

Articles

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Cross-Cultural Psychotherapy and Art

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Introductory Comments by Gary C. Barlow (Editor, 1983-1992)

It is a sentimental journey for me to relate to the early days of our publication, and to refer to the many prolific authors and excellent articles that were published during that time. For this anniversary issue, I have been invited to select an article to revisit. As I have “reflected and recollected,” I decided to give a few nods to certain articles that I remember well, prior to elaborating on just one. From the many worthy articles, these will give a sampling from the past.

At the 1987 AATA Conference, Bob Ault chaired a panel on “Social Applications of the Arts.” As a result, *Art Therapy* published an article in March, 1988 (5[1], 10–21), with the following sections: “Art Therapy in the Great American Wasteland; Implications for Business and Industry and the Economic Structures of Society” (Bob Ault); “Art Therapy and Education” (Gary Barlow); “Arts With Families” (Maxine Junge); and “Images of Our Culture and the Effects of Events on Our History” (Bruce Moon). Authors were asked to “dream about the future” and to think of a utopian concept while relating to the structures in our society. This was complex and challenging, resulting in an article that highlighted different issues with a common thread.

Robert Wolf’s article “Image Induction in the Countertransference: A Revision of the Totalistic View” (1985, 2[3], 129–133) and an article by Harriet Wadeson, “The Influence of Art-Making on the Transference Relationship,” (1986, 3[2], 81–88) were two excellent articles on these topics that were fertile for discussion and elaboration.

Over the years many art therapists have addressed the problem of balancing our own creative art-making needs with the demands of clinical and academic life. The creative process itself was the subject of many thought-provoking articles, including “Creative Process/Therapeutic Process: Parallels and Interfaces,” by Cathy A. Malchiodi (1988, 5[2], 52–58). An article offering an in-depth look at the creative process of two artists was “An Inquiry Into Women and Creativity Including Two Case Studies of the Artists Frida Kahlo and Diane Arbus” by Maxine Junge (1988, 5[3], 79–93). Junge pointed out personal revelations, theoretical formulations, and case studies of these two respected visual artists.

Many articles highlighted specific people and/or cases, such as “From Psychopathology to Psychotherapy Through Art Expression: A Focus on Hans Prinzhorn and Others” by Judith A. Rubin (1986, 3[1], 27–33); “Nadia Revisited: A Study Into the Nature of Regression in the Autistic Savant Syndrome” by David R. Henley (1989, 6[2], 43–56); “Edvard Munch: An Art Therapist Viewpoint” by Helen Landgarten (1990, 7[1], 11–16); and “The Art of Healing: The Work of Edward Adamson” by Georgiana Jungels (1985, 2[2], 73–82). Chris Costner Sizemore’s “On My Life With Multiple Personalities” (1986, 3[1], 17–20), focused on the complexity of multiplicity, the patient’s intense feeling of emptiness, her battle for survival, and her ultimate triumph.

There were also many other exemplary articles (too numerous to mention here) that helped set a high standard for our emerging profession and its early publications.

Ultimately, however, one article seemed particularly timely and relevant 25 years ago, and the basic content remains timely and relevant now: “Cross-Cultural Psychotherapy and Art” by Shaun McNiff (1984, 1[3], 125–131). McNiff introduced the reader to cross-cultural work, and to the understanding of symbols and myths in working with individuals and groups. The information was presented from the author’s work over a 10-year span with cultural groups from numerous countries. McNiff pointed out fundamental taboos in cross-cultural research, treatment methods that are adaptable to other countries (with respect to cultural differences), and the importance of practices that express the particular values of a culture. “Art therapy, as a profession,” wrote McNiff, “can benefit from theoretical expansion and interdisciplinary studies with fields such as anthropology, religion, the philosophy of art, and the practice of art.” He made the point that “it might be helpful for therapists to constantly evaluate their work in terms of its cultural orientation.” Obviously, research has been done over the years and new books and articles have been written, but 25 years ago, this excellent article pushed us to think about our views and practices, and nudged us into a more global attitude. McNiff emphasized continued research, as well as discussing how a “universal essence” (respect for differences) helps us to facilitate the interdependence between the universal and the particular in our understanding and therapeutic practice. I hope that you

enjoy revisiting Dr. McNiff's article for its content, historical interest, and recommendations.

