing client–art therapist roles and clarifying expectations. Compared to their Western training experiences, Taiwanese sojourner art therapists encounter a very different client–therapist relationship when working with a traditional Chinese client. Especially when formally meeting for the first time, traditional Chinese people may seek to engage with someone who is higher in status and offer respectful and obedient behavior (Yang, 1995). Instead of calling a therapist by his or her first name, Chinese clients are used to calling their therapist by the respectful title of "teacher" across various clinical settings and contexts. Ting-Ting stressed the importance of allowing her older clients to call her teacher, realizing that doing so "could made them feel safe, so that they knew how to act in their role with me [the art therapist] and each other in the group." Especially when in a new social environment, Chinese people can be very sensitive toward finding out whether there is any superior or authority person present, which is necessary to know how to act properly (Yang, 1995). Therefore, instead of correcting a client's failure to use the title "art therapist," the therapist should seek to understand the client's perceptions of the therapeutic relationship and offer clarification of the client–therapist role in order to increase their sense of safety, especially during early treatment. As another consideration, Wei-Wei, who worked with elderly clients, explained that "in our culture, seniors often feel uncomfortable and embarrassed to ask help from one who is younger than themselves.

However, [presenting oneself] as a student learning from a teacher can help to destigmatize this conception."

Taiwanese sojourner art therapists stressed the importance of clarifying the client's expectation of and attitudes towards the art therapist because doing so can help a traditional Chinese client develop sense of mastery. Fong explained,

I won't argue for correction of my title as teacher. However, there are many kinds of teachers. First, I would ask my client what kind of teacher is in her mind, and then share that I am the teacher who will work together and cooperate in exploring the possible solutions.

It was important for the study participants to remember that the client–therapist relationship is dynamic and ever changing. Under the influence of a hierarchical social structure and social roles expectations, it is not unusual to perceive the therapeutic relationship as a generalized extension of a teacher–student relationship that involves a directive-expert role of unequal power (Gao, 2001; Lin, 2002). However, this does not mean an egalitarian relationship cannot be developed in the continuing therapeutic process (Chong & Liu, 2002). In any event, the Taiwanese sojourner art therapists found that they had to allow time for a traditional Chinese client to clarify both the therapist's and their own roles and status in the relationship. After a few sessions, for example, Fong noticed changes in her client's initial suspicious attitude when she found out that art therapy is not unilateral, as like receiving a lecture or assignment from an authoritative expert. Fong explained,

Once she [the client] knew what to expect in art therapy, her real personality gradually appeared after she could feel relaxed. She no longer needed to hide her therapy schedule

from her husband. Now she told her husband she is coming to learn daily health care through art making and that the most important thing is she can relax here.

Establishing the fundamental art therapy rules and boundaries. Art therapy in the group format functions as a social environment; at the beginning stage of group art therapy, Taiwanese sojourner art therapists often observed their traditional Chinese clients strongly behaving according to collective norms, such as highlighting who has the most power over another person based on their social status, and subordinating their personal interest for the harmony and unity of the group. For example, when traditional Chinese clients perceive their therapist as an authority, their behaviors can be greatly influenced by the presence of therapist (Gao, 2001; Lin, 2002). In group settings, it is very common to see such group-oriented behaviors as engaging with emotional restraint and in an explicitly respectful manner, and having a strong sensitivity toward social authorities and their opinions (Yang, 1995). Wei-Wei, who conducted group art therapy group with older adults, observed that their interpersonal dynamics were quite formal, both between the group members and with herself in the early stages. She stated, "they all strived to perform well on everything. If they created beautiful artworks, they wanted you to see." Traditional Chinese clients perceive the art therapist as a social authority and therefore expect every member in the group to follow the same social norms toward the therapist in order to receive positive reinforcement and keep the social order (Yang, 1995).

Such social and behavioral qualities as expression of personal opinions and self-direction are discouraged by the cultural norms and values in traditional Chinese society. Chinese people who have a collectivistic orientation tend to view someone who puts their personal interest before their social obligation as selfish (Chen, 2009). The desire to maintain interpersonal harmony above all else and to seek conformity also can cause collective negative feelings

towards anyone who breaks this proper equilibrium. Wei-Wei recalled the first group art activity she conducted in which every group member was instructed to draw together on one large piece of paper. She stated that the clients had "a great deal of negative reactions toward one client who was doing something different from the majority of the group" and that "some of them complained about and were unwilling to work when paired with low-functioning clients."

Due to the influence of these collectivistic social-psychological behaviors, Taiwanese sojourner art therapists often take an authoritative position as part of constructing a safe space. They stress art therapy rules and boundaries, especially when facing interpersonal conflict in the group. Instead of confronting an individual whose behavior stands out as unique in the group, the art therapists make an effort to create a nonjudgmental space through affirmation of art therapy rules and principles, such as "not using evaluative language, good or bad" when commenting on one another's artwork. Wei-Wei explained,

> As a woman who is younger than my senior clients, it is important to show my respect for them. I tend to stay in a neutral position, so I won't comment on who is right or wrong. When I started to set the rules, their behaviors just stop automatically.

Establishing a stable art therapy treatment structure. In order to help traditional Chinese clients increase their sense of constancy, security, and confidence when participating in something as unfamiliar as art therapy, Taiwanese sojourner art therapists recognized that creating a stable treatment structure can help. A traditional Chinese client will use this structure to learn what to expect, which decreases the risk of losing face in front of the art therapist and group members. Ting-Ting, who worked at a community recreational center, explained that "until each group member and the allied staff could feel safe and relaxed," she "kept the same

procedure in every session, which included warm-up activities, main artwork, group discussion, and photo time."

Although it is important to create a stable procedure for art therapy, Taiwanese sojourner art therapists also observed that their traditional Chinese clients often wanted to spend more time talking than art making in the early treatment process. It was important to be sensitive to client's urgent need to talk. Yi-Jun explained, "I usually adjust the time on discussion and art making based on the clients' readiness for 'flow state'," which refers to a sense of effortless engagement described in the traditional Chinese concept of health as a balance of *qi energy*, and in the Western world as achieved through engaging in tasks that balance focus with a sense of mastery (Csíkszentmihályi, 1997). She went on to say that in general, her clients needed "more time for guidance and verbal discussion and less time on art making during the early stage while maintaining the same group procedures."

Additionally, instead of strictly following a pre-designed art therapy procedure, Taiwanese sojourner art therapists adapted to traditional Chinese clients who needed more time to feel comfortable freely using art to express feelings and thoughts, especially in the unfamiliarity of the therapeutic context. Mei, who conducted a self-awareness art therapy group for adults, stated, "when I noticed the clients' need to share in the group on related topics, in the next session I would even go back to discuss where we had left off from the previous session."

While allowing time to talk about relational problems early on in art therapy, it is still important to be sensitive to the client's state of mind before they leave the room and return home from therapy. One must be especially sensitive to the fact that the traditional Chinese client may find the transition difficult after speaking about personal problems and family issues for the very first time to someone who outside of family (Hwang, 2006). Therefore, as part of orienting a

traditional Chinese client to art therapy, Taiwanese sojourner art therapists also developed skillful strategies that gently invited clients to create a simple and small art project as a closure for the session and without further verbal discussion, which helped to decrease their feelings of shame and embarrassment. Mei gave an example of making a small mandala drawing at every end of session as the art therapy group's closing ritual. She stated, "especially working with this kind of heavy, low energy group, making a mandala as a closure activity can help everyone feel safe and grounded again."

Taiwanese sojourner art therapists also noticed that female clients in particular, who seek the individual therapy to deal with traditional Chinese family issues, often show a great need to freely talk about all kinds of interpersonal issues between their family and extended families. Ling provided an example of how she used a piece of clay to serve the purpose of increasing self-contained emotional regulation when her client seemed flooded emotionally and could not stop talking about her family conflicts early on in art therapy sessions. Ling explained this process:

> I could sense her intense anxiety and increasing pace of speech. In order to help her to stay in control, I gave her a small piece of clay that she could simply hold, knead, punch, or throw while she was talking. At the last five minutes of session, I invited her to stop talking and turned this clay into any shape. Even though it was just a short and small art exercise, she was able to calm down before she left the therapy room.

Similarly, a common purpose for seeking therapy among traditional Chinese women is a loss of ability to maintain harmony and integrity of their family (Chen, 2009). Through teaching them simple and repetitive movements in art making without any attempt to actively explore emotions, they can gain a sense of control and confidence before returning home from therapy.

