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Applied Anthropological Perspectives on the Use of Art Therapy and Creative Expression for
Adults in Georgia

by

Juel Ables

Under the Direction of Cassandra White, Ph.D.

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2023

ABSTRACT

This research project will show how adults use art therapy and creative expression to cope with difficult emotions and stressful situations. Scholars have argued the importance of mediating stress in the human body, citing damage to a person's mind and body after prolonged exposure to stress. Furthermore, researchers have cited the importance and helpfulness of creative engagements to cope and mediate stress. In addition, this research will show how public policies affect access to resources for art therapists and for patients of art therapists. Research methods included conducting in-depth interviews and autoethnography.

INDEX WORDS: Art, Art Therapy, Mental Health, Creative Expression, Licensure, Healthcare

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2023

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by

Juel Ables

Committee Chair: Cassandra White

Committee: Faidra Papavasiliou

Jennifer Patico

Electronic Version Approved:

Office of Graduate Services

College of Arts and Sciences

Georgia State University

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	V
LIST OF TABLES	X
LIST OF FIGURES	XI
LIST OF ABBREVIATIONS	XII
1	INTRODUCTION.....	1
1.1	Research Question.....	1
1.2	Researcher’s Positionality	2
1.3	Mental Health in America	4
1.4	Mental Health in Georgia.....	5
2	LITERATURE REVIEW	7
2.1	What is Art Therapy?	7
2.2	Anthropologists, Art, and Art Therapy	7
3	THEORETICAL FRAMEWORK.....	11
3.1	Structural Violence and Historical Trauma.....	11
3.2	The Three Stages of Therapeutic and Creative Processes	14
4	METHODS	17
5	AUTOETHNOGRAPHY	23
5.1	We All Have Baggage.....	23
5.2	“Art Therapy”	25

5.3	A Small Business Owner: <i>Phases by Luna LLC</i>	28
6	ART THERAPY	33
6.1	Art Therapy	33
6.2	Challenges and Disadvantages to Art Therapy	37
6.3	Licensure for Art Therapists	40
7	CREATIVE EXPRESSION	46
7.1	Community Engaged Art	46
7.2	“It’s A Relationship with Your Conscious and Subconscious”	49
7.3	Addressing Intergenerational Trauma	52
8	CONCLUSION	55
8.1	Benefits of Art Therapy and Creative Expression	55
8.2	Accessibility for Service Population	56
8.3	Accessibility for Workforce Population	57
8.4	Applied Anthropology: Policy and Program Recommendations	58
8.5	Reflection	60
	REFERENCES	61
	APPENDICES	67
	Appendix A: Methods	67
	8.5.1 <i>Recruitment Email Script</i>	67
	Appendix B: Figures	68

8.5.2	<i>Figure 1</i>	68
8.5.3	<i>Figure 2</i>	68
8.5.4	<i>Figure 3</i>	69
8.5.5	<i>Figure 4</i>	69
8.5.6	<i>Figure 5</i>	70
8.5.7	<i>Figure 6</i>	71
8.5.8	<i>Figure 7</i>	72
8.5.9	<i>Figure 8</i>	72
8.6	Appendix C: Forms	73
8.6.1	<i>Consent Form</i>	73

LIST OF TABLES

Table 1.1 Key findings from The State of Mental Health in American 2023 (Reinert, Nguyen & Fritze 2022, 6)..... 5

LIST OF FIGURES

Figure 1 Prevalence of Mental Illness in Adults (Reinert, Nguyen & Fritze 2022)	68
Figure 2 Boone 2023.....	68
Figure 3 Boone 2023.....	69
Figure 4 Diagram of the 3 types of art therapy	69
Figure 5 Mural created by Kristy McCarthy.....	70
Figure 6 Picture of K Medulla and her mask painting titled 'Mishe'	71
Figure 7 Sunset painting created by author.....	72
Figure 8 Painting created by author	72

LIST OF ABBREVIATIONS

American Art Therapy Association (AATA)

Georgia Art Therapy Association (GATA)

Internal Review Board (IRB)

1 INTRODUCTION

1.1 Research Question

Anthropology has a long-standing history of applying its theories, methods, and findings to real life problems and situations (Ginsberg 2019). Applied anthropology combines policy, research, and action to provide constructive changes in the world by employing diverse “domains of application, methods, theoretical framings, roles and arenas of research and work” (Rylko-Bauer et al. 2006, 186). Because of this, anthropologists can apply their training in various disciplines and address an array of social problems and topics.

One such topic is art therapy. Art therapy is a form of creative therapy that uses various mediums, such as paint, pastels, clay, and collages, to help adults and children express emotional pain (Scholten 2021). The American Art Therapy Association (AATA) defines art therapy as "a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages." This form of creative therapy helps assess and treat anxiety, depression, addictions, trauma, cognitive, and neurological problems (AATA 2022, online). The central question for this research is: how are adults Georgia using art therapy to cope with difficult emotions or stressors in clinical and nonclinical settings? The significance of this topic will help bring an understanding of how art and mental health services can help adults cope with mental illness. Some theoretical models that will inform this study include structural violence (Farmer 2006; Graber 2006; Sapolsky 2005) and structural vulnerability (Quesada, Hart, and Bourgois 2011) and the three stages of therapeutic and creatives processes (Malchiodi and Cattaneo 1988; Dunn-Snow and D’Amelio 2000).

As stated previously, applied anthropology has a “relationship with policy, research and action” (Rylko-Bauer et al. 2006, 186). Currently, art therapists do not have licensure in Georgia (AATA 2022, GATA 2022, online) and it is important to understand how this affects the adult service population in the U.S., who would benefit from the services of art therapists. Because of this, a sub question for this research is: what are the barriers to access art therapy Georgia? This research will contribute to society’s understanding of the relationship between art, mental health and policy and provide evidenced based recommendation for licensure among art therapists in Georgia.

1.2 Researcher’s Positionality

My interests in this topic stem from personal experience with counseling and creative expression as a means of coping. During my undergraduate studies in 2013, I used the counseling services offered at Georgia State University through the counseling center. While the counselor was helpful, after several weeks, I did not find their services helpful any longer. I no longer had interest in only talking about my concerns and life experiences. However, I knew I still had thoughts, emotions, and life experiences I needed to sift through. I started journaling and taught myself how to paint and sketch. This became a form of “art therapy” where I was able to self-evaluate, learned better communication skills, enhanced problem-solving skills, and increased self-esteem.

This led to me participating in art shows in the Atlanta area and meet other “creatives.” Creatives are individuals who use various mediums and types of art to express themselves. These individuals paint but do not want to be called painters because they also sculpt, build pieces with various materials, write, sing, and possess other types of creative outlets. While this term was not directly compared to the label “artist,” creative and artist can be used interchangeably. The term

“creative” is generally used to refer to an individual who is removed from traditional or formalized forms of art; this term is a form of rebellion. I used the term “artist” when I was actively creating pieces, now that I am in graduate school and it has been a few years since I created a piece, I use “creative” or “former artist.” I would like to note, I do not have formalized education or training in art but am self-taught. Using the term “creative” to describe myself is not an *intentional* form of rebellion but a way to explain I am “creating” even if it is not in a professional capacity.

In 2018, I created a business, *Phases by Luna LLC*, with hopes to host creative workshops. These workshops would provide a safe space for people in South Fulton to create art and discuss various topics on mental health. Patrons could paint, sketch, write, and create collages while discussing stressors and difficult experiences they are trying to address and heal from. In my experience, being able to safely discuss your problems and having a support system can improve a person’s self-esteem. While everyone’s experiences and perspectives are different, knowing a person is not alone in their experience can provide them with a positive outlook on the situation.

However, I was not prepared for running a business and I did not fully understand the demand my business could fill in the community. I networked with the Georgia Art Therapy Association (GATA), asking questions about their field, what they did and any limitations in their work, specifically in Georgia. After dissolving the business, I applied to the Anthropology MA program at Georgia State University to conduct research and interview people in the area to understand more about the needs of the community and policies that benefited and hindered this endeavor. Returning to Georgia State University and completing my master’s degree and the Nonprofit Management and Social Enterprise Certificate are major steppingstones to me working

for or creating a nonprofit organization that advocates the importance of creative expression and mental health in the Atlanta Metro area.