Abstract

This article presents an introduction to cross-cultural psychotherapy, with reference to historical theories of art, symbols and myth, and to the therapist working with the client—both individual and groups. Cross-cultural dimensions of art therapy are delineated with a support for further research and cooperation between cultures, with attention given to outcomes relative to art therapy practice and training. An art therapy perspective is presented by the author from his work over a ten-year span with cultural groups from numerous countries. A review of literature is presented which focuses on cross-cultural psychology, defining issues applicable to art therapy. The literature discussed includes psychotherapy practice and training, cultural differences in therapeutic methods, research on cross-cultural mental health, as well as universal and personal symbols. A section on cross-cultural art therapy training brings together the author's observations of training in various countries, art therapy principles, and symbolic focus and transformation.

Introduction

Cross-cultural psychotherapy is a vehicle for the study of the therapeutic process in relation to the many variables of human behavior and universal phenomena. Clarification of transcultural therapeutic elements does not contradict the need for sensitivity to, and knowledge of, the specific qualities of different cultural and clinical situations. Throughout history theories of art, symbols and myth have conceptualized universal structural forms to human expression. In the twentieth century C. G. Jung has been the most influential theorist articulating the presence of universal symbolic forms and the existence of motivational forces of a "collective" character. Rank (1959, 1968) and Campbell (1949, 1959, 1972) have documented universal myth structures in varied cultural groups. James George Frazer's *The Golden Bough* (1951), in describing how fundamental principles of similarity and contagion underlie healing rituals in indigenous cultures throughout the world, has been one of the formative influences on twentieth century thought on the subject of universal forms of healing. In his studies of world religions and his research on shamanism, Mircea Eliade (1964) documented the presence of universal religious forms. Artists responsible for major movements in twentieth century culture (Picasso, Dubuffet, Gauguin, Van Gogh and others) received inspiration from artistic traditions and forms of Africa, the Far East and the South Pacific. D. H. Lawrence and numerous writers have immersed themselves in the mythology of native cultures and ancient civilizations, making applications to contemporary life. Darwin's theories were formulated through world travel and comparative observations of nature. His concepts of evolution influenced Freud who saw both the individual and the human race as developing

according to universal principles. Freud's position was that basic psychic processes are universally present in all human experience and there is a fundamental "psychic unity" to behavior in the present and past.

Freud's work helps to guide the process of cross-cultural psychotherapeutic research since his theories of universal psychological dynamics have been criticized for overlooking the particulars of regional cultures and gender. *Totem and Taboo* (Freud, 1955), although making contributions to understanding cross-cultural manifestations of taboo, projection and other phenomena investigated by Freud, also reveals the problems that are created by interpreting all human behavior in terms of personally created theory. The value and brilliance of Freud's research can be better appreciated if viewed from a phenomenological and creative perspective, whereby the researcher engages the universal by investigating private experience. When evaluating the ongoing controversy that his theories have generated together with their lasting power and influence, Freud can be regarded as one of the greatest phenomenologists of the twentieth century.

In cross-cultural research a fundamental taboo is the projection of a personal theory of behavior and values onto other cultural groups. This principle can also be applied to interpersonal relations within a culture. Historically, cultural stereotyping, prejudice and misunderstanding have resulted from these practices. It, therefore, seems important to understand universal elements of the therapeutic process together with variables of culture, personality and individual style with specific reference to cross-cultural art therapy practice and training. A review of literature is necessary to raise issues relevant to art therapy. Cross-cultural dimensions of art therapy need to be delineated to encourage further research and cooperation between cultures. Future outcomes may include both increased attention given to cross-cultural art therapy practice, training and research and the involvement of the arts in cross-cultural studies.

An Art Therapy Perspective

My work as an art therapist has in the past ten years engaged me in world travel and practice with many cultural groups. I have worked with students and faculty from over thirty countries and have taught regularly in Israel, West Germany, Scandinavia, The Netherlands, Switzerland and various regions of the United States. My students and clients have included people from European countries, South and Central America, Africa, the South Pacific and the Far East. As a result of these varied cultural experiences I find that people commonly ask how my work with them compares with groups in other countries. Experience has revealed that cross-cultural commonalities are much more apparent than differences. These characteristics have been apparent not only in my training groups, but also in the clinical practice of art therapy. Common qualities consistently present themselves in imagery and in the process of making art. Cultural groups tend to similarly correspond in approaches to sharing feeling and discussing their group process. It would appear that art therapy as it is being

developed in the United States, exhibits definite characteristics of cross-cultural interchangeability. There is a distinct universality to the art therapy process which also applies to other art modalities of dance, drama, music and poetry.

