Art Therapy: Journal of the American Art Therapy Association, 22(4) pp. 189-192 © AATA, Inc. 2005

Life Story of an Art Therapist of Color

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The impact of cultural values and beliefs upon my work stems mainly from my childhood as well as from my education and the workplace. I grew up in a two-parent household where I was taught that I could overcome any obstacle. Both parents were college graduates who also taught me Christian values, as we discussed many of the Bible stories that depicted circumstances where people overcame their challenges. Also important was my family genealogy, which has been researched back eight generations, and includes many stories from my ancestors about overcoming great obstacles. Girded with all that history, I was prepared to accept that people of different cultural backgrounds might not treat me as an equal or believe as I believe. With both parents in service professions, I read about people from different countries and later in life was able to travel to some of those places and have experiences and build friendships with people of various cultural backgrounds.

My viewpoint is holistically based on my African- and Native-American tribal heritage as it models principles of interconnectedness, community, harmony, and love, and focuses on strengths. This contrasts with the medical model of many hospital organizations that promote problem-focused treatment. Although various problems and overwhelming circumstances may be an obvious cause for hospitalization, little attention is given to using patients' strengths and addressing their spiritual needs to facilitate healing. For many African-Americans, the church and the roles they hold therein continue to be important. This notion of the importance of religion is often omitted in our training as clinicians, but we should understand its importance within the African-American community. Many look at therapy as a secular experience. Our elders often express objections to therapy and mistrust it or misunderstand how therapy can be an agent of change for them. African-Americans believe the psyche and the spirit are one (Hiscox & Calisch, 1998, p. 42).

The "medical model" reflects a Eurocentric or Western philosophy of medicine and healing. But I lived in a community where it was expected that you honor your elders and participate in family events, gatherings, and community activities. If there was a problem, it was customary to seek the counsel of church ministers first. Unless it was an emergency, we did not run to the doctor or to the mental health professional as a first choice. I talked to my mother, now a retired educator, about how she felt when I was a child. I asked her about her feelings when she was overwhelmed with life's circumstances. She said, "I was too busy to be depressed. I was earning my master's degree, working full time, and caring for a baby and a husband. Too much had to be done, and I did what needed to be done as I prayed my way through." If children were disrespectful or disobedient then, all it took was a look from an elder to straighten them out. Many conversations were nonverbally communicated. This is still the case in some instances in my current work with adolescents. The difference is now I'm the adult giving them the "look," and it still works with most of them.

Being an art therapist of color, thankfully, has had more ups than downs. It's sometimes disappointing to notice that even in the year 2005, there are still too many instances of continuing discrimination, even in the midst of a growing U.S. population that is nonwhite. It is encouraging that efforts to dispel discrimination continue, but it often seems that the effect is minimal. Today, discrimination is often more subtle than during the era of civil rights efforts. It makes me wonder if society will ever get to a point where people of color, especially in the United States, agree that they are treated in a more culturally sensitive and respectful manner.

I will share my viewpoint of the experiences that have been a source of praise and a reason for healing in my life.

Appreciative Reflections

As an art therapist of color, I appreciate being able to establish rapport quickly and easily, especially with minority populations. As an art therapist of color, I appreciate being able to translate and advocate for those who have no voice to exercise their rights and to incorporate advocacy as a learning tool with colleagues, senior managers, and those I supervise.

As an art therapist of color, I appreciate being able to reflect the population I serve because of my ethnicity and experiences. When I considered this field, I thought it was important to return to my community with my education and knowledge. No African-Americans I knew were familiar with art therapy. I felt it was important that people in the inner-city community be exposed to healthier ways to resolve problems and express themselves because they were and are still exposed to so many negative influences. Each of us is responsible for doing whatever we can to make a positive difference. I am at ease going into places where people of color are a majority because I don't receive the strange looks that a Caucasian person would. However, it is still a challenge to have adults of color be as receptive to art therapy as their children are.

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As an art therapist of color, I appreciate opportunities to share issues of cultural competency with mental health professionals. I try to facilitate activities and create working relationships that honor everyone's diversity. In collaboration with the Human Resources Department of my organization, I facilitated an art therapy task force to help the staff honor their diversity during a time when there were some conflicts that needed to be resolved. This proved to be very beneficial and well received. Staff members felt free to express themselves through the artwork and found common ground to build bridges of clearer understanding and respect. I continue to look for opportunities to help others address cultural issues in the workplace. In addition, I appreciate publicly talking about my profession locally and nationally, particularly to those in high school and college considering the field of art therapy.

As an art therapist of color, I appreciated being chosen to participate in the American Art Therapy Association's (AATA) leadership training in 2000. It facilitated my attainment of a leadership position at the residential psychiatric facility at which I work as a director supervising 10 expressive therapists. Here, cultural diversity is reflected in the staff, senior management, and the patient population. This is the most diversity, on many levels, that I've experienced in my working career. As a faith-based organization, the focus is consistent with my beliefs and my wish to view patients in a culturally sensitive and holistic manner. The agency where I work is a good fit for me as an art therapist of color.