The Taiwanese sojourner art therapists saw the purpose of making art as a closure process during the early stage of art therapy as helping a traditional Chinese client to feel grounded and sense of control, and not for exploring any deeper meaning of the images they created. Ling further stressed the importance of assessing which art materials would be most effective as a closure activity to nurture therapeutic resonance in future art making processes. She stated, "using ceramic clay instead of air-dry clay can get close to her [the client] somatic condition. Simply kneading clay can speak much for her physical and emotional condition even without making any concrete figures."

Domain 2: Foster a Positive Engagement With Art Making

Whereas the practice principles in first domain, of orienting clients to art therapy, demonstrated the Taiwanese sojourner art therapists' therapeutic engagement during initial contact with clients, the second domain focuses specifically on how they fostered effective engagement through the art making process. Under this domain, Taiwanese sojourner art therapists encountered cultural challenges when they first provided art materials to a traditional Chinese client. They found that they had based their understanding of the client's behaviors on their Western-trained art therapy expectations without taking the Chinese relational-orientation context into consideration. Wei-Wei, who conducted an art therapy group at a senior day-care center, observed collectivist social-psychological characteristics among all the group members in their response to the invitation to make art. Wei-Wei described,

> After I gave the art materials and directive, a majority of the elders were only sitting and watching each other without touching any art material, and then telling me that they had low vision and limited physical function. After a few sessions, I found those clients who made such excuses actually had higher motor functions in the group.

When a new experience is introduced to a traditional Chinese client, the Taiwanese sojourner art therapists experience an acute push-pull tension between themselves and their clients. A high level of unspoken anxiety arises because a traditional Chinese client may fear misbehavior or failure to complete the tasks expected of them from their art therapist. Especially in the group setting, such clients tend to hold others' opinions in high esteem, as this behavior allows them to avoid criticism and to maintain social status and reputation. Wei-Wei noted that one older client told her that she was an educated person who had had a highly respectable career. "When most of the clients started to try out these materials, [this client] tried very carefully but got frustrated easily. She even tried to persuade other members not to join my group activities; some obedient clients followed her orders."

In addition, a traditional Chinese client who has little or no experience with art might fear that his or her self-presentation will not meet social norms and standards. Yi-Jun, who also worked in the group setting, indicated that many of her clients showed a great hesitation when presented with a free drawing activity and would wait and look to one another to imitate their use of materials, applications of techniques, and graphic forms. Yi-Jun explained that, "especially for those clients who had just joined the group, they very much worried about whether their artworks were not good or realistic enough. They watched the others' process carefully before moving one step forward."

In this domain, five themes pointed to the importance of working alongside a traditional Chinese client's belief and values, which can bridge a client's unfamiliarity toward art therapy and increase treatment adherence. These themes were: (a) understanding how cultural conceptions of art and clients' past experiences influence art therapy, (b) increasing familiarity

with the use of art, (c) balancing the level of control in choice of art materials, (d) interrupting the single conception of aesthetics, and (e) loosening the hierarchical structure.

Understanding how cultural conceptions of art materials and clients' past experiences influence art therapy. Although the Taiwanese sojourner art therapists may have taken a while to make their contextual adjustments to traditional Chinese culture, they reported that gradually they began to understand how various sociocultural dynamics can influence the process of therapeutic engagement, such as the client's level of education and economic status. For example, Wei-Wei poignantly described her experience of the first project she facilitated with her art therapy group in which she offered them craft materials. She stated, "One of the members was mad at me. She came to me and asked me, 'how can I give her these kinds of things? They are for the kids!'" Thereafter, Wei-Wei started to understand how a person's achieved level of education contextualizes a traditional Chinese client's conceptions of art making. She explained:

> They are afraid of using painting and drawing related tools because only the people who have a chance to go to school can learn how to use art. However, most of my clients in this group were uneducated or only having a low level of education. Although some of them were able to go to school, they had to help with farm work after school. It was wasting time to do art, not to mention that it was a waste of money to buy such [art materials].

As another example, Wei-Wei described an important shift in group coherence during an art therapy process of folding paper into airplanes. She observed that clients who "were sitting in their wheelchairs all day were willing to stand up and follow their airplane." From her genuine and empathetic understanding of her clients' past experiences, Wei-Wei came to the realization

that selecting culturally-appropriate art materials not only could help her clients overcome their fear of art making but also compensated for their lack of experience. Wei-Wei remarked that the paper airplanes were an especially memorable example of this because Origami was deeply appreciated by her clients. She explained,

> Stopping by the bookstore on the way home to browse the Origami books was one of her [client's] favorite things to do when she was a child. However, she never had a chance to learn [the process] until she learned it in my group, and this was the first time in her life that she realized that making a paper airplane was so simple and happy.

Moreover, the art therapists found that a greater degree of trust developed in the on-going therapeutic process when they understood their traditional Chinese clients' past experiences in the early stage of art making engagement.

Increasing familiarity with art making. In order to increase a traditional Chinese client's sense of control and confidence in art making, Taiwanese sojourner art therapists intentionally integrated their understanding of clients' current situations and past experiences into art therapy interventions. The art therapists highlighted the importance of increasing familiarity with art-making themes and the use of art materials to foster a positive engagement in the art making process.

As a core therapeutic principle of fostering a positive experience in art making, the Taiwanese art therapists adapted how they used art materials in their sojourner training to those that a traditional Chinese client would be familiar with. Wei-Wei described her amazement when, unlike in previous group sessions, she observed her client's positive engagement with ceramic clay without having given any demonstration or instruction of the process. She explained that the clients had grown up around many clay factories, and said:

As former factory workers or farmers, they were very familiar with clay. Interestingly, compared to the previous sessions that lacked engagement, this time, all the men made different kinds of animals and all the women were so happy making clay 'dumplings,' just like they used to in cooking together in kitchen.

By actively attempting to enter a traditional Chinese client's environmental and historical context, the use of familiar art materials and objects can have a positive impact on their self-confidence and self-autonomy, and can give profound meaning to past experiences.

In traditional Chinese culture, people are taught early on how to act properly with one another in ways that distinguish what is socially appropriate in family and non-family situations. "They learn that what they say or do is one thing, and what they think or feel is another" (Yang, 1995, p. 37). For instance, Taiwanese sojourner art therapists often observed that their traditional female clients had a strong tendency to live up to familial-oriented cultural expectations, which include acting as a virtuous person to maintain family harmony and solidary, conformity, self-suppression, and in-group loyalty that protect their families (Yang, 1995). In the clinical context, Chinese traditional clients who have been taught to suppress their thoughts in certain social environments may experience strong feelings of anxiety and inner conflict when asked to share their own thoughts, let alone make art, in art therapy. Yi-Jun shared her deep understanding of her older female client's hesitation on allowing her own thoughts to be revealed in the art making process. She noticed that the client was very fearful of making a wrong decision, such as picking the wrong colors or images, "because being a daughter-in-law and a wife had taken up most of her time at home [so] she was used to living by others' expectations and repressed her own thoughts."

A traditional homemaker in the contemporary Chinese society has less opportunity to be exposed to modernity and the influences of individual-oriented Western culture. Fong, who also worked with an older woman homemaker with symptoms of anxiety and severe insomnia, expressed her awareness of her client's unfamiliarity with using art to express feelings and thoughts. Fong stated that the woman "couldn't express what was wrong with her" because the environment that she lived in "did not encourage her to know herself but to consider the 'whole picture.' It's too difficult to just ask her to express her inner feelings." Therefore, instead of giving her client a typical Western art therapy directive to make spontaneous art or to "create an artwork to express your feelings," Taiwanese sojourner art therapists stressed the importance of proactively engaging in a traditional Chinese client's context before giving any directive on what to create. For example, Fong explained that she would first try to understand her client's problems from her family context and then invite her to create. She trusted that "the themes of artwork would emerge simultaneously based on [her client's] real-life situations. This process was not like a 'declaration' that a therapist told a client what to create."

In addition, because art therapy is a relatively new profession in Taiwan, it is very common for the art therapists to have opportunities to introduce art therapy to various clinical and non-clinical facilities and to provide both long-term and short-term services at multiple sites. Within the organizational culture of Taiwan, many agencies and organizations requested the Taiwanese sojourner art therapists in this study to submit detailed group themes and procedure plans before running the art therapy group. Ting-Ting, who conducted an art therapy group with disadvantaged older adults at community recreational center, pointed out the importance of being flexible when designing themes for art making. She stated,

I don't usually design all the art therapy group activities and topics in advance. Over time, the longer I worked with them [the clients], the more I would know about them. I would come out with a more suitable topic and activities before each session.