Research and treatment methods developed in the United States tend to be easily adapted to other countries so long as they respect cultural differences. The same applies to application within the United States of art therapy approaches developed outside the country. This is not necessarily true of more language based treatment practices which express the particular values of a culture. Of all expressive modes, language most clearly presents cultural differences whereas the visual arts, music and dance are more interchangeable and universal.

The principles of cross-cultural practice can be perceived as applying not only to different countries and cultural groups within a nation or community, but also to different psychological systems of thought and therapy that may be operating within a single clinic. If culture is defined as a systematic mode for interpreting life, the principles of cross-cultural psychology can serve as a guide to relations between individuals. This is particularly true in a pluralistic society. One-sided emphasis on differences makes cooperation difficult. Contemporary cross-cultural psychology, perhaps in response to earlier tendencies to perceive all cultures in terms of "psychic unity," seems to deal extensively with differences. Recent editions of *Psychological Abstracts* list numerous references comparing differences between cultural groups—Anglo versus Chicano, Dane versus Swede, Israeli versus Arab and American Indian versus White. The image of one group versus another is the dominant theme of many of the studies listed. This trend in research is essentially positive in that it satisfies the need to differentiate cultural attributes while creating a complementary need for the study of commonalities. The articulation of differences helps to form individual, community and national identity. Psychologically, it can be said that identity is a necessary individual and collective creation. Heelas and Lock (1981) describe how "No one indigenous psychology is the same as another..." and that these native psychological systems are "necessary." In addition to defining identity, indigenous and personal psychologies serve as sources of empowerment and organization.

In my personal experience in cross-cultural art therapy and practice, there has been an interdependence between universal and particular forms of communication. Creativity is the drive toward the particular, providing a specific definition of the self which allows access to universal forces of transformation.

Dr. Kuang Chung Ho, a noted authority on acupuncture, Chinese herbal medicine, Tai Chi and I Ching, told me that methods of healing can be viewed hierarchically in terms of the extent to which they stimulate natural healing functions.¹ In his perception surgery is the lowest form of healing together with the use of synthetic medications. Herbs are higher on his scale because they introduce natu-

ral elements to the body. Acupuncture, massage and other related therapies activate natural chemical reactions which promote healing. The highest form of healing—according to Dr. Ho—is the self directed creative process in which a person, without external manipulations by others or the introduction of materials into the body, activates healing energies through action and contemplation. The continuities of Chinese medicine demonstrate how the mind can direct healing transformations within the body.

The energies of art and healing are closely related and often identical. Art therapy has historically taken its philosophical foundations from the "cultures" of western psychiatry and psychology. Art therapy, as a profession, can benefit from theoretical expansion and interdisciplinary studies with fields such as anthropology, religion, the philosophy of art and the practice of art. Respect can be given to the necessary interdependence with the dominant medical and psychological cultures of the mental health field while also engaging art as a primary source of identity. Art therapy and the other creative arts therapies have a unique potential to construct a cross-cultural theory of psychotherapy based on universal properties of the creative process. If this opportunity is to be grasped, it will be necessary to view the art experience as a primary, rather than as an adjunctive mode of therapy.

Review of Literature

The literature on cross-cultural psychology helps to define many issues applicable to art therapy. Leonard Doob, in evaluating recent trends in cross-cultural psychology, notes how the extensive documentation of cultural differences has produced positive outcomes in human understanding but that further investigations of how people differ will be of little value. What is needed according to Doob is validation of the fundamental similarities between people in all parts of the world (Doob, 1980). In the Netherlands, Ype Poortinga also encourages the investigation of cultural similarities (Poortinga, 1982). Art therapy research can be particularly useful in providing visual data.

A. O. Odejide from Nigeria, in a review of literature on cross-cultural psychiatric disorders, maintains that there are few differences between Western and non-Western cultures (Odejide, 1979). Murphy and Leighton through their studies of Melanesian and Eskimo concepts of illness, found that western psychiatric observers experience little difficulty in determining "genuine pathology." Acknowledging clear differences between western psychiatry and the native conceptions studied, Murphy and Leighton found "underlying parallels which strongly suggest that cross-cultural comparisons can be reasonably made." (Murphy and Leighton, 1965).