While conducting this research, I found the term “art therapy” has different meanings that change based on who is using the term and context. Art therapists use the term from a clinical standpoint and art therapy sessions are facilitated by someone with a specific education and training background to treat various mental and physical ailments. However, art therapy can also be used to describe how a person uses art to address personal trauma and experiences outside of a clinical setting. Clinical art therapists refer to nonclinical art therapy as “creative expression.” The term “creative expression,” does not encompass what art can do and represent for individuals outside of a clinical setting, however, there needs to be a distinction between clinical and nonclinical art therapy.

1.3 Mental Health in America

Mental Health America conducted a study in 2022 to provide data on the status of mental health in the United States titled *The State of Mental Health in America 2023* (Reinert, Nguyen & Fritze 2022). The goal of the study was to “track changes in prevalence of mental health issues and access to mental health care; understand how these changes impact legislation and policies; and increase dialogue with and improve outcomes for individuals and families” (Reinert, Nguyen & Fritze 2022, 3). This study includes data across all 50 states and the District of Columbia for adults and youth (Reinert, Nguyen & Fritze 2022, 3). Key findings from this study are reflected in Table 1.1. This study is significant because it illustrates the prevalence of mental illness for adults in America; adults with substance use disorders in America; adults with serious thoughts of suicide in America; access to care for adults in America and adults with a mental illness reporting unmet need (Reinert, Nguyen & Fritze 2022).

Table 1.1 Key findings from The State of Mental Health in American 2023 (Reinert, Nguyen & Fritze 2022, 6).

21% of adults are experiencing a mental illness. Equivalent to over 50 million Americans
15% of adults had a substance use disorder in the past year
4.8% of adults reporting serious thoughts of suicide (over 12.1 million adults)
11% of adults who identified with 2 or more races reported thoughts of suicide
28% of all adults with a mental illness reported that they were not able to receive the treatment they needed
23% of adults who reported experiencing 14 or more mentally unhealthy days each month were not able to see doctors due to costs
In the U.S., there are 350 individuals for every one mental health provider

A summary of the report showed 28.2% of adults in the United States were not able to receive treatment with 42% saying they could not afford it (Reinert, Nguyen & Fritze 2022, 22). Other reasons for not receiving care included: 27% did not know where to get help; 26% thought “they could handle their mental health without treatment;” 19% “not having the time to get treatment;” and (17%) “health insurance not paying enough for mental health treatment” (Reinert, Nguyen & Fritze 2022, 22). In addition, Figure 1 shows how each state ranked by prevalence of mental illness and access of care for adults. This shows there are systematic barriers in place preventing adults in the United States from receiving treatment for mental illness and creates a call to action to address the breakdowns in the system to provide care.

1.4 Mental Health in Georgia

The 2 states with the highest percentages of mental illness in adults are Oregon, 27.33% and Utah, 29.68% (Reinert, Nguyen & Fritze 2022, 15). The two states with the lowest percentages of mental illness in adults are Florida, 17.49% and Georgia, 17.55%. While it is “nice” for Georgia to be in the lower rankings, 17.55% is still 1,397,000 adults with mental

illness (Reinert, Nguyen & Fritze 2022, 15). These lower numbers could also reflect underreporting and lack of access to insurance.

The report also shows how many adults struggle with substance use disorder. The actual percentage is 15.35% (38,679,000); Georgia has the least with 11.31% (906,000) and the District of Columbia has the most with 21.21% (122,000) (Reinert, Nguyen & Fritze 2022,16). Of adults with serious thoughts of suicide, the actual percentage is 4.84% (12,151,000) (Reinert, Nguyen & Fritze 2022,17). Georgia has the least percentage of adults with serious thoughts of suicide with 3.92% (313,000) and Utah has the most with 7.63% (174,000) (Reinert, Nguyen & Fritze 2022,17). Of adults with mental illness, many do not receive treatment or have access to care. The national average of adults with mental illness who are untreated is 54.70% (28,066,000) (Reinert, Nguyen & Fritze 2022, 21). The state with the highest percentage of untreated adults is Hawaii with 69.10% (130,000) and the state with the lowest percentage of untreated adults is Montana with 40.60% (78,000) (Reinert, Nguyen & Fritze 2022, 21). The state of Georgia is number 43 in this ranking with 57.80% (722,000) of untreated adults with mental illness (Reinert, Nguyen & Fritze 2022, 21). This means Georgia has a higher percentage of untreated adults compared to other states.

2 LITERATURE REVIEW

2.1 What is Art Therapy?

There are various types of clinical therapies that can help treat adults with mental illnesses such as anxiety, depression, and substance abuse. One type of therapy that can help treat adults with mental illness is art therapy. Art therapy is a form of creative therapy that uses various mediums, such as paint, pastels, clay, and collages, to help adults and children express emotional pain (Scholten, 2021) and assess and treat anxiety, depression, addictions, trauma, cognitive, and neurological problems (AATA 2022, online). The American Art Therapy Association (AATA) defines art therapy as "a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages" (AATA 2022, online).

While the American Art Therapy Association was founded in 1969, art therapy and other creative therapies, such as music and dance therapy, began professionally in the 1940s (American Art Therapy Association, 2017; Johnson & Lahad, 2009). During this time, creative therapies were used to help returning World War II veterans relax and as an activities therapy (Anderson & Landgarten, 1973; Johnson & Lahad, 2009). Historically, art therapy has ties with art education (Johnson and Lahad, 2009), and "art education is helpful in preparation for" the field of art therapy (Anderson & Landgarten, 1973: 44). Because of this, most art therapists usually have a background in art whether it's art education, an art degree or some formal art training before entering in a master's art therapy program.

2.2 Anthropologists, Art, and Art Therapy

Anthropologists have engaged with art in many ways, including using art as a method of inquiry. Margaret Mead found that asking children in Samoa to provide artistic representations of

their worlds was a way to gather information about animistic beliefs that children might not be as good at articulating than adults (Mead 1932). Søndergard and Reventlow (2019) have written about research in Denmark with lower-income families and noted that “drawing combined with interviews can give rise to conversations about heavy and difficult subjects such as the children’s experiences of their daily lives with sick parents or mixed emotions about family quarrels.” However, they note that it is not a “magic tool” and should be used in conjunction with other anthropological methods.

Sarah Hogan (an art therapist and professor of art and health and Susan Pink (a visual anthropologist) have written about the relationship between formal art therapy and anthropology in several publications about their collaborative work. In the article, “Routes to Interiority: Art Therapy and Knowing in Anthropology,” they discuss the ways in which art can expand access to people’s inner worlds (Hogan and Pink 2010). Pink et. al. (2011) have suggested that art therapy, which is interdisciplinary, can contribute to visual methods for other disciplines, including anthropology. One way is to address language barriers between researcher and respondent. Anthropology uses ethnography (storytelling) as a method to research. This includes interviews and observations, some participatory, of the person and population they are researching. Art therapy can include participatory research and clinical methods, especially community-based art therapy. If the researcher and respondent do not share the same first language, using art therapy methods to establish meaning and context to words is beneficial. One way to do this is to establish meaning using visual methods, such as drawing and coloring, can help both the researcher and respondent explore “their personal and social significance” (Pink et.al 2011, 15). Since there is “no universal language of symbolic meaning” (Bird 2011), visual

methods help “invoke meanings and knowledge that are of ethnographic interest” (Pink 2007: 23).

Art can be used to help respondents express the meaning and significance of the community they live in. For example, a fellow classmate, Barbara Boone, asked respondents to draw a map of the area they lived in to express how they felt about where they lived in South Fulton, Georgia. For example, fellow classmate, Barbara Boone, used cognitive mapping with the participants in her study to understand how the residents of Oakly Township in South Fulton, Georgia navigated and perceived their community (2023). One respondent invested a lot of effort in his map, paying close attention to places that he associated with his friends and family. He deemed himself a homebody, and it showed in his map figure 2, (Boone 2023, 25).