Taiwanese sojourner art therapists also emphasized the essential role of a warm up in order to increase a traditional Chinese client's confidence and familiarity in art making. During an early stage of engagement in art making, Ting-Ting discovered that one of the reasons her clients with disabilities and complex health-care issues responded so poorly to her art directives was not only due to having no experience with art but also that they lost opportunities for social engagement after they were ill. To avoid the appearance of being weak and thus cause people to respect them less, most of her clients hardly went outside their homes and therefore suffered from depressive mood and low self-esteem. In order to increase their energy in the group, Ting-Ting focused on using art to improve eye-hand coordination, which was an effective strategy for engaging in art making. Ting-Ting explained that, in a session that was two hours long, she would spend half an hour on warm-up activities to evoke the clients' sensations and motor activities and another half hour on the main project. For example, she started them with different sets of hand exercises before giving them paint brushes. Instead of jumping right into the main art project, which might have been appropriate in the Western context of their training, the Taiwanese sojourner art therapists all emphasized the importance of taking a longer period of time to warm up in order meet a traditional Chinese client's need for maintaining dignity within a social environment.

In addition, in order to meet a traditional Chinese client's treatment preferences for a goal-oriented and cost-effective approach, Taiwanese sojourner art therapists cautioned that a balance is needed. Specifically, one should increase familiarity and comfort through repeated

experiences with art materials while gradually introducing new materials based on clients'
readiness to explore new experiences. This strategy can keep their motivation and excitement
going through the entire therapeutic process. Yi-Jun described how art materials could be used as
an effective way of keeping a balance in her clients' states of mind. She explained,

> The advantages of choosing art materials on the basis of clients' past experiences can speed
> up the process of engagement. But [one must be] aware of the clients' energy level to
> ensure a proper balance, so that not only they won't feel bored but also they will feel worthy
> of coming to therapy. When I felt they were ready for new materials, I brought one or two
> new art materials as a warm-up activity before using it for the main artwork.

Keeping a balance with the levels of art materials control. As mentioned before, under
the influence of Chinese social orientation, traditional Chinese people have a strong tendency not
only to avoid loss of face but also seek positive achievement based on social evaluation of their
performance within the social context (Hwang, 2006). For example, Wei-Wei said that
"especially for those clients who were the main caretaker and spiritual pillar in their households,
they showed low tolerance for loss of control over the activities that were assigned to them."
Taiwanese sojourner art therapists noticed that a traditional Chinese client tended to prefer
having a complete artwork at the end of each session, especially during the early stage of art
therapy. Wei-Wei explained that after a few sessions of working with a liquid medium, such as
water colors, ice cube painting, or dropper painting, she "could sense an atmosphere of lower
energy among us. Because using this type of materials requires less need for control, they didn't
think they had produced a finished product." Hence, when selecting an appropriate art material,
it is a matter of meeting the client's sociocultural aesthetical conception of producing a "nice and
complete" art work.

Taiwanese sojourner art therapists found that they needed to adapt art therapy with a step-by-step approach that would reduce social chaos and increase confidence and safety. Wei-Wei explained that "simple and easy-to-follow demonstrations" increased her traditional clients' motivation and voluntary consent. In a structured art activity, such as creating a picture using adhesive stickers, she found that those members who lacked participatory engagement at first were all willing to try and follow her lead. "I think the most important thing for them is art making can be so easy and come with a great sense of completion and accomplishment," she said.

Ting-Ting gave a specific example of a step-by-step, structured procedure that she had adapted based on required techniques that would be needed to create the final artwork. She explained that before her older clients would be asked to draw a person on their own, she would help them to practice "first recognizing the different facial features, then putting pre-cut images of facial features together, and the final step drawing a self-portrait with a mirror." Additionally, to ensure a traditional Chinese client's satisfaction with the outcome of their artwork, the art therapists stressed the importance of reducing ambiguity and confusion by demonstrating, as Ting-Ting stated, with "a big movement and a concrete object to explain the procedures in order to help them to understand," noting that "it has to be simple and concise." Therefore, fostering a sense of control and accomplishment to serve the needs of the client's psychological habits is especially important during the initial art therapy engagement process.

Especially in the group setting, Taiwanese sojourner art therapists often noticed that their traditional Chinese clients usually had a strong need to seek conformity in order to eliminate an anxiety of being criticized by the art therapist and others in the group who had more social status or power. Wei-Wei described, "they all wanted to make the same one as my original sample, and

then they were willing to make the different one in the second round." Under the influence of Chinese social hierarchy structure, traditional Chinese people show a tendency to defer to those in powerful positions (Lin, 2002). Therefore, the Taiwanese sojourner art therapists were alert to how their design of appropriate art therapy activities could support a traditional cultural value of conformity to maintain relational harmony and stability within a social environment. For example, Ting-Ting stressed that for her, the essential therapeutic rationale for her art therapy group was, "I want them to feel 'I am able to, I can', so that they can be part of social community."

On the other hand, while mindful of the collectivist cultural tendency to avoid behavior that differentiated individuals from the majority in the group, Taiwanese sojourner art therapists also found ways to design art activities to allow individual expression. Ting-Ting explained that especially for group members who had better visual and motor functions, it was helpful to have a space for their own creative expression in response to a communal art project. "When they gained positive feedback from others," she said, "they started to feel good about their artworks which were unique and different." To illustrate this therapeutic principle, Ting-Ting stated,

> I provided various pre-cut images of animals for those who don't want to draw on their own. I encouraged [the clients] to have their own opinions on where they wanted to place images on the piece of paper, and then simply colored the sun and grass. At the end of session, everyone could finish complete landscape project based on their abilities.

Thus, instead of holding a single-minded focus that encouraged purely individualistic expressions, autonomy, and self-actualization in the art making process, as the sojourner art therapists had been taught in their Western training, they found it important to be mindful of the

collectivistic orientation in which traditional Chinese clients view themselves as interdependent with their social groups (Markus & Kitayama, 1991).

Interrupting the single conception of aesthetics. Whereas the previous theme focused on the art therapists' adaptations to bridge their clients' unfamiliarity with art therapy, a related theme that emerged from the data analysis had to do with shifting the client's cultural aesthetic judgments. During art therapy, the Taiwanese sojourner art therapists were frequently asked by clients to offer demonstrations, to provide opinions on how to proceed or what to make, and to give their clients permission to create. In the face of this common cultural phenomenon, which had to do with acute sensitivity toward another's opinions (Yang, 1995), Taiwanese sojourner art therapists adapted by taking the initiative to provide easy and playful demonstrations in order to encourage their traditional Chinese client to explore new ways of art making. Wei-Wei stated, "drawing playful, energetic scribbles as a demonstration not only decreases the fear of making art but also prevents my clients from completely copying" whatever artistic example she offered. Importantly, while the Taiwanese sojourner art therapists valued "spontaneous energy" from their clients, in keeping with their Western training, holding such a value does not mean that they did not provide any demonstration or guidance. Fong pointed out the importance of creating an atmosphere that nurtures the client's creativity and energy for art making. She explained,

> I care about clients' inner motivation of art making. They must create things that come from their own selves, even though we come up with a topic together. When clients asked me to demonstrate, I usually drew some random scribbles on another piece of paper. Interestingly, I complied with their requests, but it was not a 'real' demonstration. It was an atmosphere of creation.

The art therapists in the study often experienced their traditional Chinese clients as holding a singular conception of what was "aesthetic" and used it to judge whether someone's painting was sufficiently technically skilled and realistic. This judgement tended to disrupt the flow or coherence of the art making process that the art therapists had been trained to value. For example, Yi-Jun, who conducted an art therapy self-discovery group for adults, stated that as the clients gained more confidence with art making, they "wished to have better skills in order to depict what they had in their mind." However, "this rational and self-judgmental thought also blocked their motivation to engage in art making."

The art therapists found that they had to develop playful art activities as a way to loosen up their traditional Chinese client's single conception of aesthetics. Yi-Jun provided a specific example of this alternative, stating,

> I designed many warm-up activities to help the clients gain artistic skills as well as to break up their preconceived thoughts on making a realistic enough artwork. For example, I taught them how to depict an object in the room without looking at the paper or to use their non-dominant hand to draw. Because they couldn't control the process, they would no longer care if the artwork was realistic or not. Through this exercise, they were a bit surprised and appreciated [the difference in] their artwork.

From many years of clinical practice and making cultural adaptations, the Taiwanese sojourner art therapists in the study clearly had developed a diverse set of practice skills that helped their clients withhold aesthetic judgments, reduce intellectualization, and increase their level of comfort with spontaneous expression.