Although there are universal elements of both sickness and healing, the literature on cross-cultural mental health consistently recognizes the need for sensitivity, respect and understanding of local beliefs. Culture and values often make therapeutic systems and attitudes irrelevant to particular groups of people within the same nation or community (Ahn Toupin, 1980; Sue, 1981; Lager and Zwerling,

¹From a private conversation, November, 1982, Cambridge, Massachusetts.

1980). It might be helpful for therapists to constantly evaluate their work in terms of its cultural orientation and the extent to which their viewpoints and operational systems are adaptable to the needs of clients and students.

Psychotherapy practice and training have been criticized for imposing stereotypic psychological values onto clients from different cultural groups. Treatment approaches are more likely to succeed if they avoid "ethnic chauvinism" (Patterson, 1977) and have meaning to the client groups by engaging culture in a positive way (Casas, 1976; Kareem, 1978). It has been suggested that therapists working with groups where folk medicine is practiced should familiarize themselves with these methods (Ness and Wintrob, 1981).

Cross-cultural and historical studies of psychotherapy at first glance will present significant differences and varieties ranging from the spiritual and magical enactment of the shaman to the more analytic and scientifically based methods of clinicians today. It is generally believed that the formal principles of therapy are culturally determined and some would suggest that positive outcomes are not likely if there are major cultural differences between therapist and client (Neki, 1977).

Laosebikan (1980) documents how American mental health workers tend to be more permissive and open-minded than their more authoritarian and restrictive Nigerian counterparts. According to Nüssner (1980) the Japanese have maintained far more traditional and culturally specific forms of therapy within technological society than the Germans. In a cross-cultural study of creativity Mar'i (1976) reveals how social and economic factors influence creative thinking and expression. Social status as well as sex role stereotypes can affect opportunities for the development of creativity (Raina, 1969). Mar'i's research documents how specific forms of creativity are evaluated in accordance with social values and thus culture can have a dominant influence on creative outcomes of individual behavior. Obvious examples of cultural influences on creativity include the differences in artistic forms produced in societies that value collective participation versus those which emphasize individual autonomy (Rank, 1968).

While giving full respect to cultural differences in both the formation of personality and therapeutic methods, the continuation of studies which focus only on differences will result in a diffusion and separation of human energy. The challenge to an increasingly global society is the integration of universality and regionalism. With the possible exception of Jungian analysis, the major western psychotherapeutic methods of the twentieth century have not been conceived within a universalist theoretical context. However, the international appeal of certain therapeutic methods, such as the theatre inspired techniques of psychodrama and gestalt therapy can be attributed to their engagement of universal forms of expression. Perhaps the clearest contemporary example of universality in psychotherapeutic practice is the recognition of the value of meditation and relaxation techniques inspired by eastern spiritual disciplines. These practices have not only been widely integrated into psychotherapy but also into western

approaches to the treatment of cancer, heart disease and other ailments. Meditation practices have similarly affected western religious disciplines. New opportunities for the expansion of art therapy have been suggested by these transformations of health care principles due to the prominent role of "visual imagery" in focusing healing energy.

Research on cross-cultural mental health has been primarily concerned with manifestations of psychopathology and relative standards of deviance in both universal and culturally specific forms (Murphy and Leighton, 1965). There has been less emphasis on cross-cultural methods of treatment. In related fields of religion and anthropology the methods of healers and the structures of symbols across cultures have been studied. Jerome Frank (1974) and E. F. Torrey (1972) have attempted to reveal universal elements of the therapeutic process which characterize all forms of treatment, regardless of theoretical orientation, culture and methodology. Frank stresses that the core element of all therapeutic practices is the belief in the process, while Torrey emphasizes the universal therapeutic abilities to name and explain (diagnose); to fulfill client needs for acceptance (also described by Rogers in terms of empathy and a totally positive feeling for the client on the part of the therapist); and to generate respect from clients. R. H. Prince (1976) believes that all forms of psychotherapy utilize endogenous resources.