Comparatively, respondent Corine drew her map with intentions of leaving out parts of the community she did not feel connected to, this is shown in figure 3 (Boone 2023, 27). By including drawings created by her participants, Boone can understand how residents in the area feel about their community, which can help address concerns expressed by residents.

By being able to express meaning and significance, the researcher and participants can set a stage of what is normal through what Congdon (1990) refers to as Wolfensberger’s (1972) normalization principle which is “utilization of means which are culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible’ (28).”

Although art as a method for learning more about the self and others is explored in this thesis, my study focuses more on the lived experiences of people who are practicing art therapists or who use art for creative expression in their daily lives. In contrast to some studies by anthropologists that focus However, participants in this study also shared some of their art

with me, some of which I have been able to include in the appendices here, and it has also helped to further enrich the narratives they shared.

3 THEORETICAL FRAMEWORK

3.1 Structural Violence and Historical Trauma

The Mental Health in America study (Reinert, Nguyen & Fritze 2022) provides data showing barriers to adults receiving treatment for mental illness in the United States. This structural violence is embedded in the system and has lasting effects on adults both physically and psychologically. Inequality and marginalization have compounding effects, and it is important to make art therapy more accessible to its service population in Georgia. Farmer (2006) says structural violence is structural because it is embedded in our systems, economic or political, and is violent because it brings harm to individuals and populations. Sapolsky (2005) discusses how the lack of services and resources can be detrimental to a person's health. In addition, not being familiar with a system's structure and procedures can be another form of structural violence since it can ensure denied access to resources (Graeber 2006, 4).

There are policies and systematic structures that are keeping adults in Georgia from receiving treatment for mental health illnesses. In November 2022, two major hospitals closed in the metro Atlanta (Thomas 2022) which resulted in loss of emergency health care facilities in low-income communities of 50,000 people, who are predominantly Black, which results in poor health outcomes already marginalized populations and laying off hundreds of employees and loss of business revenues that partnered with the hospitals (Ellis and Tensley 2022, Garber 2022, Hart 2022, Thomas 2022). Combining the hospitals closures and about 200,000 uninsured people in Fulton and DeKalb County, Atlanta is undergoing a major healthcare crisis (Bui 2022). Atlanta Mayor Andre Dickens and city officials are concerned if Georgia is equipped to handle the medical needs of its citizens (Bui 2022, Lupiani 2022).

Hart (2022) wrote an article discussing how the loss of emergency services, these hospitals also contained the offices of doctors of almost 10,000 patients that sought emergency, preventative, and mental health services. Now patients must commute an extra 20 minutes to an hour to see their doctors for preventative healthcare needs. Most of these offices are not accessible to public transportation, MARTA, which will result in patients not being able to see their doctors. Doctors and healthcare professionals are gatekeepers to healthcare resources (Hanssmann, et al., 2021) and if patients are not able to be seen, they will not have access to life saving medical treatment. This will result in an increase in diseases that are preventative such as hypertension and diabetes in marginalized communities in Georgia. This is very troubling because of historical and present mistrust in the healthcare field, marginalized patients will have to find new doctors closer to them and build new relationships with them which was already hard to do with their previous doctors.

This healthcare crisis will bring increased stress to the residents in Georgia, specifically in Atlanta metro areas. Researchers define stress, in broad terms, as a state of being that requires a person to adjust to mediate changes. These changes can include environmental, social, or internal shifts that require a person to adjust their behavior to cope (Holmes and Rahe 1967; Thoits 1995). In addition, researchers have determined that stress affects people across various social and economic statuses differently and argued marginalized populations are more susceptible to reacting to stressors because they are disproportionately subjected to more stressors than nonmarginalized populations (Thoits 1995).

The human body's response to stress includes increased heart rate, blood clotting, and heart contractibility as well as decreased immune system function, memory processing and cellular repair (Irwin 2020 and Roberts 2010, 402-403). While these responses are useful for

escaping or mediating immediate danger, they are not meant for long-term use and can have severe effects on a person's mental and physical health (Pearlin 1989). These effects can include depression, anxiety, insomnia, decreased immune system function and cardiovascular diseases (Roberts 2010, 456).

Furthermore, stress and stress responses can be passed down to future generations through learned social trauma and epigenetic inheritance (Buss et.al. 2012, Coghlan 2013, Thayer 2021). When the human brain acknowledges a stress factor, the hypothalamus-pituitary-adrenal (HPA) axis activates the "fight or flight" reaction and releases the stress hormone, cortisol (Irwin 2020 and Roberts 2010, 402-403). A study conducted by Buss et.al. (2012) found fetal exposure to "maternal cortisol affected the child's right [...] amygdala," which is where "anxiety and other negative emotions are predominantly processed" (7613). This is significant as it can show how susceptibility to stress such as depression, anxiety and other disorders are exposed to humans during utero (7614).

Combining this structural violence in the healthcare system in Georgia, what is known about stress, how stress affects the human body and how stress is passed down through generations, it is also appropriate to say denied access to resources can exacerbate these illnesses and cause additional harm. It is imperative to identify specific policies and systematic structures that bar people from receiving treatment and amend them to allow marginalized populations to receive treatment for mental illness in the United States. In addition, it is important to ensure services that can prevent and treat stress, anxiety, and depression, such as art therapy, are accessible to the service populations in Georgia.

3.2 The Three Stages of Therapeutic and Creative Processes

Another theory that is guiding this research is the stages of therapeutic and creative processes. Art calming and cathartic (Chandler 2020) and has therapeutic properties. In this thesis, I will use therapeutic to mean (1) “relating to the treatment of disease or disorders by remedial agents or methods” or (2) having beneficial effects on the body or mind” (Merriam-Webster 2023, online). Some benefits to therapeutic art are: (1) develop manual dexterity, (2) develop patterns of movement, (3) develop social communicability and (4) encourage self-identification, creativity, and meaningful experiences” (St. John 1986, 15) to name a few.

Malchiodi and Cattaneo (1988) and Dunn-Snow and D’Amelio (2000) discuss the three stages of therapeutic and creative processes and how art therapists utilize them to help clients. These three stages are: the encounter, the destruction, and the reconstruction (Malchiodi and Cattaneo 1988; Dunn-Snow and D’Amelio 2000). The encounter stage where the person conceptualizes the construction of the art piece. It is “the vision, the issue, the obstacle, the core of the problem” (Malchiodi and Cattaneo 1988, 53).

This vision can manifest in a few ways. One way is the artist has a clear view of the piece they want to create and can see it in their mind clearly. The issue is, when they go to create this piece, they become stuck. The colors are not mixing like they thought; the strokes of their brush are not quite what they should be; or *something* is missing, but they do not know what that *something* is. Another way is the artist knows what medium(s) they want to use but does not have a clear vision of how it should look. They may want to use a certain canvas with acrylic paint but are not sure what to paint. Or they may want to use watercolors to paint a landscape scene but are not sure about what kind of landscape or the colors to use. During this construction phase of the vision, the artist becomes stuck.

This vision and construction of the art piece cannot be forced and is usually done after a period of “hard and conscious work and then a time of relaxation and rest” (Malchiodi and Cattaneo 1988, 53). An artist may work on an art piece for weeks, months, even years before that moment of inspiration happens. Alice Walker (1983) discussed how she experienced an encounter when writing the relationships between two of her characters in *The Color Purple* in an essay *Writing the Color Purple*. She was hiking with her sister discussing a lover’s triangle they were both familiar with and had an *aha* moment; the missing piece to the book she was writing was a lover’s triangle. This breakthrough happened after she took time to write the story, followed by a period of rest and distraction. This breakthrough can, and usually, happens suddenly.