Loosening the hierarchical structure. Taiwanese sojourner art therapists noticed that, during the art making process, a traditional Chinese client often has a low level of comfort in the

presence of the art therapist, especially early on in art therapy. Yi-Jun described that at first all her clients "wanted to make art in the corners [of the room] and didn't want too much attention from me or to be named by me during group sharing." Therefore, the art therapists needed new practice skills for loosening the hierarchical social structure in order to decrease the anxiety and stress of being observed in the presence of group members and an art therapist who had higher social status or authority. One strategy, deployed to help traditional Chinese clients feel more relaxed in the group setting, was to direct group members to work in pairs or small groups. When a new member joined the group, Yi-Jun said that her warm-up activities always involved working in a pair; that way, "current members could lead the new member to break down the fear of art making and to feel comfortable in the group."

To interrupt the formality of traditional Chinese social interactions, the art therapists also found that pair and group work was effective in facilitating or creating opportunities for their clients to interact with each other in a more equal manner. Once the clients' preconceived expectations of a hierarchical or vertical relationship with the art therapist had shifted to a more horizontal relationship, they could feel less anxious about making art in the presence of an art therapist. As Yi-Jun stated, "after a while, they became more open and were eager to be seen by the group."

Taiwanese sojourner art therapists also found that making art alongside traditional Chinese clients can decrease collective anxiety in the group settings. Yi-Jun described her strategy of taking a piece of paper and moving to a corner of the room to draw. She did not do this to engage in her own creative process, but rather wanted the group members to feel that she was a part of their group and to lower the stress of being watched by her. Within any on-going therapeutic progress, the art therapists stressed the importance of being sensitive, flexible, and

responsive to the different kinds of role relationships that a traditional Chinese client brings to art therapy. Making art alongside with clients in the sessions is one of the practice skills that Taiwanese sojourner art therapists brought from their Western training to use as a means of moving away from their cultural role of superior and authority in order to loosen the existing hierarchical structure in which they worked.

Domain 3. Improving Psychological Homeostasis as an Art Therapy Intervention

Data analysis revealed a third domain of practice adaptations for traditional Chinese clients that focused primarily on improving the balance between their clients' personal interests and relational coherence. Taiwanese sojourner art therapists found that a primary motivation for many traditional Chinese clients to seek mental health services is to relieve their inability to manage the balance between fulfilling personal needs and their collective goals and obligations. For example, Fong described how her client "wanted to take care of both her husband and her son, but she couldn't fulfill her roles as wife and mother at the same time because of her limited energy and physical condition." This dilemma caused her client to panic and feel helpless. However, Fong went on to explain, the client "was not able to make this connection, neither did she know what could possibly cause her insomnia," which was a symptom of her anxiety. Losing the balance between societal-cultural and individual psychological needs may lead to a disturbance of psychosocial homeostasis (Chen, 2009; Yang, 2002), which Hsu (1985) defined as a

> framework within which every human individual seeks to maintain a satisfactory level of psychic and interpersonal equilibrium . . . in the same sense that every physical organism tends to maintain a uniform and beneficial physiological stability within and between its parts. (pp. 33–34)

In group settings psychosocial homeostasis makes it particularly challenging for Taiwanese sojourner art therapists to intervene with or interrupt the cultural norm of superficial or formalistic social interactions, which are prevalent particularly during the early stages of art therapy. Wei-Wei described how her older clients chose to sit with other group members who had certain homogeneous qualities in common, such as prior occupation, economic and education level, physical functioning, and health conditions. They would not communicate or interact with other group members who didn't sit at the same table. Her example illustrates the particular characteristics of social hierarchy in traditional Chinese society: Not only do traditional Chinese people define themselves by characteristics that comprise their reputation in a social group, they also act strictly in accordance with their social status (Yang, 1995). As noted earlier, traditional Chinese people's social behaviors can be understood by the social norms that govern them (Bond, 1996; Hwang, 2001). Being a virtuous person in traditional Chinese society means rarely sharing emotions in public, particularly negative ones, because doing so is considered as shameful to self and family and disrupting of group harmony (Bond, 1993; Luo, 1996; Wu, 1996). Wei-Wei affirmed this point, observing that her clients never shared negative things; "only the things that made them proud appeared in their collages." One group member "always shared things about his father and sister instead of himself, because these two family members [had earned a higher level of] education than others in the group." Thus, Taiwanese sojourner art therapists needed to culturally adapt their art therapy interventions to decrease both interpersonal and intrapersonal conflicts while also foster genuine interpersonal relationships within their traditional Chinese client's social environment.

Uncovering the client's culture as a strength. To assist traditional Chinese clients in coping with individual psychological adjustment within their collectivist social context, the art

therapists in this study highlighted an important principle of helping their clients acknowledge their own strengths in performing role responsibilities according to their past experiences. For example, Shu-Chi identified a process of identifying her client's culture as a strength that gave her emotional support during art therapy. She stated, "After [the client] talked about the positive experiences [she had] with her daughter, she was able to return to a better emotional state. Being a good mother was how she was able to keep surviving in times of suffering."

In addition, the art therapists pointed out that building the client's cultural strength and resilience is a therapeutic intervention that should come before exploring their emotions. For instance, Ling, who worked with an older divorced woman with a history of domestic violence, reached this realization after a period of questioning the incompatibility she felt between her psychoanalytically-oriented art therapy training and her art therapy practice in Taiwan. Ling recalled how she had directed her client to use art for emotional self-exploration in response to her client's high anxiety about being abandoned by her children and family of origin after her divorce from an abusive spouse. Ling stated, "I always felt something was missing." After considering her client's difficulties from the perspective of a person within the Chinese sociocultural context, Ling realized that "it was terrifying [for her client] to constantly experience a great loss as a result of failure to fulfill her role obligations which she had identified as the purpose of her life." Ling pointed out how important it was to value the efforts made by her client to fulfill her role responsibilities and obligations. She stated, "An essential first step towards the recovery is to help my client to find her strengths—even the strengths that were built for performing her role as a traditional Chinese woman."

Maintaining client's dignity. Taiwanese art therapists in the study had developed practice skills to address traditional Chinese clients' needs to process difficult thoughts and

emotions while still maintaining their dignity. Aware that the public expression of negative feelings could be incompatible with how Chinese people traditionally cope with emotional difficulties, there were two therapeutic principles in this cultural adaptation of their sojourner training: (a) the need to allow sufficient time to process and express negative feelings, and (b) the effectiveness of speaking in metaphor when exploring meanings in artwork.

As one example of the first principle, Sun-Chi acknowledged she had not been sensitive enough, when she first returned to Taiwan to practice, to sense her client's fear of expressing uncomfortable feelings in art making. Her statement, "I thought that using art making, such as tearing papers, scribbling, destroying the artwork, to express the uncomfortable feelings was a safe way" to do art therapy, which reflects her Western assumptions from training. However, now after her many years' experiences of working with the population of domestic violence in Taiwan, she said she realized that many of her clients "were afraid of losing control over emotions before returning home" from therapy sessions.

As mentioned previously, the suppression of individual emotional reactions and feelings is encouraged for achieving harmonious relationships in traditional Chinese society (Bond & Hwang, 1986; Lin, 1981). Therefore, instead of pushing emotional catharsis as their Western training might have recommended, Taiwanese sojourner art therapists pointed to the importance of assessing for the client's readiness to express personal feelings of discontent publicly. Sun-Chi offered the following example:

Instead of encouraging [my client] to express uncomfortable feelings through image making, I invited her to choose her own ways to cope with these repressed memories and feelings. She decided to do the deep relaxation exercises that I had taught her before. At that

point, I knew that she really needed more time in order to be able to let go of those negative

feelings.

     To engage in processing unspoken family matters while maintaining the clients' dignity

in the group setting, the second therapeutic principle the art therapists deployed highlights the

important role of metaphor when discussing artwork. A subtle example of metaphoric

communication that supports client dignity was offered by Yi-Jun, who described her experience

with the only male in her art therapy group. She had observed that his emotion was restricted and

repressed and reasoned that, being an oldest male member in both the group and in his social life,

he felt the need "to maintain his 'face' and to be a responsible and positive role model" as an

important gendered component of psychological equilibrium in his social relations. Yi-Jun knew

that she could not push him to speak more about himself and sought instead to acknowledge to

him her tacit understanding rather than make any public statement. Therefore, she chose to

facilitate the conversation through the use of visual metaphor. She stated,

> One time, he drew a big tree and a bird that was kept in cage. He simply told me that this
>
> image represented his relationships with his mother. Our conversations were around the
>
> possible breakthrough through the visual aspect, such as 'what if this bird flies away?'
>
> Although we didn't bring the discussion further, this was the first time he mentioned his
>
> personal information instead of techniques or art forms that he used in the artworks.

Thus, having a contextual understanding of how the traditional Chinese social orientation

influences such individual art expressions and group dynamics, the art therapists acknowledged

the importance of holding a non-judgmental space and indirect, metaphoric communication to

help their traditional clients gradually connect with their own emotions.