As an art therapist of color, I appreciate becoming more familiar with the work and lives of the art therapists of color who preceded me. I am able to share their ideas now while some of them are still living. I enjoy finding ways to honor their legacy in AATA and with new art therapists as well as those soon to graduate.

Learning Experiences and Experiences of Discrimination

As an art therapist of color, I am often haunted by the memories of my experiences of discrimination in educational institutions and worksites. To reflect upon those times is still occasionally painful. As I share the sources of my anger and pain from that time, I'm concerned that some who read this piece still may not understand or will be offended by my depictions. It is not my intention to dig up the bitterness of the past. But I am taking a risk by sharing these issues that are not addressed publicly, and by doing so, I hope to foster understanding.

To some extent, the expectation continues that as a person of color, I have to work twice as hard as a white person to be accepted despite my qualifications and credentials. As an undergraduate applying to graduate school, I asked my psychology professor to write a letter of recommendation. She was Caucasian. She told me, blatantly and emphatically, that I was not graduate school material! How dare she make such a judgment! I was speechless and shocked that she had the audacity to say this to me. I was active in class. I was a "B" student with a dual major. I worked hard to earn my grades. I held a job throughout college to control costs. Previously, we had had only cordial exchanges so I didn't understand the reason for her tone or negative response. Although I was very offended, the Christian in me said to hold my tongue. But had we been in my inner-city neighborhood, those would have been fighting words. However, I didn't want to be charged with assault or validate her stereotypes so I didn't act on my anger. Too angry to speak, I left the room as quickly as I could. There weren't any witnesses to her remark to me, but I was determined to get even by being admitted to graduate school. I secured recommendations from other professors (who were people of color) in the Psychology Department. Even though I didn't have classes with them, they supported me anyway. Their recommendations allowed me to complete my application and be admitted to graduate school. Although this experience of rejection was unexpected and harsh, I was comforted when I shared it with my family elders who then told me their stories of similar experiences.

It's discouraging to experience continuing incidents of discrimination or to witness it—sometimes within my own race. It makes me question just how far we have come as a society. Early in my career, I had to fight for equal pay when my Caucasian colleagues seemed to receive it with little if any effort. In some of my hospital experiences, I felt my feedback or ideas about patients were minimized or ignored when I brought attention to cultural issues in the treatment planning conferences. On several occasions as a civilian working for the military, Caucasian military medical residents or psychiatrists reviewing the cases I treated made comments about patients of ethnic minorities that they didn't think anyone heard. When this was brought to their attention, they insisted there was nothing wrong with what they said. In treatment planning conferences, the resident on a case would say something about a Hispanic or African-American male being too aggressive in his approach, talking too loud, or not expressing his feelings. These behaviors are aspects of their culture but were dismissed in favor of stereotypes. Many did not take the time to change their approach despite encouragement from other multidisciplinary staff. Needless to say, the progress of treatment did not flow smoothly, and the patients felt disrespected and misunderstood. These exchanges were shared spontaneously by clients in art therapy group discussions.

I also sometimes have a problem with the lack of respect for personal boundaries in reference to my hair. Since the early 1980s, I have always worn my hair natural style and appreciate the unique things I can do with it. It is what is called "virgin" hair because it was never processed, straightened, or permed. At one point I wore my hair short—very curly in its own wavy pattern and only about an inch in length all over. To look at me, one wouldn't know that my hair had any length at all.

One memory from my educational experiences stands out. I was the only African-American person in my class at the time. I would usually show up for class early and talk with my classmates. But there was one person in authority I would avoid as much as I could because before I knew it,

she would rub my head as she greeted me. The first few times this occurred, I was polite and played as if it did not bother me, but I became skilled at avoiding her when I realized this behavior was continuing. I reacted this way in other similar minor discriminatory situations. I already knew I was "the only fly in the milk," so to speak, but I felt this difference more because I was also the only one whose head this person rubbed. It was so awkward. I had so many mixed feelings.

A more positive incident regarding hair happened at my agency when my staff helped the girls prepare for a prom. The girls could not shop for themselves because we were in a hospital with rules and limited privileges. It was not unusual for my staff to assist in providing service for whatever was needed because we often coordinated special events for the residents at the hospital. The Activity Coordinator, who was Caucasian, went shopping for hair for the residential adolescent girls' unit, which was predominantly Black. The girls' unit was transformed into a beauty shop the day of the prom. When the Activity Coordinator came back from her shopping trip, she stated: "I learned more about Black hair than I ever thought I would." She was surprised by the different types of hair that could be bought and equally surprised with what the girls could do with their hair naturally.

