

# Art Therapy with Hispanic Clients: Results of a Survey Study

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## Abstract

*Despite the growing number of Hispanics in the US and in caseloads of art therapists, previous literature on this topic is scarce and predominantly based on case studies. This survey assessed the perceptions of 27 art therapists from large metropolitan areas regarding the use of art therapy with Hispanic clients. These perceptions included client therapeutic needs, the benefits of art therapy with Hispanic clients, the limitations of art therapy with this population, as well as most and least beneficial techniques. Participants rated art therapy to a large degree as very helpful with Hispanic clients.*

## Introduction

Art therapy has been perceived as particularly helpful with diverse populations due to the belief that art transcends barriers of cross-cultural communication, such as differences in language, values, and notions of normality. Art therapy may be more adapted to different cultural values than verbal therapy because images share more universal meaning than words (Lofgren, 1981). Art is versatile due to its universal elements, whereas verbal language may highlight differences between therapist and client (Westrich, 1994).

However, the professional literature of art therapy has seen a shift from emphasizing its cross-cultural qualities to focusing on the particularities of its use with different ethnic groups. Cattaneo (1994) cautioned art therapists about applying the term “universal” to artistic expression and communication as art is not value-free. Although cultural expression is common to all cultures, its characteristics vary according to race, class, ethnicity, gender, and value systems. Cattaneo advocated for abandoning the notion of artistic universality, along with outdated values and judgments about art, in favor of valuing each client’s subjective experience.

Similarly, Hocoy (2003) affirms that art therapy cannot be assumed to be universal given that cultures categorize experiences in unique ways. The profession of art ther-

apy is a product of Euro-American societies, and thus is bound by their cultural assumptions, values, and constructions (Hocoy, 2003). Some problematic aspects of the practice of art therapy with diverse clients are that it requires a certain amount of time and resources (e.g. art materials) unaffordable to minority clients, and that some art therapy methods are too ambiguous and unstructured in cultural contexts that prefer a more verbal, directive, and authoritative style of therapy. Cross-culturally sound art therapy requires evaluating its suitability to each individual client’s experience and personal meaning.

Although the effectiveness of art therapy across cultures has not been fully researched, the authors cited here seem to agree that art therapy is helpful with a variety of cultural groups. The focus is no longer the universality of art therapy but rather the general therapeutic qualities of art that can be applied to different populations. This study sought to contribute to this effort by studying the use of art therapy specifically with Hispanic clients.

## The Need to Study the Hispanic Population

The Hispanic population is now the largest minority in the United States and grew by more than 60% in the last decade due largely to waves of immigrants (Schmitt, 2000). In a time when Hispanic immigration is growing exponentially, the mental health of this population requires special attention. Approximately one-half of all Hispanics in the U.S. are recent immigrants, having lived in this country for less than 12 years (Schick & Schick, as cited in Garcia & Marotta, 1997). Immigration has been noted to produce acculturative stress accompanied by physiological discomfort as one moves across cultures (Berry, Kim, Minde, & Mok, 1987). Such stress is not necessarily negative; it may also be a positive and creative force, stimulating, motivating, and otherwise enhancing an individual’s psychological functioning (Berry et al., 1987).

The Hispanic population in the United States is composed of Mexicans (58%), Puerto Ricans (10%), Cubans (4%) and other groups mainly from Central and South America (28%) (Marotta & Garcia, 2003). “Hispanic” is the term traditionally used by the U.S. Census Bureau to classify people of Spanish origin and descent, including people from Latin America and Spain (Garcia & Marotta, 1997). The average size of Hispanic family households is three to five members, with an average income of \$45,338. Their earning capacity is likely to be determined by their level of education and English proficiency. Fifty-three per-

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**Editor’s note:** The results of this study were presented in a paper at the American Art Therapy Association’s Annual Conference, November 2004, San Diego. Diana Bermudez, MA, is an art therapist and doctoral candidate in Counseling at George Washington University. She can be contacted at dbermude@gwu.edu or 1226 D St. NE, Washington, DC 20002. Mercedes B. ter Maat, PhD, ATR-BC, LPC is an art therapist and an Associate Professor at the Center for Psychological Studies at Nova Southeastern University in Ft. Lauderdale, FL.

cent of Hispanics have high school diplomas and 9% have bachelor degrees (Marotta & Garcia, 2003). One quarter of Hispanics who have resided in the United States for 15 years or longer do not speak English (Garcia & Marotta, 1997). These characteristics hinder Hispanics' capacity to thrive in the highly competitive American society.