Reducing personal and relational tension. As the core therapeutic process in this domain, in order to increase a traditional Chinese client's abilities to make interpersonal adaptations in therapy, Taiwanese sojourner art therapists adapted their practice skills to help their clients recognize both individual and collective goals, to clarify interpersonal boundaries, and to get in touch with relational distress. Two subthemes that emerged from the data were (a) facilitating the use of art as a reflection of conflict between personal need and social expectation and (b) being presented with feeling of loss and grief.

With respect to conflicts that may arise between personal needs and societal expectations, the art therapists highlighted their knowledge of how the reflective dimension of art therapy can be leveraged. For example, Ling described the case of an older-age divorced woman, stating,

> To reach this goal, which took almost a year, she was more able to see that her problems
> were caused by conflict between her realities and her wishes to become a virtuous wife,
> obedient daughter-in-law, and omnipotent mother. Art making provided her with a buffer
> space to think about both her needs and others' expectations from her primary family and
> in-law family.

In this context, instead of pushing a traditional Chinese woman toward the typical Western art therapy goals of gaining independence or taking initiative for self-care, Taiwanese sojourner art therapists pointed out the importance of "holding a safe place" to allow sufficient time for the client to develop her thoughts to be consistent with cultural values and to validate the process of improvement. Shu-Chi, who also worked with a woman with a history of domestic violence, described how, at the final stage of art therapy, her client began to understand the importance of defining her boundaries within her social contexts and her needs of self-care. "Through our work, she gradually developed her boundaries. She could even joke that she didn't

have energy for herself. It was a significant improvement when she realized that she needed a respite."

On the whole, Taiwanese sojourner art therapists understood that the therapeutic concepts of self-actualization and self-containment should be considered within a traditional Chinese client's larger contexts. With years of clinical practice in Taiwan, the art therapists in the study realized that, compared to their first years of their art therapy practice, they had shifted to a client-in-context perspective. Yi-Jun reflected on her two years of experience with her adult art therapy self-discovery group, and stated that the core function of art therapy for her clients is to resolve interpersonal disturbances and to develop harmonious relationships. She explained,

> In the beginning, the clients brought their problems with interpersonal relationships to the group. Once they learned how to take care of themselves, the tensions in their interpersonal conflict were loosened. When they didn't feel that they were constantly repressed and having to make sacrifices, the new balance was reached in their relationships.

After having built a sufficient therapeutic alliance, the art therapists felt that being presented with a client's deep feelings of loss and grief stemming from interpersonal conflicts is a dynamic that can have a profound impact on helping a traditional client reduce personal and relational tension. For example, Ling recalled how she had helped a traditional Chinese divorced woman process a deep sense of loss that resulted from her failure to meet her traditional role expectations after her divorce:

> Unlike her previous emotions of fear and anger, toward the end of therapy, she [the client] was allowing herself to be vulnerable in order to process a deep sense of loss that she had let her parents and children down. During the process, her tears kept dropping. I just sat in silence with her loss and waited for her until she was ready to verbally process her feelings.

A related point is the importance of recognizing clients' unspoken feelings about personal history that led to not having been taken care of properly. Mei, who conducted the self-awareness art therapy group for with adults who witnessed domestic violence in childhood, expressed her deep understanding about her clients' feelings as yet unspoken. She explained that after these clients grew up, they often felt a sense of abandonment. "As an adult in this society, they were expected to deal with their past experiences on their own," she said, "however, they couldn't. This group was able to acknowledge their feelings of loss by providing opportunities to work together on their interpersonal issues."

Re-building the client's genuine interpersonal harmonious state. Taiwanese sojourner art therapists highlighted the importance of helping a traditional Chinese client develop genuine harmonious relationships. This required, firstly, an intervention that fosters universality and self-acceptance, and secondly, a strengthening of empathy and mutual collaboration. To the first point, it was very common for Taiwanese sojourner art therapists to be challenged by their clients' need to get more comfortable sharing in the group or session. Mei observed that her clients would not disclose very much on their own initiative or would only do so after being an observer of others' sharing for the several sessions. To meet this challenge, the art therapists worked intentionally and purposefully toward fostering universality as an art therapy norm. For example, Mei designed various art activities to help her clients recognize their shared experiences, such as "inviting each member to draw their 'lifeline' all together in a big piece of paper." By the middle and final stages of group, she said, "every group member found some common characteristics among each other; this universality was able to contain the everyone's inner experiences."

Taiwanese sojourner art therapists drew from their Western training to utilize the unique nature of visualization and non-verbal communication in art therapy toward this goal of fostering universality and self-acceptance in group settings. Yi-Jun provided an example from her adult art therapy self-discovery group that she felt had increased self-acceptance as a part of the self that is not encouraged by social expectations:

> When reviewing the art works that had been created together by the group, it was obvious that all the dark sides of us were contained in these artworks. I placed emphasis on universality before helping them to see the part of self that was not encouraged by the social values. When everyone had learned how to accept everyone's common dark side first, so it was with each individual in the group.

Similarly, the art therapists realized that the goal of their traditional Chinese clients' genuine harmonious relationships could be strengthened through mutual collaboration and increased empathy. Ling described her process of adapting her sojourner training as she became more aware of the cultural importance of encouraging her client to help others as effective to her own recovery. After a few months of therapy with the client, Ling started to realize that her client's resilience "was coming from caring and helping others in accordance with the social roles defined for her." Ling shifted her emphasis to one of empowering her client to identify her strengths and to take action in her daily life, which she saw could help prevent her client "from falling into hopelessness resulting from the failure to fulfill her traditional role obligations after her divorce." Thus, to help traditional Chinese clients re-connect with their environment, their art therapists determined to help them find their strengths and develop the interpersonal skills required by the client's context.

In the group settings, Taiwanese sojourner art therapists pointed out that it is more effective and easier to promote mutual collaboration and empathy as an art therapy principle. They had developed many activities to help their clients gain positive reinforcement from helping each other in art making process. Wei-Wei, for example, described her senior clients' social functioning as significantly enhanced through this strategy: "In the process of making Origami, they started to help each other, regardless of their statues and different languages, health conditions, gender; they all sat together and helped each other." In fact, upon reflecting on the art therapy group process from over the past of two years, Wei-Wei was amazed by the positive interpersonal relationships her senior clients had been developed. She remarked that, "early in the group formation, they tended to complain about some insignificant family matter," whereas "now, they were more willing to communicate with each other in a way of everyone's sincerely engagement."

Table 4.
A Display of the Three Domains, Themes, Sub-themes, and Exemplary Quotes

Therapeutic Principles/Skills	Evidence (excerpt quotes)
1. Responding clients' initial treatment expectations	
1a. Reaffirming positive reinforcement of the treatment goal as congruent with clients' expectations	"I emphasize the treatment goal is to find ways to take care of herself, so that she can go back home to take care of her children and families again." (Ling)
1b. Orienting clients to the purposes of art making	"I usually placed postcards on our side, so I can use it to introduce my client as a new way of thinking through their difficulties by using pre-made images or art making." (Shu-Chi)

2. Addressing client–art therapist roles and clarifying expectation	"I won't argue for correction of my title as teacher. However, there are many kinds of teachers. First, I would ask my client what kind of teacher is in her mind, and then share that I am the teacher who will work together and cooperate in exploring the possible solutions." (Fong)
3. Establishing fundamental rules and boundaries	"I tend to stay in a neutral position, so I won't comment on who is right or wrong. When I started to set the rules, their behaviors just stop automatically." (Wei-Wei) "I would encourage them not using an evaluative language, such as good or bad." (Yi-Jun)
4. Establishing a stable art therapy treatment structure	
4a. Being flexible in time management between art making and talking	"Kept the same procedure in every session, which included warm-up activities, main artwork, group discussion, and photo time." (Ting-Ting)
4b. Facilitating art making to bring back clients to the here-and-now	"Especially working with this kind of heavy, low energy group, making a mandala as a closure activity can help everyone feel safe and grounded again." (Mei)
5. Understanding how cultural conceptions of art materials and clients' past experiences have influence in art therapy	"They are afraid of using painting and drawing related tools because only the people who have a chance to go to school can learn how to use art." (Wei-Wei)
6. Increasing familiarity with the use of art	
6a. Providing art materials that clients are familiar with	"As former factory workers or farmers, they were very familiar with clay." (Wei-Wei)
6b. Following client-led themes and being flexible in art-making design themes	"The themes of artwork would emerge simultaneously based on [her client's] real-life situations. This process was not like a 'declaration' that a therapist told a client what to create." (Fong)
6c. Emphasizing the stage of art material warm-up and	

slowly introducing new art materials	"But [one must be] aware of the clients' energy level to ensure a proper balance, so that not only they won't feel bored but also they will feel worthy of coming to therapy." (Yi-Jun)
7. Balancing the level of control in choice of art materials	
7a. Increasing a sense of achievement by giving guidance and demonstrations	"A big movement and a concrete object to explain the procedures in order to help them to understand…it has to be simple and concise." (Ting-Ting)
7b. Providing direct instructions and simultaneously encouraging individualistic expression	"Allowing those members who is having a better visual and motor function to have a space for their own creation." (Ting-Ting)
8. Interrupting the single conception of aesthetics	"I usually drew some random scribbles on another piece of paper. Interestingly, I complied with their requests, but it was not a 'real' demonstration. It was an atmosphere of creation." (Fong)
9. Loosening the hierarchical structure	
9a. Facilitating pair and group activities	"Current members could lead the new member to break down the fear of art making and to feel comfortable in the group." (Yi-Jun)
9b. Making art alongside with clients	"When I was playing a piece of clay. This made her feel safe and equal. Because I won't give a score in her artwork." (Ling)
10. Uncovering the client's culture as a strength	"An essential first step towards the recovery is to help my client to find her strengths—even the strengths were built for performing her role as a traditional Chinese woman." (Ling)