In art therapy sessions, the clients do not have weeks and months to wait for this clarity to come. Art therapists are trained to use specific mediums to help their clients achieve clarity sooner through art direction or free-form (Chandler 2020, online; Dunn-Snow and D’Amelio 2000). During the session, the art therapist and client will discuss topics the client wants to address, and the therapist may suggest the client use certain metaphors in the art piece to bring insight to the topic. For example, Chandler (2020) discusses how they may suggest the client draw a bridge to address feelings of being lost, stuck, or moving through a big change. The client can use watercolors and mediums to create the bridge and while they are creating, they will discuss their feelings, thoughts and experiences associated with it. On the other hand, free form “empowers my clients to express however their feeling at that moment. Intuitive process painting is a great way to uncover emotions and thoughts and allow us to recognize and develop a new relationship with our own inner critic” (Chandler 2020, online). Through these directives, clients can have clarity sooner.

The next stage is the destruction stage. When a person is creating art, they are creating something new, which “may destroy what you previously believed to be true” (Malchiodi and Cattaneo 1988, 55) to make way for new ideas (Dunn-Snow and D’Amelio 2000). Art making allows people to use their imaginations to create something new that was not previously there or was assumed not real. For example, if a person wants to paint using a brown color, but they do not have brown in their box of paints, they may think it is impossible to paint using brown because it is not there. This limitation is keeping them from moving forward with their art piece because they do not have brown. However, their encounter stage may help them see that they can mix blue, red, and yellow, which are in their box of paints, to make brown. Once they mix the colors and have brown to paint with, they are destroying the previous idea of limitations. In art therapy sessions, the art therapist can use their expertise in art making to help clients destroy previous assumptions about themselves or their experiences through guided directives or free form art making. This can be assumed ideas about themselves and their experiences.

The last stage is the reconstruction stage. This stage allows the artist to replace or create new ideas while creating. These new ideas could be about themselves and the situations they faced and also a new insight into art making. This three-stage concept may not reflect everyone’s experiences with therapeutic or creative processes, but it is a useful framework that made sense in considering my own experiences as well as those of my interlocutors.

4 METHODS

Research experts LeCompte and Schensul suggest ethnographic design is best suited for exploratory investigation which includes semi structured interviews (2010, 77). For this study, I wanted to understand how adults in Georgia use art therapy to cope with stress and difficult emotions and experiences. However, other questions needed to be considered. For example, why do individuals choose certain types of artistic mediums over others? These mediums can include different types of paint such as acrylics, watercolor, gouache, or oil paint; sketching with grey scale and colored pencils; markers; pastels or a mixture of all. How do they choose type of mental health services and treatments? Is there a distrust or uncertainty towards certain professional services? Is there a historical context that needs to be considered as to why certain populations choose certain therapeutic and creative engagement over others? Semi-structured interviews provided a better understanding of this topic while also providing an opportunity to learn details that were not initially considered.

When planning this research, I had (4) sample populations I wanted to interview: (1) art therapists, (2) business owners who provide nonclinical creative therapeutic services, (3) individuals who use nonclinical creative therapeutic services and/or methods, and (4) individuals who have used the services of art therapists. For this research, I conducted (5) semi-structures interviews under the approval of IRB (internal review board). These included (2) art therapists from Alabama and (3) participants that provided insights as (1) a business owner that provides nonclinical creative therapeutic services using art and (2) as an artist. (1) of the (3) individuals also provided insight as a business owner and artist is seeking a master's degree in social work. All participants in all are 18 years or older. During preliminary research I conducted for class projects on art therapy, I interviewed (3) art therapists who practice in Georgia. However, these

interviews were not conducted under IRB and because of this, I will not directly quote them but summarize conversations. While I do not directly quote them in my findings for this project, I reference some findings from our conversations to bring clarity on art therapy.

The sample population of art therapists consisted of people who (1) completed an approved or accredited master's level art therapy program; and/or (2) completed an approved or accredited master's level clinical mental health program or a related mental health field and have received training from an art therapist. I was able to interview (2) art therapists in Alabama who completed a master's level art therapy program and were board certified. (1) of these respondents were licensed in Mississippi as an art therapist and the other respondent was licensed in Alabama as a talk therapist. The respondent licensed in Mississippi was able to practice in Alabama because Mississippi's licensure bill allows you to practice in other states if the state the person practices in does not have licensure (Miss. Code Ann. §73-65-1). In addition, including this population brought insight on topics of access to resources, education, training, and job security for art therapists which will also inform access to resources for the service population of art therapists.

The second population I wanted to interview were business owners who provide nonclinical creative therapeutic services. The sample population of business owners who provide nonclinical creative therapeutic services included business owners and their employees who provide creative therapeutic services outside of a clinical setting or clinical specialty services. This includes providing creative therapeutic services outside of being a therapist even if the person is trained as a therapist. Services offered can include, but are not limited to, painting, sketching and/or sculpting workshops or classes that market therapeutic benefits of services and methods. I was able to interview (3) people who identified as business owners that provide

creative therapeutic services to people. Of these (3) business owners, (1) has a business in New York and the other (2) have businesses in Georgia.

The third sample population, individuals who use nonclinical creative therapeutic services and/or methods, included patrons of business owners from sample group (2) and individuals who use art outside of business settings for therapeutic use. This included, but was not limited to, creating art as a hobby, as a professional artist, and as a person who creates and sells art for income. This sample group was intended to provide insight on how art benefits them when dealing with stress, difficult emotions, and experiences; understanding how accessible mental health services are to them; why they choose to or not to use mental health services; and why they choose to use certain creative mediums over others. I was not able to recruit individuals from this population.

The fourth sample population, individuals who have used the services of art therapists, include individuals who have or currently use the services of individuals who have (1) completed an approved or accredited master's level art therapy program and/or (2) completed an approved or accredited master's level clinical mental health program or a related mental health field and have received training from an art therapist. These individuals were intended to provide valuable perspectives on how they were able to receive treatment; why they chose to receive treatment; how they chose the service provider; barriers to receiving treatment; and how treatment has benefited and/or harmed them. Unfortunately, I was unable to recruit individuals that satisfied this population group. Of the art therapists that I talked to; some were not willing to reach out to their patients due to privacy concerns. There was one classmate that said they were seeing an art therapist and were willing to participate in this study. However, when I reached out to them to set up a interview, I could not reach them.

When designing this research, I understood some participants may overlap in qualifying for sample populations. For example, individuals in sample group, (1) art therapists, might overlap with sample group, (4) individuals who have used services of art therapists. This is because therapists usually employ the services of another therapist to keep themselves mentally and emotionally healthy since they deal with populations who have experienced trauma, stress, and mental illnesses; they are susceptible to acquiring secondhand trauma through serving their clients. In addition, some participants in sample group, (2) business owners who provide therapeutic services, may also qualify as a participant in sample group (4). There was some overlap between sample populations. (1) of the business owners I interviewed mentioned she was trained and consulted art therapists when providing services. While she did not complete a master's level art therapy or clinical mental health program and does not use her training to provide clinical art therapy services, she does understand how art therapy helps individuals in clinical and nonclinical settings.

Snowball and purposive sampling (Bernard 2011, 145) was used to recruit participants. An email was sent to the American Art Therapy Association, the Georgia Art Therapy Association and other chapter affiliates of the American Art Therapy Association to recruit participants. Once I realized sending emails to the broader organizations. I sent emails directly to individuals listed on the website(s). A sample of the email I sent can be found in the appendix in section: 8.2.1 Recruitment Email Script. Special attention was made to include participants who are in states with licensure for art therapists and states that do not as to provide a comparative analysis for access to resources for states with and without licensure. However, since I was able to interview art therapists in Georgia and Alabama, which does not have licensure for art therapists, having that comparative analysis was looking very slim. However, one of the

respondents in Alabama is licensed in Mississippi, so I was able to get some perspective on how licensure can help or hurt art therapists and their service populations.

The interviews lasted between 45 minutes – 1 hour and were audio and/or video recorded as suggested by Musante, (2014) with the consent of the participants. All (5) interviews conducted under IRB were conducted online using WebEx and were audio and/or video recorded. Due to issues with the WebEx platform (3) the interviews' audio was not useful when transcribing and I had to rely on my notes taken during the interviews for analysis purposes.