In addition, it is difficult for Hispanics to blend in with mainstream American culture because many of their values conflict with those of American individualism, career orientation, and competitiveness. Hispanic values typically focus on the importance of the nuclear and extended family, the priority of marriage and parenthood over professional development, respect for authority and parents, submission of women to men (*machismo*), cultural fatalism (a tendency to take life as it comes, with a resigned mind-set), and community orientation (Casas & Pytluk, 1995; Sue & Sue, 1999).

## Review of the Literature

### Hispanics and Art Therapy

The literature describing the use of art therapy with Hispanic clients is scarce and scattered. In a comprehensive search undertaken in the Spring of 2004, the authors located only five journal articles (Ciornai, 1983; Moreno & Wadson, 1986; ter Maat, 1997a; Rousseau & Heusch, 2000; Wong-Valle, 1981) and two book chapters (Kellogg & Volker, 1993; Mauro, 1998) that described work with individual cases and small groups in different settings. In addition, eight presentations at national conferences of the American Art Therapy Association have addressed a variety of treatment aspects with Hispanic clients in the U.S. (Bermudez, 2001; Booker & Eastman, 2004; Flores & Ledesma, 1996; Hickert & Cesena, 1996; Lomoe-Smith, 1979; Molitor & Neumann, 2002; 1996; Oatman, 2000; ter Maat, 1997b).

According to the literature, the most common problems of Hispanic clients in art therapy outpatient programs are depression, low self-esteem, isolation, and loneliness. These are exacerbated by cultural and identity conflicts resulting from immigration (Ciornai, 1983; Flores & Ledesma, 1996). Integrating bicultural identity is also a prevalent therapeutic need of Hispanic clients in psychiatric hospitals (Mauro, 1998; Wong-Valle, 1981).

In doing multifamily group therapy with Central American refugees, Kellogg and Volker (1993) found the incidence of posttraumatic stress disorder, mood disorders, psychosomatic disorders, and grief over the loss of family members and friends. Similarly, Moreno and Wadson (1986) saw the prominent theme of unresolved feelings over the loss of relatives, friends, and home left behind while conducting group art therapy sessions with chronically mentally-ill Hispanic women in a day treatment program.

Hispanic students in art therapy programs in public school have also presented the need for cultural integration (Oatman, 2000) and for making sense of the immigration experience (Rousseau & Heusch, 2000). In ter Maat's (1997a, 1997b) art therapy groups with middle school stu-

dents, Hispanic immigrants focused on their feelings of lack of control over their lives, abandonment, loss, isolation, and anger related to their immigration experiences. Most of these adolescents moved to the United States against their will and faced the challenges of immigration and adolescent individuation simultaneously.

Working with Puerto Rican immigrants in a community mental health center, Lomoe-Smith (1979) observed clients repressing hostility in service of "respeto" (respect for authority figures), lacking personal initiative, placing low value on individual achievement, and experiencing anger that led to anxiety and guilt while using art. According to Lomoe-Smith (1979), some characteristics of Puerto Rican culture can influence the process of art therapy. Although the value of respect for authority promotes industriousness in the client, it can also inhibit spontaneity and creativity. The emphasis on family matters may stifle individual initiative and self-expression while also providing an atmosphere of support. Fatalism absolves the individual of responsibility for improvement. *Machismo* (male chauvinism) dictates that art is a female matter. Thus, men can be resistant to engaging in art making, especially with a female therapist, as they may consider that women should not hold positions of authority. It can also be difficult to establish honest communication with Puerto Rican clients due to extreme agreeableness.