11. Maintaining clients' dignity	
11a. Allowing sufficient time for negative feelings to be expressed	"Instead of encouraging her [client] to express uncomfortable feelings through image making, I invited her to choose her own ways to cope with these repressed memories and feelings." (Shu-Chi)
11b. Speaking in metaphor when exploring meanings in artwork	"It is important to save his face in front of all the women. I won't push him to speak more about himself especially when he was discussing his artwork." (Yi-Jun)
12. Reducing personal and relational tension	
12a. Facilitating the use of art as a reflection of conflict between personal need and social expectation	"Art making provided her with a buffer space to think about both her needs and others' expectations from her primary family and in-law family." (Ling)
12b. Being presented with grief and loss in interpersonal relationships	"During the process, her tears kept dropping. I just sat in silence in her loss and waited for her until she was ready to verbally process her feelings." (Ling)
13. Re-building clients' interpersonal harmonious state	
13a. Fostering universality and self-acceptance	"I placed emphasis on universality before helping them to see the part of self that was not encouraged by the social values. When everyone had learned how to accept everyone's common dark side first, so it was with each individual in the group." (Yi-Jun)
13b. Promoting mutual collaboration and strengthening empathy	"They [the clients] started to help each other, regardless of their statues and different languages, health conditions, gender; they all sat together and helped each other." (Wei-Wei)

Summary

Developing contextual adaptions of art therapy practice that are culturally compatible and congruent with traditional Chinese clients' cultural backgrounds is essential to providing high-quality, culturally-effective art therapy practice. This qualitative case study took place in Taiwan and sought to investigate how the Taiwanese sojourner art therapists were adapting their professional training to respond to the cultural and social realities of their Taiwanese clients. Results indicated that Taiwanese sojourner art therapists experienced incompatibility and insufficiency of their Western-based training and therefore developed adaptations in their practice to address the discrepancies with populations relatively directly affected by traditional Chinese values and belief system. To decolonize their Western-trained theory and practice, Taiwanese sojourner art therapists had to center on and see their clinical concerns from their clients' perspective and their clients' own purpose in seeking treatment.

In response to the research questions, three main principles of contextual adaptions were identified, which related to the processes of: (a) orienting clients to art therapy, (b) fostering positive engagement with art making, and (c) improving psychological homeostasis as an art therapy intervention. However, it should be noted that these principles provide a non-sequential model that can be used to review the progress of the art therapy intervention, rather than serve as fixed phases or specific practical skills. The Taiwanese sojourner art therapists understood that it is necessary to move back and forth across the domains as necessary for the client. In the next chapter I will discuss implications of the findings, the limitations of the project, and recommendations for future study.

CHAPTER 5: DISCUSSION

The present study documented some of the discrepancies between Taiwanese sojourner art therapy training and actual art therapy practice in traditional Chinese cultural contexts. Concrete clinical examples in the current study indicated that the educational programs attended by participant sojourner art therapists placed considerable emphasis on using art as a way of gaining insight, emotional catharsis, and expression of feelings. Some of the participants recognized that their psychodynamically-oriented art therapy approaches had targeted treatment goals that included self-reliance, independence, self-actualization, autonomy, and self-sufficiency, which often contradicted their clients' cultural values and social norms. Cultures with a collectivistic orientation tend to value actions that are in accordance with external expectations or social norms rather than with personal wishes or individual preferences (e.g., Hwang, 2006; Yang, 1995), and this situation contradicted the expectations of the training sojourners received. The findings of the present study revealed that art therapy approaches that emphasized individuation often led to clients' feelings of conflict, aggravated anxiety, and social withdrawal. Moreover, many participants shared that their training placed emphasis on nondirective art therapy approaches and self-disclosure of feelings and emotions. This training mismatched the expectations of agencies in Taiwan that expected these art therapists to authoritatively lead art making processes, which caused a high degree of anxiety and uncertainty among the sojourners.

Therefore, in order to provide culturally responsive practice especially with populations directly affected by traditional Chinese values and belief systems, the present study intended to address the need to decolonize Western-based art therapy theories and practices through a culture-specific perspective. For these reasons this research study examined two questions: (a)

"What are the essential principles of contextual adaptations, art therapy practical skills, and clinical rationales associated with providing art therapy to Taiwanese clients strongly affected by traditional Chinese values based on sojourner art therapists' case studies?" and (b) "How might these principles of contextual adaptations, art therapy practical skills, and clinical rationales be understood and interpreted within the context of Chinese values and belief system, based on insights from existing empirical, conceptual, and clinical findings?"

Reflection and Implications for Culturally Responsive Art Therapy Practice

In response to the research questions, this study generated three main principles of contextual adaptations to address the need for decolonization, which relate to the processes of: (a) orienting clients to art therapy, (b) fostering positive engagement with art making, and (c) improving psychological homeostasis as an art therapy intervention.

Orienting Clients to Art Therapy

Pertaining to the initial art therapy engagement, overall results highlighted an emphasis on building a positive therapeutic relationship and creating a safe atmosphere, with a corresponding adjustment to culture-specific therapist–client interaction, help-seeking attitudes, stress-coping responses, and perceptions and beliefs regarding illness. Results offer concrete examples illustrating how the participants reconstruct their practice in culturally-prescribed therapeutic contexts. The theme of *responding to clients' initial treatment expectations* was emphasized for the benefit of relationship building at this early stage of art therapy practice. Being aware of clients' needs for knowing the purposes of art making to be congruent with clients' therapeutic expectations was clearly revealed in participants' narratives. Ho, Potash, and Wong (2014) documented, while working with teachers after the Wenchuan earthquake in mainland China, that providing psycho-education and teaching direct self-care strategies could

meet Chinese expectations regarding locus of control and self-discipline and serve the purpose of reducing cultural stigma and taboos for trauma survivors.

The theme of *establishing a stable art therapy structure* by structuring the art therapy group based on the phases of a warm-up, enactment, and closure was highlighted by participants working in group settings. This finding echoes previous research findings that therapists should take a lead role in providing the theme for art making rather than a non-directive approach while maintaining certain degrees of flexibility (e.g., Ho, 2005; Kung, 2013). Sezaki's (2012) study indicated that highly structured and systematic therapeutic styles were beneficial for psychiatric adult patients from Japan, who were deeply influenced by Confucian cultural traditions, to increase their social participation, ability to maintain social order, and role expectations in a highly hierarchical social structure.

Moreover, the subthemes of *being flexible in time management between artmaking and talking* and *facilitating art making to return clients to here-and-n*ow emerged across the participants' clinical experiences. These findings support previous research that suggested benefits in allowing time to understand about clients' interpersonal and intergenerational issues before implementing art activities to explore individual issues (e.g., Kung, 2013; Liuh & Chan, 2009). Kung's (2013) study on culturally-sensitive principles for an expressive arts therapy program designed for Taiwanese women with breast cancer suggested structuring the group based on relationship issues during the early stages. This structure was in accordance with Taiwanese women's concept of selfhood and the self in relation to others within their family context. In addition, at this initial contact phase of art therapy engagement, the finding indicated that directing art making served the purposes of self-containment and emotional regulation. The principle of suspending treatment attempts to explore emotions until a trusting relationship is

established further reinforces previous clinical observation that traditionally Chinese clients commonly experience difficulties in public expression of negative feelings (e.g., Lai, 2014; Liuh & Chan, 2009). Potash and Kalmanowitz (2012) observed that directing the therapy to focus on expressing feelings may inhibit therapeutic cohesion.