Draguns presents the view that "culture pervades the conduct and experience of psychotherapy, and change in one's behavior and well being takes place in relation to cultural referents." (Draguns, 1981, p. 6). He maintains that therapeutic techniques must be "adapted" if they are to be applied beyond the culture of their origin. Although Draguns recognizes universal elements of therapy, he believes that culture "...contributes more than just the external and visible trappings..." and "...is embedded in the subjective experience of therapy..." (Ibid., p. 23). This experience of cultural orientation characterizes every therapeutic relationship.

In a pluralistic contemporary society cultural differences are present within age groups, genders, races, people of different sexual preferences, and political and religious values. If therapy is approached with sensitivity to differences, then all relationships between therapists and clients can be viewed as meetings between cultures. If every therapeutic relationship does involve dimensions of cross-cultural communication, then there is reason to seriously consider the underlying theory of psychotherapy in relation to this fact. I believe that in practice therapists are typically sensitive and adaptive to client needs. However, the more general presentation of psychotherapeutic theory, with the exception of people like Frank and Torrey, has tended to be far more concerned with the projection of the values of therapists.

Because the individual personality can be perceived as a culture and world view unto itself, especially in relation to the intricacies of emotional structures investigated in psychotherapy, it is perhaps unrealistic to make ethnic or cultural matching between therapist and client a priority when conceptualizing optimum conditions for the therapeutic process. However, race, culture, language, values

and other factors that I have described are important variables to be carefully considered in evaluating the therapeutic relationship. Cultural similarity will have positive effects in some cases and negative implications in others.

In my personal work I have consistently found that cultural differences have had beneficial effects on the therapeutic process. In all of its forms I find psychotherapy to be a process of sharing subjective perceptions of experience. Quentin Lauer described phenomenological philosophy in terms of “intersubjectivity.” In reviewing the history of rationalism in the west since ancient times Lauer maintains that particular “forms” of thought have consistently been considered invalid by those that succeed them, while what Husserl described as the “essences,” or “invariants,” of experience maintain continuity (Lauer, 1967). The particular therapeutic experience and on a larger scale, all systems of psychotherapeutic thought comprise a vast ecological structure of intersubjectivity. All parts make contributions to the advancement, decline and general validity of the whole.

The process of intersubjectivity characterizes all human relations. Cross-cultural communications simply make the perception of differences more explicit. Within cross-cultural therapeutic relationships and art therapy training groups differences tend to increase curiosity and interest. Barring serious depression and thought disorder, people generally want to learn about others and themselves. The increase of cultural variables tends to stimulate rather than impede the process. This fundamental human motivation to learn about different forms of experience, together with the realities of contemporary accessibility, guarantee increasing developments in the field of cross-cultural psychotherapy.

Cross-Cultural Art Therapy Training

In training sessions I tell participants that the strongest groups and interpersonal relationships encourage and support the revelation of differences. This theory of small group process has been useful in clarifying my more general cross-cultural experience. Whether working with training groups in Israel and Finland, or Cambridge, Massachusetts, I have consistently found that only through respect for differences can we establish strong and trusting relationships. The issues generated by cross-cultural situations serve to highlight this principle which provides an example of how a “universal essence” (respect for differences) works together with variables (the existence of differences) in psychotherapy. There is an interdependence between the universal and the particular.

In practicing cross-cultural psychotherapy and art I have observed universal elements which manifest themselves in every training experience. My historical and anthropological investigations have suggested that there is an “eternal recurrence” (Nietzsche) of these core elements which include the principle of correspondence, creative transformation, symbolic and ceremonial focus, rhythm, catharsis, purposeful action, contagious energy, the emergence of personal form, group validation, opening to others and giving. In the practice of art therapy principles of correspondence, symbolic focus and transformation have particular significance.

Symbolic correspondence involves a relationship between inner and outer experience, between the self and the image. The art work not only serves as an expression of inner feelings but its external structure also stimulates internal transformations. These qualities of art are universal and cross-cultural. In *The Golden Bough* Frazer (1951) describes how native healing practices throughout the world are based on correspondence and the principle that “like produces like.” In the sixteenth century Paracelsus said that “the outer reveals the inner” and “the similar is cured by the similar.” Correspondence serves as the underlying psychodynamic principle of therapeutic practices which establish reciprocal relationships with nature and of symbols which act as focal points for transformative energy. The symbol stimulates and channels healing energy, acting as an external form for inner feelings. The process of symbolic transformation indicates how the psychology of art suggests a universal psychology of healing in that both creativity and therapeutic change involve changes in physical and psychic structure. Artistic energy in all cultures engages and transforms pain, conflict and disorder. What is most bothersome can potentially fuel the creative will. No matter what the content of their theories may be, virtually all systems of psychotherapy involve a fundamental transformation process.