Hispanic clients seem to prefer informal alternatives to therapy, such as community-based art projects and the use of traditional Hispanic crafts (Oatman, 2000). They also seem to prefer a structured rather than a non-directive approach. Therapist neutrality can be perceived as threatening, authoritarian, and not appearing as a "real person" (Lomoe-Smith, 1979).

### The Benefits of Art Therapy with Hispanics

The reported benefits of art therapy with Hispanic clients are based on clinical observations. Art therapy has helped Hispanic clients to gain self-understanding and insight into personal problems (Ciornai, 1983; Moreno & Wadson, 1986), formulating cultural identity (Mauro, 1998), integrating Hispanic traditional values with American values (Flores & Ledesma, 1996; Oatman, 2000), as well as integrating past experiences and present reality, grieving multiple losses, and processing trauma associated with immigration (Kellogg & Volker, 1993) and domestic violence (Booker & Eastman, 2004).

Wong-Valle (1981) described how Puerto Rican immigrants in an adult psychiatric hospital benefited from using art therapy during group sessions. Creating pictures of the country of origin gave patients the opportunity to stay connected with their culture, thereby relieving their anxiety about difficulties encountered in the United States. Wong-Valle also utilized a technique entitled "The Collage of Your Life" in order to guide the clients to integrate their bicultural realities. She asserted that the convergence of images in the collage produced a sense of integration.

ter Maat (1997b) conducted art therapy groups with Hispanic immigrant students in a public middle school. By

creating artwork and writing letters, students grieved the loss of their homelands, gained greater self-awareness, and found a sense of community and support among themselves. Bermudez (2001) conducted a pilot study to test the acculturation of nine recent immigrant children before and after a six-week art therapy group that focused on cultural adaptation. Although the intervention did not increase the biculturalism of the participants, it was successful in strengthening Hispanic identity.

Rousseau and Heusch (2000) designed and implemented an elementary school program for immigrant children in Canada that uses drawing and storytelling, such as telling and illustrating the story of a character/hero who goes on a trip to another country. The authors believed that doing this task helped children build a bridge between the past (home culture) and the future (host culture).

Molitor and Neumann (2002) used art projects to empower children in under-served Hispanic communities. As children found their own creative voice and mastered the art materials, they gained a sense of power and control. Through group collaboration, they built connections with peers, communication, problem solving, and negotiation skills. In addition, exhibiting their artwork increased their self-confidence and initiated a dialogue between the children and the community, thus giving them a voice. Similarly, Booker and Eastman (2004) described an art therapy group for Latina battered women, in which they moved beyond their victimization by creating art that inspired and gave hope to other battered women in the community.

As can be seen, the available literature utilizes case studies and small groups in order to illustrate the authors' observations. However, the use of art therapy with Hispanics has not been systematically studied with larger samples. Furthermore, the literature reflects the isolated work of art therapists in a variety of settings and the absence of coordinated efforts to study this population. The reviewed work refers to several aspects of Hispanic mental health, but it is by no means a comprehensive account of the therapeutic needs of Hispanic clients and how art therapy can serve them.

## Survey Methodology

### Procedure

The authors set out to research the points of view of art therapists and their Hispanic clients focusing on the following questions: What are the therapeutic needs of Hispanic clients as perceived by clients and art therapists? What are some of the most beneficial art therapy techniques used with Hispanics as perceived by clients and art therapists? What are the benefits and limitations of art therapy in working with Hispanics as perceived by clients and art therapists?

A survey research design was chosen because the objective of this study was to gather information from a large sample of participants in a time- and cost-efficient manner. Moreover, the study was set up to collect information that would assist in determining common practices of the art

therapy community. A follow-up focus group was planned in order to explore the survey results more in depth. The target population was art therapists who had worked with Hispanics and their clients from metropolitan areas in the U.S. with high concentration of Hispanics.