Fostering Positive Engagement with Art Making

Overall, the findings revealed that without first centering on clients' psychological and social behaviors from their culture-specific context, the participants encountered various degrees of difficulty engaging traditionally Chinese clients in individualistic, spontaneous free expression, especially when using art materials that come with critical cultural reflection on aesthetics, such as pencil and Chinese brush painting. As Potash and Kalmanowitz (2012) observed, the attitudes towards paintings among participants in art therapy training group conducted in Sichuan (mainland China), were different from that of Westerners. When providing Chinese traditional ink, the themes that emerged in their paintings were restricted by traditional Chinese landscapes (Potash & Kalmanowitz, 2012). Fear of losing face, high levels of self-consciousness, and impulse control were common clinical phenomena encountered by arts therapists when providing services to clients strongly affected by Confucian cultural values (e.g., Essame, 2012; Ho, 2005; Lai & Tsai, 2014; Sezaki, 2012).

Rather than completely rely on gaining understanding of clients' behaviors from their Western-trained art therapy expectations, results indicated that the participants highlighted an emphasis on understanding how cultural conceptions of art and clients' past experiences influenced art making and how the Chinese social-orientation influenced art making processes in group settings. Results offer concrete examples illustrating how the participants found accommodations alongside a traditional Chinese client's belief and values and loosened the

hierarchical social structure through managing the various components in the art making process, which included adjustment of art materials, degrees of guidance, collective or individual creation, and so on. Several strategies to be congruent with traditional Chinese values found in the previous research were also confirmed in the results in this study, suggesting that when working with traditionally Chinese clients, arts therapists should not overlook the phase of warm-up to increase clients' comfort in using art materials (Kung, 2013; Lai & Tsai, 2014). Applying an educational, incremental approach by teaching artistic skills and making demonstrations may increase clients' confidence and familiarity with art making (Ho, 2005). The strategies of incorporating arts-based wellness practices, such as meditative brushwork and movement exercises to serve the Chinese pragmatic-oriented, action-based perspective (Chong & Liu, 2002) and Chinese holistic concept of health, were also highlighted in previous research (Ho, 2005; Ho, Potash, & Wong, 2014; Lai, 2015; Richardson, Gollub, & Chunhong, 2012).

In addition, several strategies to resolve stagnating atmosphere and to loosen formalistic social behaviors found in previous research were also corroborated in the results of this study (e.g., Essame, 2012; Lai & Tsai, 2014; Potash & Kalmanowitz, 2012). Lai and Tsai (2014) noted that the use of subgrouping could reduce clients' fear of losing face in front of the therapist and group members. This finding also reinforces the previous assertion, suggesting that when working with traditionally Chinese clients, the development of an ice-breaker skill set for breaking down the hierarchal dynamic was necessary (Essame, 2012; Lai & Tsai, 2014).

Improving Psychological Homeostasis as an Art Therapy Intervention

Beyond the technical adjustments, the results of this study revealed that the participants had to make cultural adaptations of their Western art therapy training to be congruent with complexities of their clients' social realities at philosophical and theoretical levels. Results

indicated that many participants made a conceptual shift in their treatment goals from self-contained individualism to growth through genuine connection with others. The results of this study offered several examples of successful use of art therapy interventions to improve the balance between clients' personal interests and relational coherence. The strategy of uncovering cultural strength before exploring deeper issues, as found in previous research, was also present in the results of this study (e.g., Kung, 2013; Lai, 2011; Lai & Tsai, 2014), suggesting that emphasizing clients' inner strengths could increase interpersonal acceptance and encourage self-empowerment. In Lai's (2011) study on developing a culture-sensitive, expressive art-based model for abused mothers and their children in Taiwan, she concluded that recognizing and appreciating clients' personal strengths in performing traditional familial and social roles might help to ground clients' personal values within their sociocultural environments and provide inner resources for on-going therapeutic processing of trauma and to facilitate recovery.

A number of concrete examples were highlighted that exemplified the use of art therapy as face-saving interventions in the present study. These findings support previous research findings that the unique non-verbal characteristics of creative process and metaphoric communication not only help traditionally Chinese clients to process difficult emotions but also minimize the risk of losing face (e.g., Essame, 2012; Kung, 2013; Lai, 2011). For example, Lai (2011) noted that after group cohesion was established, visual imagery could externalize traditionally Chinese clients' unspoken experiences and shameful feelings and facilitate universality among emerging common themes. Because of similar coping patterns and increased receptiveness and confidence in art making, these cross-culture commonalities in art therapy practice are highly congruent with the indirect manner of communication of traditionally Chinese clients in a high-context culture.

The results of the present study offer several concrete examples, illustrating that art therapy practices can expand beyond treatment of traditionally-defined mental health diagnoses and categories. The effective use of art therapy interventions was capitalized for the benefit of strengthening group cohesion and universality. These approaches find support in previous research that suggest art therapy promotes mutual support, such as giving beneficial feedback and concrete solutions among group members (e.g., Kung, 2013; Lai, 2011; Liuh & Chan, 2009). As Liuh's and Chan's (2009) study of an expressive arts and writing group for abused women in Taiwan concluded, the working stage of establishing sisterhood and rebuilding a support system after divorce helped to transition clients to find support to improve their interpersonal relationships and inclusion in social communities.

Balancing Between Individualistic and Collectivistic Orientations

Clinical situations and concerns require critical reflection to decolonize the influence of the European-American mindset in the art therapy through a process of continuously gaining cultural insight and engaging in self-reflection. In order to resolve theory-approach-context discrepancies in art therapy practice in non-Western cultural contexts, the present study suggests that the art therapist may be urged to adapt an interpersonal stance in relation to aspects of the dynamism of culture that are centered on the client's society. An overall finding of this study points to the fundamental importance of making contextual adaptations along multidimensional lines between Chinese traditionality and Western modernity. This requires the art therapist to proactively take their Chinese clients' interpersonal and intergenerational relationships into clinical consideration, especially when assessing clients' presenting issues. It is noteworthy that Taiwanese sojourner art therapists made efforts to integrate *both* individualistic *and* collectivistic orientations into their therapeutic goals. They maintained inclusiveness and flexibility in the use

of theories, approaches, and art to serve the different levels of client needs while adjusting their practices within and between these two poles throughout the therapeutic process, so that clients' therapeutic growth would better fit into their cultural environment.

A number of examples were highlighted that exemplified directing art making to serve the purposes of emotional regulation, self-contemplation, promoting social harmony, and mutual cooperation in the present study. Such findings support previous assertions in Huss's (2009a) ecological framework that the role of art should not be limited to personal expression and emotional exploration but also should reflect clients' societal and cultural needs especially when practicing art therapy in collectivistic cultural contexts.

As such, under the influence of a culturally-prescribed power differential in the client–therapist relationship, this cultural phenomenon described in previous studies (e.g., Chong & Liu, 2002; Kuo et al., 2011; Sezaki, 2012) was also presented in the current study. Because power dynamics between client and therapist are not static but dynamic, the cross-cultural results of the present study implicate the importance of a repertoire of art therapist roles to serve various therapeutic functions throughout the different stages of therapy. A more equal dynamic in the therapeutic relationship was increased later on when clients personally engaged to a greater degree in the process and universality was established in the group setting.

Overall, the results of the present study echoed Kapitan's (2015) supposition that in order to practice art therapy with a client who holds a different worldview, art therapists need to be more proactive, continuously shifting their therapist lenses. Therapists who lack awareness of their internalized cultural knowledge may be in danger of pushing clients toward potentially maladaptive cultural changes (Kwan, 2009). For example, encouraging a traditional Chinese client to gain independence and separation from the family at the beginning of therapy could

cause more conflicts and intensify the client's feelings of guilt and isolation (Hwang, 2006; Kwan, 2000).

Individual Differences and Cultural Heterogeneity

The current study is presented within the context of both contemporary Taiwanese and Chinese ancestral cultural contexts. The results of this study contribute culturally-adapted theory for application of art therapy in diverse settings and populations in Taiwan and ethnic Chinese communities around the world. The specific practical strategies identified in relation to the therapeutic principles in the three domains that emerged from this study can serve as a foundation for adaptation of art therapy in traditional Chinese communities. However, it is important to note that the society of Taiwan is culturally and ethnically heterogeneous with increasing diversity. Jim and Pistrang (2007) pointed out the importance of being aware of how each client may have different experiences in therapy. As Chinese societies have become increasingly Westernized, the findings of the present study indicate that each clinical case study that participants chose for their reflection encompassed different degrees of Confucian-based collectivism and of receptiveness to Western individualism. Therefore, being aware of individual differences with regard to the degree of endorsement of a particular cultural belief, an intersectional perspective that considers an art therapist's cultural self-awareness and cultural humility, and an understanding of clients in their sociocultural contexts, should be applied in cross-cultural encounters (Hwang, 2006).