When the interviews were secured, I emailed the participants a copy of the consent form before the interview started to give them time to review. A copy of the consent form can be found in the appendix, 8.2.8 Consent Form. At the time of the interview, I went over the consent form, scope of the research and why I wanted to interview them. I asked participants if they consented to be interviewed and if the interview could be recorded. Respondents were informed of their rights to end the interview at any time, stop the recording at any time, to withhold specific information from the study or withdraw from the study completely.

The target populations chosen to be interviewed will provide valuable perspectives of mental health in Georgia, access to resources for adults who seek mental health services, art therapists and barriers to reaching patients. The interview guide for art therapists is broken into four parts: (1) biographical information, (2) art therapy, (3) patients and access to resources and (4) alternative therapeutic services through art.

Another method of data collection I used in this research is autoethnography. Autoethnography combines an emic and etic perspective in research by placing the researcher in the study as a participant (Adams, Holman & Ellis 2015). By using this method, the researcher would use their personal experience to provide insight to the topic(s) discussed. As stated in the

introduction, I used art as my personal therapy to help cope with difficult emotions, thoughts, stressors, and experiences. I intend to use this method to provide valuable insight to this research on access to resources and treatment to mental health, how beneficial art is when coping and also its limitations.

5 AUTOETHNOGRAPHY

5.1 We All Have Baggage

One reality that some people forget is that everyone has baggage they are trying to unpack and move on from. This baggage can be from the consequences of their own actions or actions of others that were done to them. A lot of times, we normalize this baggage and instead of trying to empower people to be honest about their experiences and feelings, many people are silenced and encouraged to be grateful for what they do have. Instead of having safe spaces to be honest about how they are feeling, people are shamed for being human, which includes needing support and comfort. As a Black woman, the pressures to be strong and perfect are overwhelming. In this chapter, I discuss some of my personal history and involvement with using art in therapeutic ways, which led to this research and has allowed me to better understand, relate to, and interact with the interlocutors in this study.

From childhood, I was told you must keep up appearances and work twice as hard to get half of what others get. Mediocrity and weakness are not acceptable. But is it weak to be human and say, ‘things are hard, and I need help’? I believe one reason people shun those that show their human side is because they were never given a safe space to be vulnerable. Instead of saying ‘I do not know how to support you,’ they tell them to suck it up and be grateful. Another reason is so the person can grow a thick skin. The world can be cruel and to help a person have strong character, they are taught not to wear their feelings on their sleeves.

When I was 6 years old, my father died of cancer. At 32, that is something I still have not gotten over, but the sting of the pain does not hurt as much, it just feels ... normal. It feels normal to miss him; feels normal to not remember him; feels normal to always wonder ‘what if;’ and it feels normal to have a small ache when I see my friends happy with their fathers. It was

not until my late teenage years where started to really notice the consequences of not having a dad around. The experiences, teachings and conversations I *should* have had. Dating was very hard and for a long time, I felt like I was always choosing the wrong guy because I did not have a father to show me what the right guy should look like. After my father passed, my mom did not date or remarry, so it was just us. She did the best she could in raising me and I never wanted anything but there are just certain things only a father could provide for his daughter. For a long time, I just kept those feelings to myself because I felt guilty complaining about not having a father when I knew my mom was doing the best she could. I did not want to diminish her efforts complaining about something she just was not able to give.

Usually, college or your 20s is when you have fun, experience life and experiment trying to figure out who you are and your likes and dislikes. I remember a guy I dated in college told me I was broken when I expressed how losing my dad so young affected me. I was shocked to hear him say that to me but for some reason I accepted what he said because of young girl infatuation. I am almost ashamed to say that I dated and settled several times in my 20s just to get the attention of man because I was trying to replace the emptiness of not having my dad in my life. I say 'almost' ashamed because while this season was not my favorite and I did and experienced things that make me cringe, it's a reality that a lot of people go through. People die and we have to grieve and figure out our lives after their death.

In my late 20s I was a sexually assaulted after a date went bad. I was dealing with a guy I should not have entertained, and they did things without my consent after a night of drinking. The crazy thing is this occurrence happens very often and many cases of rape and sexual assault happen by someone the person knows. And it is frightening how many women I know personally, young, and old, who have been sexually assaulted by someone they know. Its sad but

its... normal. This does not make it right nor should we consider it acceptable, but the reality is, that situations like these happen frequently and instead of shaming victims, we should create safe spaces for them to be open and honest about their experiences.

5.2 “Art Therapy”

In my senior year of undergrad, I was in a bad head space and considered suicide. The pressures of looking happy when I was not happy was too much. I felt I was just going through the motions but just could not find a way to be happy. I had good grades, kept my HOPE scholarship all throughout college. I had great friends and family. But deep down, I just felt lost. I remember getting a razor you use to shave your legs and breaking the handle to get the blade out and seriously considered it. It scared me that I had gone that far, and I cried. I called a friend and asked if they could keep me company because I feared what I might do. Within the next few days, I saw a counselor at Georgia State. The counseling sessions were nice, it was the more traditional talk therapy. However, after a few weeks, I got tired of talking. I felt stuck and I was just going in circles talking about my issues but was not making any real progress. Also, students get an allotted amount of free sessions until they have to start paying either out of pocket or through their insurance. The thought of having to pay and think about insurance was just too much and I stopped seeing the counselor.

While I stopped seeing the counselor, I remembered one thing she told me. She told me I needed to give myself permission to feel. To this day, I keep that in mind and tell myself and others that phrase. For me, the biggest burden was not the trauma or negative experience but trying to pretend it never happened and life had not changed by it happening. Being able to express and own my feelings took away part of the burden of creating a life after trauma. After I stopped seeing the counselor at Georgia State, I started teaching myself how to draw and paint. I

could go on Pinterest and YouTube, looking at pictures and how to tutorials. It became a nice hobby and quieted my mind when the hard feelings and thoughts occurred. Instead of feeling like I needed to distract myself from what I was feeling, I had a safe space to think and dissect what was going on. This became a form of “art therapy” where I was able to self-evaluate, learned better communication skills, enhanced problem-solving skills, and increased self-esteem.

Figure 7 in the appendix is a picture of a sunset I created. This was created using acrylic paint, which is an easier paint medium to use for beginners because it dries faster but you can add water to dilute the paint to delay it from drying by a few minutes. In addition, acrylic can be easier to mix colors and fix errors compared to oil paint. Oil paint is an oil-based paint that takes a lot longer to dry and does not mix well with water. So, if you want to dilute it, you need a solvent that will dilute oil. I have painted using oil paint, but the painting mentioned in this chapter is an acrylic painting.

Figure 7 is a sunset painting of a beach created between 2016 - 2017. I remember painting the sunset painting after a bad day after work. It was one of those days where I was mentally and emotionally exhausted. Instead of going out and drinking with friends, I decided to paint. Water is my happy place, especially near a beach. I realized water rejuvenates me and gives me peace. Its just something about seeing the openness of the horizon and the constant lapping of the waves that screams peace. I remember going to the ocean several years ago and took a walk early in the morning and said my prayers and felt the most at peace in a long time. So the beach or bodies of water are usually my preferred subject when painting.

For this peace, I used mostly primary colors, blue, red and yellow to create the dark sunset. I did not choose primary colors for any reason besides they were easy choices, I did not have to mix paint since primary colors are usually easy to find in the art store. For the sky, I used

red, yellow and blue and used back and forth brush strokes to blend the colors. You put a little of a color, one at a time, on your brush and use back and forth brush strokes from one side of the canvas to the other. If you need more paint, you can add more. Sometimes I would dilute the paint with water or dip my brush into water to help with blending. I would then add different colors, like red and blue and keep the back-and-forth brush strokes to blend the colors together. If the colors started to look muddled, I would add more of a specific color in a specific spot to emphasize the color. For the water in this painting, I used various shades of blue and purple using the same back and forth brush strokes to blend. For the trees and land, I used black for simplicity and because it was already a dark sunset, I figured the land should be dark as well.