Two instruments were used for this survey: a four-page art therapist questionnaire and a two-page client questionnaire translated to Spanish. Both questionnaires were designed based on the researchers' experience and feedback from art therapists. The instruments inquired about the therapeutic needs of Hispanics, a rating of helpfulness of art therapy with this population, benefits and limitations of art therapy, and specific helpful/unhelpful techniques. One section referred to children/adolescents and another to adult clients.

Three-hundred and fifty client and therapist surveys were mailed to art therapists in one initial metropolitan area, using the membership directory of the American Art Therapy Association (AATA, 2002). The art therapists were instructed to complete the therapist questionnaire and provide surveys to their Hispanic clients, collect them in an anonymous manner, and return both surveys in the self-addressed, self-stamped envelope provided by the researchers. Participation was anonymous, voluntary, and not compensated. Therapists interested in attending the follow-up focus group were encouraged to include a business card with contact information. Subsequently, a postcard encouraging participants to complete the surveys also was mailed.

Twenty-one complete and seven incomplete therapist surveys were returned, yielding a 9% return rate. Forty packets were returned due to undeliverable addresses. The follow-up focus group was not conducted because of the lack of interest from participants. In a second attempt of data collection, online surveys were sent to 127 art therapists in additional metropolitan areas. Of these, six surveys were completed and 80 were returned undeliverable, yielding an overall return rate of 13%. The final number of therapist surveys used from the sample was 27, close to the recommended minimum of 30; the return rate was as expected in survey research (5-10%; Alreck & Settle, 1995).

Five completed client surveys also were returned. The researchers decided to exclude these surveys from the data analysis as the number was too small and not representative of the Hispanic population. Data analysis of the art therapist surveys consisted of computing frequency statistics of the sample demographics and ratings of art therapy helpfulness; identifying key words in the responses to the open-ended questions, grouping responses into thematic clusters, and tallying numbers. The two authors carried out this process independently, compared the results, and reached agreement where there were differences.

### Participants

The sample of participants consisted of 25 female (93%) and 2 male art therapists (7%). Eighty-eight percent ( $n = 24$ ) were White, 4% ( $n = 1$ ) multiracial, 4% ( $n = 1$ ) Asian, and 4% ( $n = 1$ ) African American. Their profession-



al background was quite diverse: 11% ( $n = 3$ ) had practiced art therapy for less than one year, 29% ( $n = 8$ ) from one to five years, 26% ( $n = 7$ ) from six to ten years, 15% ( $n = 4$ ) from 11 to 20 years, and 18% ( $n = 5$ ) for over 19 years. The participants had worked with a number of Hispanic clients ranging from 3 to over 500, averaging 62 per therapist. The majority (78%) had worked with 100 or fewer clients.

The length of art therapy experience with this population was also diverse, ranging from 3 months to 29 years. A large proportion of participants had worked with Hispanics for five years (37%), some between five and ten years (23%), others for less than one year (11%) and more than ten years (29%). The majority of art therapists in the sample (23) had received multicultural training in the form of workshops (45%,  $n = 12$ ) and/or university courses (40%,  $n = 11$ ). Four respondents (15%) reported to have had no training and one did not respond.

Sixty-two percent of the participants ( $n = 17$ ) had worked with children, 67% ( $n = 18$ ) with adolescents, 55% ( $n = 15$ ) with adults and 11% ( $n = 3$ ) with seniors. Fifty-five percent ( $n = 15$ ) of respondents had worked with Mexican clients, 48% ( $n = 13$ ) with Central Americans, 44% ( $n = 12$ ) with Puerto Ricans, 30% ( $n = 8$ ) with South Americans, 22% ( $n = 6$ ) with clients of unknown origin (percentages are not mutually exclusive), 15% ( $n = 4$ ) with clients of mixed origin, and 7.4% ( $n = 2$ ) with Cubans. This sample of participants appeared to have had a wide variety of experiences working with Hispanic clients from different cultural subgroups, ages, and experiences.