Although a large majority of the populace are of Chinese descent in Chinese societies, various societal, cultural, historical factors should also be taken into account for different ethnic minorities in these societies. Moreover, due to the complicated political background in recent history among several Chinese societies, assumptions can be made that art therapists from other

Chinese societies may experience greater or lesser theory-approach-context discrepancies than Taiwanese sojourner art therapists in their practice. Due to the time constraints and limited data resources, the present study only took place in Taiwan and limited the research to participants who were trained in the U.S. or UK and returned to practice in Taiwan. Therefore, without further replication of the study, the generalizability of the current research results to other Chinese societies and ethnic Chinese communities that are minorities in other countries all around the world cannot be assured.

Implications for Art Therapy Training

Overall, the findings suggested that training programs may have presumed their graduates would be working within cultures that value individualism. The results of present study suggest that regardless of diverse art therapy theories and approaches that the participants had received from their Western-art therapy training, achieving comprehensive cultural insight and cultural humanity are fundamental steps in providing high-quality, culturally-effective art therapy practice.

This study has relevance for the growing interest in multiculturalism and cross-culturalism in the field of art therapy, including recent calls for art therapists to recognize the inherent individualistic, culture-bound worldview that appears to be embedded in art therapy practice, and to engage with context-specific self-reflexivity to reconstruct art therapy practice within a culturally contextualized lens (Kapitan, 2015; Talwar, 2010, 2015). Although the importance of cultural issues is recognized in art therapy education (e.g., Calisch, 2003; Linesch & Carnay, 2005; ter Maat, 2011), addressing culture and values in art therapy training for the most part has left the sojourner art therapist's cultural identity unattended to or lacking. This study's findings revealed that the sojourner art therapists had understanding of the Chinese

worldview to a certain extent, derived from their families, but did not have the necessary connecting pieces to their training and, as a result, were left with difficulty in applying art therapy in Taiwan.

Talwar (2010) asserted that understanding of the colonial mindset is important to changing the status quo and creating more access and available resources for marginalized populations. Importantly, the participant art therapists in the study revealed that there was a lack of recognition in their training programs of how Eurocentric thinking impacts art therapy approaches and clinical practice. Many of the participants experienced challenges and difficulties in engaging with their clients in spontaneous artmaking without noticing the approach-context cultural disparities, especially during the early years of their clinical practices in their homeland. Through the process of making technical adaptations and modifications to meet their clients' cultural experiences, the participants started to question the efficacy and compatibility of their theoretical philosophies and developed more integrative approaches to art therapy practice. Thus, this research study offers art therapy education an example of how rethinking assumptions of culture-bond values in the field of art therapy can be applied to adapt therapy training in practical skills, such as acknowledging the preference for directive approaches in some cultures. Contextualizing cultural knowledge in this way will provide opportunities for art therapy educators and practitioners to examine the myth of universal culture while retaining applicable and usable knowledge in art therapy.

Limitations of the Study

One of the challenges of this research study was the small size of the Taiwanese art therapy community, which therefore limited my research sample. Additionally, all participants were female, which could suggest gender bias, as the results are likely grounded in participants'

gender-based experiences and perspectives. This weakness may have resulted in the possibility of biased reporting in individual interviews with regards to personal and practical experiences.

Moreover, although the sample represented a diverse range of populations and settings, the clinical cases shared by the participants all focused on female Chinese clients. It is possible that this is also one of the challenges overall with Taiwanese sojourner art therapists where the experience of working with Chinese male adults in the one-on-one setting is lacking.

Lastly, the researcher's familiarity with the majority of the participants prior to the study may have influenced the data. Participants may have developed notions of the researcher's passion and expertise based on prior professional encounters, which may have influenced the content of their answers. However, participants with existing relationships with the researcher may have been more forthcoming due to familiarity and an increased sense of comfort.

Recommendations for Future Research

This study represents a step towards bridging the gap between prevailing conceptual counseling adaptation frameworks on traditional Chinese cultural context (e.g., Chong & Liu, 2002; Hwang 2006) and limited field-based case studies in the art therapy literature (e.g., Kung, 2013; Lai, 2011; Liuh & Chan, 2009). This research study offers a basis on which future art therapy research for Chinese communities can build. For example, replicating further research in other Chinese societies could lead to more informative and inclusive views that contribute to challenging the ongoing effects of academic colonialism in Chinese societies. Although the present study provided a broad overview into Taiwan Chinese populations, an expansion of this study could explore other ethnic minorities in Chinese societies and may help outline the commonalities and differences among diverse art therapy practices. In addition, adapting the

Chinese conceptual and empirical findings into actual improvements in art therapy practice with more specific populations and settings can be further explored.

This research gathered together Taiwanese sojourner art therapists' experiences from the U.S. and UK. This provides a foundation for Chinese and Asian art therapy education to reflect upon itself and its relationship to the broader profession. Developing a culturally responsive art therapy approach will not only expand art therapy practice and training beyond the Western individualistic orientation but also will provide valuable information to many communities around the world that hold a more collectivistic worldview.

Conclusion

I began this research study because I wanted to know what caused my feelings of contradiction and uncertainty when I first returned to practice art therapy in Taiwan and mainland China. Throughout my doctoral studies and research project, I continuously worked to recognize my own colonial mindset and consciously engage in decolonizing of my thinking. The results of the study offer art therapy practitioners and educators concrete evidence and examples of how contextual adaptations and modifications could actually be implemented in art therapy practice with Taiwanese clients who are strongly affected by traditional values. As the present study investigated art therapy practice in traditional Chinese culture, it is now clearer to me how art therapy practice can be more effective and contextually sensitive when implemented within a contemporary Chinese cultural context.

Most importantly, this study stresses the need to understand Chinese clients in their ecological, historical, philosophical, and cultural contexts before assuming universal acceptance and practice of art therapy. Thus, my hope is that this research study will help sojourner art

therapists to be freed from the culture-bound therapeutic values and perspectives prescribed by

an Eurocentric perspective of art therapy.

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APPENDIX A

INFORMED CONSENT DOCUMENT

The Department of Counseling at Mount Mary University supports the practice of protection for participants in research and related activities. The following information is provided so that you can decide whether you wish to participate in this present study, "Deconstructing and Re-contextualizing Art Therapy Practice to Serve the Need of Individuals in Chinese Culture." You should be aware that even if you agree to participate, you are free to withdraw at any time, and that if you do withdraw from the study, you will not be subject to any penalty or other form of reproach. Likewise, if you choose not to participate, you will not be subject to penalty or other form of reproach.

You are invited to participate in this research study of art therapy interventions offered by art therapists based on and responsive to their Taiwanese clients' cultural and social realities. Please read this form carefully and ask any questions you may have before agreeing to take part in the study. The purpose of my study is to systematically investigate contextual adaptations made by Taiwanese art therapists who trained in the United States and returned to practice in Taiwan. Specifically, how did Taiwanese art therapists adapt to their clients' cultural realities, native values, concepts, belief system, problem methods and other resources.

If you agree to be in this study, I will conduct an interview with you. The interview will include questions about your experiences of working with the client who is strongly affected by traditional values. The interview will also include art making for as a reflection. The interview will take two to three hours to complete. I will also audio-record the interview and photograph of your art imagery, with your consent.

I will make every effort to keep your identity confidential, anonymity cannot be assured. However, there is risk that participants could be identified because art therapy is a small profession and with respect to the limits of group confidentiality. Impacts of directly (names, named facility and/or service provider, certificate/license numbers) and indirectly (age, geographic/regional location) identifiable information will be minimized, such as de-identifying locations and agencies and not asking for any unnecessary demographic information. There are no specific risks associated with this identification beyond readers being able to identify you.

You will be able to final approval of all materials/information included in the research study, and any material/information you wish to be excluded will not be included. The results of this study may be used for educational purposes such as conference presentation and scholarly articles. If you have any questions, concerns or comments you may contact myself, Kai-Ying Huang, at [phone number, email address] or my advisor Lynn Kapitan at [email address, phone number]. If you have any questions about your rights as a study subject or you would like to speak with someone independent of the research team to obtain answers to questions about research, please contact the Mount Mary University IRB Chair, Dr. Tammy Scheidegger, at [phone number, email address].

Signing this form means you give consent for yourself/your artwork to be included in this research.

"I have read the above statement and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I had concerning the procedures and possible risks involved. I understand the potential risks involved and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without being subjected to reproach."

_____   _____

Participant   Date