Symbols may change across cultures but the underlying dynamics that I have summarized are consistent. I have often observed that although a specific symbolic form, like the mandala or the cross, may appear in different cultures, varied interpretations may be attached to the image as a result of experience and history. Yet, Gestalt psychologists like Rudolf Arnheim (1954) present the view that on a structural and perceptual level there is a continuity across cultures in terms of how formal configurations affect consciousness. In music and dance, rhythm serves as an example of this process. There are thus universal patterns to the relationship between form, thought and feelings. These sensory qualities of vision, sound, touch and movement are rarely influenced by culture. They are, rather, examples of the universal physiological and psychological qualities of human experience.

In her cross-cultural research on childrens’ drawings Rhoda Kellogg (1969) documents universal formal elements. Art historians have observed similar continuities across cultures. There are undisputed universals of line, color, form, shape, texture, material, composition, movement, touch, etc., which produce these similarities. Because of this shared and universal language, art therapy has potential for indepth exploration on a cross-cultural basis that is not possible within more language limited therapies. The art object becomes a bridge between cultures and languages and a common focal point that provides access to universal qualities of feeling. I have found that—even when working exclusively with translators—art objects, materials from nature, rhythmic music and dance, gesture and dramatic enactment have enabled shared communication to take place on a level of mutuality that parallels comparable experiences in situations where a common language exists. The absence of verbal language can actually have positive results, focusing even more energy on the significance of the art

object. Body movement, facial expression and the tone of voice are similarly influenced when there is not a shared verbal language. Other forms of communication by necessity begin to compensate for the loss. Art therapists are potentially capable of working successfully with these challenges because in their clinical practice, clients have been referred because of inabilities to communicate verbally. By clinical definition art therapy thus lends itself to cross-cultural practice, providing the beginnings of a universal language and an alternative to verbal communication.

In cross-cultural training sessions I have observed major differences in groups as a result of external conditions within the society such as war versus peacetime; poverty versus affluence; climate; and regional ritual traditions. These culturally specific experiences manifest themselves in both art and group process. It is also interesting how training groups in European countries involve many more men than groups in the United States and Israel. Psychiatrists, psychologists and professional artists in European countries have been more eager to involve themselves in art therapy work than their American and Israeli counterparts.

Cross-cultural differences are often most pronounced between individual group members within the same country. In art therapy intensive training sessions which meet communally for periods of three-to-five days, I have observed how the universality of the artistic process and attitudes of respect for differences have enabled groups of people from distinctly different personal, political, religious and cultural backgrounds, to cooperate in the most intimate ways. Artistic expression and group responsibility can become vehicles for sharing.

Cross-cultural work is not only a constant source of new stimulation for me but also an ongoing opportunity for learning. Because English is rarely the first language of most of the people with whom I work, I have learned to speak slowly, simply and with increased clarity. My psychotherapeutic vocabulary has also been enriched by terms and concepts from other languages. I have developed an increased sensitivity and respect for the process of translation as it applies to all levels of experience. A graduate student from Switzerland, involved in translating my writings into German, worked with me in exploring the fundamental psychodynamics of the translation process. The good translation not only brings about a transformation of a statement from one language to another, but penetrates to the "universal idea" which relates to the source of the original statement. The translation process can also be applied to therapy where the therapist and client working in the same language translate the emotional expressions of one another and give them back transformed and with additional meaning (Ursprung, 1984). All of psychotherapy and human relations can be perceived as the exchange of personal creations motivated by universal sources.

Summary

Both art therapy and cross-cultural psychotherapy are relatively new areas of study and they have much to contribute to one another. Cross-cultural research and the histo-

ry of the arts as ways of healing provide a conceptual framework for investigating how contemporary therapeutic processes relate to ancient and world-wide continuities in human experience. Because they share universal languages, creative arts therapists will find many opportunities for international and cross-cultural communication. The specific art object is a tangible meeting point. "Art" can take many forms and may include psychotherapy itself, which has much to gain by expanding its conceptual and creative boundaries.

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