This painting helped me pause the negative thoughts and allow me to sit with myself. Instead of my brain freaking out and going to the most extreme solutions (suicide, self-harm, negative coping mechanisms), it was a way calm my emotions and allow my logic mind to mull over what was going on and what I was feeling. I was able to ask myself why was I upset; what were my triggers; what is a positive way for me to move forward; what are some consequences if I did x,y,z; If I did x,y,z, would that really solve my problems or cause more problems? Using art also helped increase my self-esteem. It felt good to learn new ways to paint or that I could mix colors. Seeing my skills improve over time made me feel more confident in myself. By having this outlet I was able to evaluate myself in a way that was more productive than in the past when I was in college and thought about suicide.

I want to say, during this period of time, I was not suicidal or at risk of harming myself or others. This was a period where I was contemplating my self-worth and what I had to offer to the world. What was my purpose? Why does God allow people to go through certain things? What was the point of me going through certain things in life? In hindsight, this period of time was

when I was learning how important it is for people to have a safe space and support system. By creating my art and talking to other people about it, I was learning that people were going through very similar things as I. Society has a way of making people, women specifically, feel that if they have done or experienced certain things, they are not worthy of good things in life. A woman's worth is always being measured. The number of sex partners, the right to choose, if she does not have children, or if she has too many children; is she married or not. The list goes on.

Using creative expression made it easier for me to evaluate and understand my own emotions and experiences, which made me feel more comfortable to open up to my friends and family about what I was going through. Instead of shying away from my problems, I felt empowered to talk about them. When I talked about them, I felt even more empowered because I realized I was not alone in my experiences and good things came after negative experiences. Instead of feeling dread and pessimistic about what the future would hold, I felt like things would get better and there was hope. I also felt empowered to make space for others who felt there wasn't any space for them in this world.

5.3 A Small Business Owner: *Phases by Luna LLC*

As my creative skills improved, my friend, K Medulla, called me an artist. I did not consider myself an artist because it was not something I had taken seriously; I did not have a degree in art and (at the time), art was not a way I received income. This was during 2015-2017. During this time, I began participating in art shows in different cities. There is a company that hosts art shows around the United States and abroad called Pancakes and Booze. It's a fun event where artists who specialize in various mediums can show and sell their work. People sell paintings, handmade purses, clothing, jewelry, soaps and lotions. Even unusual items such as decorated license plates. And lastly, patrons and artists can eat pancakes and drink booze. I was

fortunate enough to showcase my artwork in Atlanta and New Orleans through this event company.

My artist name is Luna. Since my zodiac sign is a cancer and we are ruled by the moon, I thought Luna would be a fitting name. Also, I am a night owl and usually would get my creative burst at night. There is something soothing about the evenings and my brain is able to think and create better at night. In addition, my work would reflect the different phases of my life. I believe people go through different seasons, or phases, in life and can help them learn and grow as a person. Some phases are beautiful and happy, and others can be trying and uncomfortable, but regardless of the phase, it will help shape and mold the person.

As I participated in more art shows, more people asked me to sell my work and take commissions. At first, I could not fathom selling my work or creating work specifically for clients! I remember my first commission, my friend's mom from college asked me to create a new piece for her new apartment. It was nerve wrecking, but I learned a lot about the process. A picture of this art piece is in the appendix, Figure 8. The customer asked for something silver, white, gold and black. At the time, I enjoyed the idea of multiple canvases being painted to make up one image. So I suggested 3 canvases, I believe they were 16 x 18 in size, and she could hang them with space between them or close together on her wall. I used white and silver for the background, using up and down brush strokes to blend the colors. The places where the silver popped more in the background, I would try to blend in more white paint for balance. She enjoyed the piece(s) and I believe she still has them in her house.

As I exhibited my art, people would ask for my inspiration and I would tell them my paintings were usually my art therapy – this was before I heard of the actual art therapy field. I would tell people how I became depressed in college and art helped me evaluate and gave me

something constructive when I felt down. People began opening up about their experience with depression and anxiety and how art has therapeutic properties. People expressed how our community, the Black community and people in South Fulton, Georgia, should be more open about discussing mental health.

After several conversations, I thought about starting a business where people can create art and discuss mental health. I started Phases By Luna, LLC in 2018 and started selling my paintings with hopes to save enough money and network to host these creative workshops. During this time, many people in the Black community were pushing the idea of Black people starting small businesses and creating generational wealth to pass down to their children and families. Everyone made it seem easy to start and grow a business, just file your LLC and you're ready to go! I had friends that had small businesses and while they shared the concerns and struggles of owning a business, they did not divulge all the details of owning a business.

I remember during the covid pandemic (particularly 2020-2021), many people on social media would talk about investing their stimulus check into starting a small business. They made it seem like \$1,000, or as little as \$200, was all you needed to start a business. That is the furthest thing from the truth. Filing your LLC is probably the easiest part. You can go online and register your business with the secretary of state and pay about \$200 for it. However, that does not mean your business name is trademarked or copyrighted, and you need to ensure you are not using an existing copyrighted or trademarked name, which is completely different from registering with the state. Then you must get your business tax number, open a business bank account, start thinking about business credit, and more! Depending on what class, book, or business expert you are learning from, the order of items you need for your business might be different and it all depends on your business. You need money, several thousand to several hundred thousand

dollars, to invest in it. Where will you get the money? Family member? Bank? Investor(s)? You need a business plan, a mission statement, figure out if you need employees to help you run the business. Do you need a brick-and-mortar location or can you run it out of your home? What about a lawyer, taxes, accounting, and marketing? If you outsource these services, you need money. If you do these services yourself, you need to know what you are doing and there is a steep learning curve. And I have not even mentioned supplies and machinery needed for the operations side of the business, which is obviously dependent on what type of business you own.

I am not saying a person needs all these things from day 1 but between day 10 to day 364, these things need to be addressed at some point or they can cause more problems down the line. A lot of times when we hear about people who are in jail for tax evasion, it is either because they are intentionally withholding their taxes or they did not know what they were doing. For a lot of people, its because of the latter. I was never charged for tax evasion but when I filed my business taxes, I found it was more complicated than I originally thought and the tax person I hired was not the most helpful. Instead of trying to teach me how to do it, they were condescending and just assumed I should know everything off the bat. I guess, as the business owner, I should have known more than I did but you have to learn at some point in life. In my experience and observance, people who live in low-income and marginalized communities and want to open a small business, usually do not have access to monetary and social capital and are at a disadvantage in maintaining their business and navigating bureaucratic requirements.

Between complicated taxes, not making enough money and not knowing much about how to actually conduct these creative workshops, I decided to dissolve the business and go to graduate school to learn about art therapy and how to run a business. That is what led me to enroll in the Master's anthropology program and the nonprofit management and social enterprise certificate at

Georgia State University in 2021. Some things I have learned are the differences between art therapy in a clinical setting and art therapy in a nonclinical setting. In the next chapters, I will discuss these differences and how they are understood and have impacted the participants in my project.

6 ART THERAPY

6.1 Art Therapy

The term “art therapy” is used in various situations and can have different meanings. For this research, I am separating art therapy into 3 different categories: (1) art therapy, (2) therapy using art and (3) creative expression. Art therapy is facilitated by a person who has at least a Master’s level degree in art therapy. They may also have additional art therapy credentials (ATR or ATR-B) (GATA, personal communication, 2023). In some states, art therapists must have an art therapy license. Art therapists might use art to address mental health, physical health, community-based concerns, trauma, grief/loss. Therapy using art is facilitated by someone with at least a Master’s level degree in a related mental health field (social work, marriage and family counseling, or clinical mental health) who uses art in their talk therapy sessions (GATA, personal communication, 2023). These individuals are not formally trained to do professional art therapy. Creative expression, or artmaking for self-care and wellness is usually done at home for self-healing and leisure or in a group setting that is led by individuals like an art teacher, an artist, or a teaching artist. These individuals may not have a degree in the mental health field or art therapy, nor are they using art in a clinical manner (GATA, personal communication, 2023).