Moreover, participants worked in a number of mental health settings and with a variety of psychiatric diagnoses. For example, most art therapists worked with Hispanic clients in outpatient settings (52%,  $n = 14$ ), the rest in inpatient/residential settings and medical hospitals. The most prevalent diagnosis was mood disorders (55%,  $n = 15$ ), followed by psychotic disorders, substance abuse and anxiety disorders (reported in small percentages).

This sample was representative of the art therapy community in terms of gender, ethnicity, number of years in the field, and work setting according to the American Art Therapy Association's 2001-2002 membership survey (Elkins, Stovall, & Malchiodi, 2003). The ethnic subgroup of clients with whom the participants had worked seemed also to be representative of the major Hispanic subgroups in the U.S. (Mexicans, Puerto Ricans, Cubans, and Central/South Americans; Marotta, & Garcia, 2003). In addition, the extent of professional experience, therapeutic settings, number, age and diagnoses of Hispanic clients, and multicultural training of the therapists varied. The fact that there were no Hispanics in the sample may be a reflection of our Caucasian-dominated field.

## Results

The following section lists the most common responses by art therapists to the survey questions. The numbers in parenthesis refer to the number of times a particular response was mentioned by individual participants. Most participants provided multiple answers to each question.

### Working with Adult Clients

1. Most prevalent therapeutic needs of adult Hispanic clients: issues of acculturation and minority status (15); mental illness (7); socialization (lack of support and isolation) (6); traumatic events and abuse (6); language barriers (4); feelings of depression (4); self-expression and communication (4); and low self-esteem (2).
2. Benefits of using art therapy with adult Hispanic clients: facilitation of self-expression and communication (13); assistance with language and cultural barriers (8); help with socialization (6); help in fostering trust and understanding in the therapeutic relationship (6); connecting clients with their own culture (5); and assistance with assessment and diagnosis (4).
3. Limitations of using art therapy with adult Hispanic clients: language and cultural barriers (14); resistance to art and therapy (12); inability to communicate therapeutic goals and directives (7); lack of Spanish by the therapist (5); lack of English by the client (2); and no limitations (2).
4. Beneficial art therapy techniques/themes with adult Hispanic clients: themes of homeland (3), nature (3), open theme (3), metaphors (2), gratitude (1), spirituality (1), safe place (1), good/bad (1), past/present (1), family (1) and autobiography; techniques of open studio/free drawing (5), clay (5), mandala (4), paper crafts (4), masks (2), sewing (1), Person Picking an Apple from a Tree (PPAT) (1), and nothing specific to Hispanic clients (1).
5. Least beneficial art therapy techniques and themes with adult Hispanic clients: complicated directives with 2-3 step directions (4); PPAT (3); military themes (1); Diagnostic Drawing Series (DDS) (1); boxes or containers (1); free expression/abstract (1); and techniques that rely upon words (e.g., poems; 1).

### Working with Children and Adolescent Clients

1. Most prevalent therapeutic needs of Hispanic children and adolescents: issues of acculturation and minority status (10); development of cultural identity (7); family issues (6); traumatic events and abuse (6); socialization (peers relations, support and isolation) (5); low self-esteem (5); self-expression and communication (3); language barriers (3); mental health issues (3); grief and loss (2); and no needs particular to Hispanics (2).
2. Benefits of using art therapy with Hispanic children and adolescents: facilitation of self-expression (14); assistance with language barriers (9); connecting clients with their own culture (8); decreasing social isolation (8); increasing self-esteem (8); fostering trust and understanding in the therapeutic relationship (4); and development of cultural identity (2).
3. Limitations of using art therapy with Hispanic children and adolescents: reluctance to do art, perceived as childish, unimportant, and requiring skill (11); language and cultural barriers (10); reluctance to do therapy (performance

and failure fears) (8); lack of Spanish by the therapist (7); no limitations (4); and lack of English by the client (3).