More than 20 years later, reflecting upon those classroom experiences, I'm a stronger, more assertive person than I was then. I understand that as a person of color, one's response may vary depending upon the setting. I learned to respond one way with family, another way in the neighborhood, and yet another way in the company of Caucasians. I asked myself: Why didn't I act as I would have acted in my own neighborhood? Part of me recalls the thoughts that went through my mind in the classroom: I don't want to cause a scene. How can I tell her without making this uncomfortable? Now I ask myself: Why was I more concerned about others being uncomfortable? Why did I make excuses for her that she didn't know any better even though she was in a position of authority? Would I have experienced consequences if I confronted her? I wanted to fit in, but the times I could not avoid her, I think I sacrificed part of myself. I'm more sure of myself now personally and professionally. I know what I would say or do if anyone makes an uninvited move on my hair. Still, I notice how sensitive I am to questions about my hair from Caucasian people that I don't know. "Is that your hair?" "Can I feel it?" "How does it do that?" I wonder to myself, Are these people back in the Dark Ages? It's 2005! How is it they still ask these questions as if they were talking out loud to a mannequin?

I'm disappointed that I haven't been able to recruit many minorities into the art therapy field. With the changing workplace and fluctuating economy, the uncertainty of employment opportunities in art therapy has minorities considering other fields where they can earn a living to support themselves and their families. I was privileged to attend the Unity Day activities at my high school recently; this is an event where alumni return to give back to their school, a personalized career day. I shared some of my experiences

Figure 1 Charlotte Boston

with the students (mostly minority), who had many questions about the activities I was involved in, why I chose the field of art therapy, and what was its future. I recommended that it would be best to make themselves as marketable as possible by choosing more than one field of interest.

Although currently AATA is trying to present the stories of art therapy pioneers of color through this publication, at conferences, with presentations, and through the Multicultural Committee, I was discouraged by the organization's ambivalence in the mid 1990s about explaining how these pioneers shaped the development of AATA by recommending that attention be paid to cultural issues. At that time a colleague and I submitted a manuscript for this journal's "Viewpoints" section about an interview with art therapy pioneer Georgette Powell, who worked alongside Elinor Ulman. I was so excited. Heretofore, I had not been aware of any art therapist of color during the early days of art therapy publications. I was excited not only to meet Georgette, this very accomplished woman, and to learn of her work, but also to help AATA become better acquainted with her and her accomplishments. Because we felt the requests for revisions were excessive, this piece was never published and the photos of Georgette's artwork were lost in the shuffle between two different associate editors. Thus, my colleague and I chose to move forward and instead share this information through conference presentations and efforts to publish outside the AATA journal.

Another incident that brings back strong memories of a time when I was also discouraged and frustrated with AATA happened in the 1990s. The annual conference that year was in San Diego, California. I remember meeting my colleagues on the Mosaic Committee and finding out our name had been changed suddenly without our being involved in the process. I thought, procedurally, this was poorly handled by AATA. Our name was changed to the Multicultural Committee, but "multicultural" now included anyone with "cultural issues"—not just about ethnicity but about gender, handicaps, religion, and so on. This definition, I thought, would have to be changed because it watered down the committee's focus. Our intention had

been to educate and equip the AATA membership with strategies on how to be culturally sensitive as they serve diverse populations with whom they have had little if any experience or exposure.

Even the requirements that art therapy educational programs provide cultural coursework seemed vague at the time. But I'm happy to report that this has changed a great deal, and I have been a part of eliciting this change. However, there is still more work to do. I'm sometimes disappointed by how many look to people of color to do the work of building bridges and addressing issues of cultural competency when this should be an effort on the part of everyone, not just people of color.

Conclusions

My recommendation for developing cultural sensitivity, necessary for conducting art therapy with African-Americans, begins with self-examination. Regardless of anyone's cultural, ethnic, or religious background, we all have prejudices. Examine them. Admit to the areas where you need more work. Be respectful of personal boundaries. In your language, use titles to address clients, particularly adults. Maintain your professionalism. Do not assume familiarity that permits touch or use vernacular that suggests "sameness." Identify which stage of racial identity best reflects you and understand that this may vacillate as you learn. Regularly measure your level of cultural competence with self assessments.

Become familiar with published materials and resources that can be a guide to the issues and characteristics that are unique to African-Americans. Do not be surprised if the business of therapy is not addressed in the first session or even the second session. Take time to get acquainted with your clients of color. For many in the African-American community, therapy is still perceived as all too public. Trust is always a major issue, especially with a non-African-American therapist. As you build rapport, you establish trust, which will serve as a foundation to build upon as you progress. It will also facilitate your ability to identify strengths, which initially may not be obvious but are very important. Regardless of socioeconomic status, African-Americans often come to therapy due to a crisis. This can provide an opportunity to empower the family system or the individual to change. Engage them in decision making in the context of rules and expectations. Prepare them in advance for what will happen in therapy. This may help them get the most out of the session. For many African-Americans, it is important that the therapist recognize the role of believing in God.

Many of my experiences have been a source of praise and a reason for healing for me. I've learned a great deal and that fuels my efforts to continue learning and strengthens me as a person. I continue to take steps to regularly improve my cultural competence. The incidents of conflicts between cultures in the community, in education, and in the workplace reflect the continuing need for cultural issues to be addressed everywhere. As an art therapist of color, I am more aware that as the population continues to become more culturally diverse, so will the need increase to be well prepared to address cultural issues with sensitivity and respect.

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