One thing that differs among the mental health fields, such as art therapy, dance therapy and clinical mental health, are the tools and techniques used to care for their clients. Art therapy, facilitated by a professional with at least a Master’s level degree in art therapy, uses art as a vehicle to help their clients to reach their goals discussed between them and the art therapist. The goals are discussed between the practitioner and the client, but the client is the one in setting the goals. In previous research I conducted on this topic for class projects, an art therapist mentioned how they help guide the client to whatever goals they have set. The practitioner does not try to

set the goals for the client or sway them into setting other goals. However, they do ensure the goals the client set are safe and practical.

The way the practitioner helps the client reach their goals is through using mediums such as paint, pastels, collages, sculpting and drawing with colored pencils or crayons. Some mediums are mixed during sessions, or the client may use a medium during one session and use another medium during another. Justina, one of the art therapists I interviewed, said there are “safe materials” that can be used, such as collages and colored pencils. Justina is a middle-aged art therapist in the state of Alabama. These materials require less manipulation and technique to use during sessions. Sometimes they will suggest the clients start with those materials, but they let their clients choose. However, it is better if the client is not an “artist” because they are not relying on their talents. Art therapy sessions are about the process of art making and how the client can address their thoughts and feelings while making art. The sessions are not about the finished product. As an artist myself, sometimes we focus more on the final product and what others think about our art than what the artwork means and how the experience of making the art meant and felt to us. I was talking to a fellow artist, and we discussed how becoming a professional artist can sometimes be a bad thing because it takes away the joy, thrill, and innocence in art making. While a client is addressing difficult emotions and experiences, they can enjoy the process of making art without worrying about making it look good.

Martha, another art therapist I interviewed, discussed how this vehicle is very deliberate and is client centered. Martha is a middle-aged art therapist in the state of Alabama. While the practitioner may divulge a few things about themselves throughout the sessions to build trust, all sessions are focused on the client and the client’s needs. Justina discussed working with clients she calls “worried wells.” These are people who do not have an actual diagnosis. The term

“worried wells” is interesting because it infers that there is nothing wrong with the client, but they still seek the skills and expertise of a professional mental health provider. These are people who may not have a mental illness or requires medication but may have some concerns they want to discuss with an unbiased third party.

One big misconception of art therapy is that the therapist interprets the art for the client. This is not true. The American Psychiatric Association (2017) lists barriers to care for patients of “diverse ethnic/racial groups include [...] language barriers and lack of culturally competent providers” (3). Art therapists can help patients from various cultural backgrounds and overcome language barriers (American Art Therapy Association 2022; GATA 2022, personal communication) by allowing the client to use their art to set an understanding of normalcy. During the preliminary phase of this research, an art therapist in Georgia I spoke to referenced how an art teacher wanted them to talk to a student because they drew a picture that caused them concern. The picture had dark colors such as red and black, which are associated with negative emotions, experiences, and omens in some cultures. The art therapist asked the child what the colors and pictures represented, and the child said it represented a tornado storm from a story. The child drew the picture because they were asked to draw a representation from a story. While it may seem like the clinician “simply” asked the child about the drawing and made no clinical diagnosis, art therapists are trained not to interpret the artwork since their personal biases and experiences can cloud their judgment (GATA 2022, personal communication). As Wadeson (1980) says “[...] the understanding of an art expression often requires explanation from its creator” (32). Art therapists are trained to know colors and symbols mean different things in different cultures and should not assume meaning when examining artwork (GATA 2022,

personal communication). A person who was not trained in art therapy could have potentially misdiagnosed the child and created an array of problems.

Art therapist Justina said during my interview with her that “some clients do better with talk, some do better with arts.” As a trained art therapist and talk therapist, she discussed how some of her colleague’s clients became stuck using talk therapy services and her colleagues would refer their patients to her for her art therapy services. Talk therapy is a form of therapy that uses words to help treat the client. This is the more traditional and popular form of therapy. However, sometimes a person cannot find the right words to use or explain how they are feeling. Someone who recently had a stroke or a learning disability, can use art to express themselves more clearly. In addition, art therapy uses motor functions, specifically with the hands, which can help a client who has limited motor skills to increase mobility. This can be done by using different brushes to paints or using the hands and fingers to mold clay.

One way that art therapists help clients become unstuck or meet their goals is through directive and non-directive prompts. A directive prompt is where the therapist will ask the client to draw or create something to address a specific issue. A bridge drawing can be used to address feelings of being loss or stuck and a road drawing can be helpful with clients dealing with roadblocks on their journey (Chandler 2020). Alternatively, the art therapist may ask the client to draw or create whatever they want to uncover hidden emotions or experiences that the client was not previously aware of. They use various mediums, and each medium helps patients differently. For example, a patient dealing with identity issues may use collage-making during their sessions to "piece things together." On the other hand, an art therapist may suggest a patient use clay to release frustration during their sessions (GATA 2022, personal communication).

6.2 Challenges and Disadvantages to Art Therapy

Based on my review of the literature, my own experience, and interviews with two art therapists, I was able to identify some of the barriers and challenges associated with practicing art therapy and making it accessible to others. Some disadvantages to art therapy are (1) it is costly if not covered by insurance, (2) it can be intimidating for the client and potential clients; and (3) it can be hard to find the “right” therapist. The average art therapy session can cost between \$100 - \$140 before using any type of insurance or payment assistance. This does not take into account the frequency of the sessions the client may need. The art therapist may suggest multiple sessions a week or month, depending on the goals the client has set for themselves. It is assumed the more frequent the client comes, the more likely the client can achieve their goals at a quicker pace. One way some art therapists try to mitigate this is by using a sliding scale with their clients. The art therapist may give their clients a discount based on their economic situation. If the therapist’s rate is \$120 per session, they may charge the client \$75 per session. While this is a significant discount, this is still almost \$100 per session and adds up quickly based on the frequency needed to help the client.

Insurance is an option for some clients but not all. Assuming the client has health insurance, depending on their premium, the art therapy sessions might be covered and instead of paying the full price for the sessions, the client may pay a small copay. However, when doing preliminary research on this topic for a class, an art therapist told me how a client used insurance to pay for their sessions and some time later, after the sessions were paid for, the insurance company said the services were not considered a qualified service and the art therapist had to pay the insurance company back. So, there is a chance the client and/or the art therapist may have to pay the insurance company back or go through a lengthy battle to justify the services.

In addition, some clients are hesitant to use insurance because of the stipulations of service. As stated previously, the insurance can deem the service unnecessary or unqualified under the client's premium. A way for the services to be considered qualified is by showing a need for the service. Either the client has a history of harming themselves or someone else or they were diagnosed with a mental illness that could be treated using art therapy. The issue with this is, some insurance companies want a diagnosis upfront, within the first few, if not the first, session. This is difficult to do because mental illnesses can present differently in different patients and could change based on the evaluator. I have heard stories of patients being diagnosed because the evaluator did not understand what their "normal" was. For a class project on the topic, an art therapist said a patient was almost diagnosed with schizophrenia because the practitioner said they were talking to themselves. When the second person observed them, they noticed they weren't talking to themselves but singing. They were singing to comfort and entertain themselves at the facility. Being misdiagnosed can lead to many problems for patients and rushing to make a diagnosis, even if its to fast track the patient receiving services, can cause irreversible damages to the patient. Because of this, some clients choose to pay out of pocket to avoid the bureaucracy of insurance companies.

In addition to session costs, most therapists do not provide the client with the art materials. Some art therapists may have colored pencils or markers on hand in their office, but for the most part, the client must provide the materials for the sessions. This is especially true for clients who have sessions virtually. Paying for canvases, brushes, paint, pencils, pens, markers, pastel, easel, paper, etc., gets expensive. Some clients may need to use multiple mediums throughout their sessions and will need to buy supplies for each medium. On the other hand, the art therapist will work with the client if they are only able to afford limited materials.