4. Beneficial art therapy techniques/themes with Hispanic children and adolescents: themes about oneself (8), culture (5), open theme (5), family (2), past/present/future (1), safe place (1) spirituality (1), and lost loved one (1); techniques of collage (8), clay (5), masks (4), drawing (4), and painting (3).
5. Least beneficial art therapy techniques and themes with Hispanic children and adolescents: no specific technique to Hispanic clients (5), themes of goals/dreams (2) and open-ended (2); techniques with confronting or intrusive directives (3), and techniques that rely upon words (e.g., writing; 2).

### Helpfulness of Art Therapy with Hispanic Clients

Respondents overwhelmingly thought that art therapy was “very helpful” in helping with all Hispanic age groups. Specifically, 56% believed it was “very helpful” with Hispanic adults, and 59% believed it was “very helpful” with children and adolescents. Moreover, 39% of respondents who worked with Hispanic adults and 41% of those who worked with children and adolescents thought art therapy was “helpful.” Overall, 95% of art therapists who worked with Hispanic adults and 99% of those who worked with children and adolescents thought that art therapy was either a helpful or a very helpful modality.

Figure 1 depicts the respondents’ ratings of how helpful art therapy was reported to be when working with Hispanic adult and child/adolescent clients.

### Discussion

Several unique aspects of the use of art therapy with Hispanic clients emerged from the data. It appears that the therapeutic needs of Hispanic clients of all ages are closely linked to the immigrant condition. Issues of acculturation and minority status, social isolation, traumatic events, abuse, and language barriers are central in the treatment of Hispanic clients. Hispanic children and adolescents also seemed to have the developmental needs of self-expression, identity, and socialization. Consequently, the common themes mentioned in the use of art therapy were related to culture, identity, family, safety, and autobiographical experiences. Many of the therapeutic issues reported in this survey were consistent with the literature reviewed, including family, low self-esteem, social isolation, cultural barriers, identity, grief and loss, depression, and acculturation. In addition, therapists believed that Hispanic clients longed for self-expression and communication of traumatic events and abuse.

The participants in this survey found art therapy to be helpful or very helpful with Hispanic clients, results that coincide with those of other studies. The most beneficial techniques for both children and adult clients tended to be three-dimensional (masks, clay, sewing, and crafts) rather than two-dimensional (drawing and painting). Participants

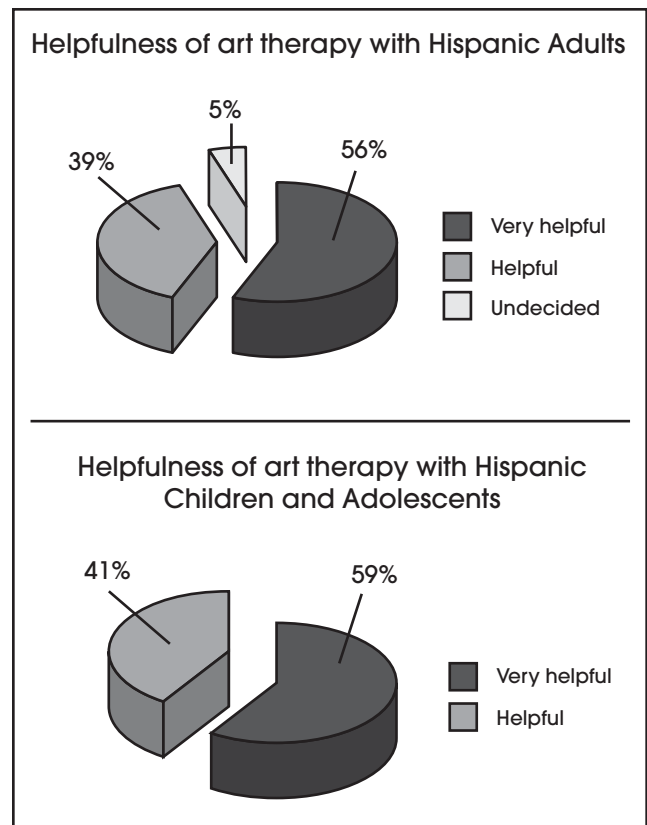


Figure 1  
Helpfulness of Art Therapy with Hispanic Clients

avored using themes for exploring cultural differences, the passing of time, changes in the self, and losses. However, directives that required following 2-3 steps or relying on verbal language were not found to be beneficial. These findings confirm that although artistic expression is common to all cultures, it may have unique characteristics according to ethnicity and language (Cattaneo, 1994).

Contrary to the belief that art therapy has universal qualities and can be adapted to all cultures, this survey revealed that some of the significant limitations of using art therapy with Hispanic clients are language and cultural barriers, and the inability to verbally communicate therapeutic goals and directives. The non-verbal quality of art therapy can facilitate communication between clients and therapists who speak different languages, but it may not be sufficient when therapeutic directives and processing require verbal language. Furthermore, clients can be resistant toward art and therapy due to fear of performance and failure, as is the case with verbal therapy.

### Limitations

The sample size in this study is small and limited to art therapists working in metropolitan areas. Therefore, results from this study cannot be generalized to all art therapists working with Hispanic clients.

Another limitation of this study is inherent in the methodology used. A self-report survey includes partici-

pant bias; it does not permit the use of objective, standardized assessment, and it does not allow researchers to explore questions in depth. The fact that Hispanic clients did not participate in this study limits the body of knowledge intended to be contributed by this study. A few participants reported not collecting client surveys because it required Institutional Review Board approval from their institutions. Future studies should explore procedures to include such responses.

### Clinical Applications

The results of this survey do suggest that art therapy is a helpful therapeutic modality in working with Hispanic clients, and that several techniques have been helpful to the art therapists surveyed when working with population (e.g., three-dimensional media and themes for expressing loss). These techniques may be helpful when it is appropriate for art therapists to plan interventions for the therapeutic needs of Hispanic clients mentioned by the participants. The results also support the belief that the benefits of art therapy cannot be assumed to be universal, and that its application needs to be tailored to specific ethnic groups and to individuals within the groups. Along the same lines, it cannot be assumed that art therapy is the appropriate modality for all Hispanic clients. Despite its versatility, art therapy involves limitations similar to those of verbal therapy, including language barriers and resistance.

### Recommendations for Future Research

The authors found survey design to be an appropriate, convenient, and time- and cost-efficient method of collecting data for this study and for busy participants. Ideally, a survey study should be complimented by a focus group to deepen the understanding of the results, as intended in this study. To increase the return rate in a cost efficient way, a postcard could be sent in advance so that participants can anticipate the arrival of the survey and errors in mailing addresses could be detected. This study revealed that mail surveys were more expensive and yielded a lower return rate than online surveys. A pilot study would reveal flaws in the instrument or procedures. Furthermore, working as a research team is essential in maintaining researcher objectivity and motivation.

### Conclusion

Art therapists working with Hispanic clients have an ethical responsibility to educate themselves about the therapeutic issues that are common among this population, such as the effects of trauma and acculturation. As not all art therapy graduate programs currently offer such specialized coursework, it is recommended that art therapists seek the training on their own. Attending conferences is especially helpful in learning information that is not published.

The authors hope to inspire art therapy researchers to undertake similar studies with other cultural groups. It is important to study the perspectives of the clients regarding the helpfulness of art therapy in treatment and the techniques

that may be appropriate for this and other ethnic groups. Efforts like this study will build a solid body of knowledge about the multicultural applications of art therapy.

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## Call for Papers

### Special Issue: Art Therapy in Palliative Care

*Art Therapy: Journal of the American Art Therapy Association* is seeking submissions for a special issue, Art Therapy in Palliative Care, presenting original research and clinical reflection on art therapy for those with life threatening illnesses. The Journal invites a diverse range of clinical, cultural, spiritual, ethical, and psychosocial perspectives of art therapy in palliative care, and issues of particular relevance such as depression, grief, loss and bereavement, art as legacy, and other concerns.

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