Another disadvantage to art therapy is it can be intimidating. While art therapy is about the process of making the art and processing the client's emotions while creating, its understandable if the client wants their art piece to look nice at the end. While art has therapeutic properties, a client can get stuck when making a piece or get so fixated on the piece looking nice that it takes away from the positive, therapeutic, and clinical process that the session was intended for. As an artist myself, staring at a blank piece of paper or canvas can be very intimidating, especially when I have no idea where to start or what I want to create. In addition, sometimes I know what I want to create but for some reason the art piece just is not looking right; the colors are not blending right, the brush strokes are off. This is where the expertise of the art therapist comes in. They can help the client work through those creative and therapeutic blocks so they can move towards their goals.

The third challenge to art therapy is finding the right art therapist which is a general challenge in all mental health fields but is even more challenging in the art therapy field because there are fewer academically trained art therapists. I like to consider finding the right therapist a lot like finding the right friend, a professional and unbiased friend. Art therapists are humans, they have their own personalities, perspectives, ways of conducting a session and background. In addition, different art therapists specialize in helping different demographics and different illnesses. If a client is a member of the LGBTQ community and wants to see an art therapist that specializes in helping people navigate their sexuality, its not to say they could not see an art therapist that specializes in pediatric oncology, but they just might not be the right fit. In addition, if they find someone who specializes on the topics the client is trying to address, they also must consider if the art therapist is accessible to them. Can they be seen within the next few weeks? Some art therapists are booked for several months or do not take new patients. How far

does the client have to travel to the sessions? If virtual options are available, does the client feel comfortable doing the sessions virtually or do they prefer face to face interactions? All these things should be taken into consideration.

6.3 Licensure for Art Therapists

To become an Art Therapist, a person must have a Master's level clinician's degree from an approved or accredited art therapy program by the Accreditation Council (ACATE). This "includes training in the creative process, psychological development, group therapy, art therapy assessment, psychodiagnostics, research methods, and multicultural diversity competence" (AATA 2021, online). After graduation, a person can pursue national credentialing and licensure (AATA 2021, online). Licensure, or licensing, for art therapists is a state-regulated law that defines what an art therapist is, lists degree and training requirements to become a licensed art therapist in that state and prevents non-licensed art therapist from practicing art therapy (AATA 2021, online; GATA 2022, personal communication).

Currently, 15 states have licensure for art therapists, and they are recognized in two ways. One, is a professional art therapy license which is found in 10 states and the District of Columbia. These states are Connecticut, Delaware, the District of Columbia, Kentucky, Maryland, Mississippi, New Jersey, New Mexico, Oregon, Tennessee, and Virginia (AATA 2021, online). This license allows art therapists to be recognized independently from other mental health professionals. The second type of licensure is a professional license under a related field (AATA 2021, online). Art therapists "are regulated under related professional licenses in (5 states), Texas, New York, Pennsylvania, Wisconsin, and Utah. These related fields can include social work and clinical mental health field. Additionally, art therapists are recognized for state hiring and/or title protection in Arizona, Louisiana, and New Hampshire" (AATA 2021, online).

Recent legislative accomplishments include Tennessee House Bill 2150, passed in 2021; District of Columbia L23-0115, passed in 2020; and Connecticut House Bill 7424, passed in 2019 (AATA 2021, online).

An important sub question for this research is: what are the barriers to access art therapy Georgia? There is a limited amount of literature answering this question, however, the Georgia Art Therapy Association (GATA) was able to provide insight. Art therapists in Georgia have tried to stay away from politics. This is because clinicians do not have the time to lobby or do not want to participate in politics. Another reason is, to present a bill for voting and passage, a politician must sponsor the bill. The politician who sponsors the bill needs to have moderate political views; otherwise, there could be a fallout between art therapists and the communities they serve. This has happened in the past where a politician had controversial political views but sponsored a bill to provide licensure for art therapists in that state, and the clients of art therapists were concerned the art therapy field held similar political views. It is important not only to have the right bill but also the right bill sponsor. Currently, Georgia is looking for the right politician to sponsor the bill (GATA 2022, personal communication).

While the GATA member did not disclose who the controversial politician was, after doing some research, I believe she is referring to former Second Lady, Karen Pence, who supported art therapy in Florida in 2017 (Dobson 2017; Rudavsky 2017). Karen Pence was very vocal of her support of art therapy saying it was more than “arts and crafts” and many people would benefit from its services. However, art therapists in Florida and across the United States, were debating on whether her support of the field were appropriate. The former second lady spoke at Florida State University, which houses a Master’s and doctoral program in art therapy and was greeted warmly by the university’s president and other art therapists (Dobson 2017).

There was much debate on whether Karen Pence's support was appropriate, since many of the people art therapists treat and support are negatively impacted by her husband's political views. Specifically, "the policies that the Trump administration advocates promotes discrimination against groups such as Muslims or the LGBTQ" (Rudavsky 2017). Some art therapists wanted to take the non-partisan stance, saying they should encourage dialogue and inclusivity between political parties, regardless if they were republican or democrat. However, others felt by accepting her sponsorship, they were agreeing with her (and her husband's) political views. Karen Pence encouraged 3 things: (1) educating the public about the profession, (2) encourage more people to enter the field and (3) to make people who have suffered trauma aware of the benefits of the field so they can get help (Rudavsky 2017). Based on my thesis research, I came to a similar conclusion about what is needed in the future.

Politics and policy work are inextricably linked. One thing I have learned is that policy affects all of us in some way, you cannot escape policy. It affects wages, healthcare, education, food, infrastructure; everything. To change policies, whether it's on a city, state or federal level, it will require enough support or votes from both sides of the political isle to pass; this requires both sides to agree (enough) on an issue and for both parties to get *something* out of it. This leads to politics--the wining and dining, the meetings, the political strategizing and campaigning, the deals that are made. You cannot escape it. When you are asking for support from a political figure, especially someone as high ranking as the (former) second lady, you cannot avoid politics.

This also brings up an interesting topic of advocacy. How far should practitioners advocate for their patients? Does advocacy stop outside the medical office and making treatment recommendations? Does it go beyond that? Art therapists understand the field needs more

support and to increase public knowledge that it is an option for treatment, but is all support good support? Is it right to accept the support of someone who publicly endorses policies that negatively impact the populations you want to help? On the other hand, if they do not accept support of public figures, they could delay progress for the field and those they want to help. It is not an easy position to be in but this does open dialogue about advocacy from healthcare professionals.

In addition, a GATA member discussed how art therapy uses qualitative research methods, which makes it hard to prove the benefits of art therapy to legislators. Other clinical therapies, such as talk therapy, use quantitative methods which are easier to standardize. Creative therapies, such as art therapy and music therapy use qualitative methods, which provides less standardization in research methods compared to quantitative methods. However, music therapy has licensure in Georgia (GA ST § 43-25A-1). How can music therapy have licensure in Georgia and art therapy does not? Music therapy is a creative therapy; however, it has adopted quantitative research methods and uses neuroscience to prove the benefits to legislators and the public (GATA 2022, personal communication). While qualitative methods are becoming more widely accepted in the research field, it would be beneficial for art therapy to partner with other clinical professions to advance its research methods. This would help provide support for the field and licensure.

Licensure for art therapists is essential because it (1) "protects the public from harm, (2) provides title and practice protection for art therapists, and (3) opens doors for insurance reimbursement" (AATA 2021, online). By defining what an art therapist is, their training, and degree requirements, the state is "identifying practitioners with the academic training and clinical skills required for the safe, effective, and ethical practice of art therapy" (AATA 2021, online).

This provides title and practice protection for art therapists (AATA 2021, online). Lastly, licensure provides security and legitimacy for art therapists in that state, allowing clients to use health insurance to pay for services. This makes “art therapy more available and affordable for potential clients” (AATA 2021, online).

While there are several ways licensure benefits art therapists, how does it benefit non-white service populations? GATA was also able to provide this insight. Licensure for art therapists offers (1) accessibility to services and (2) safety of services delivered to its non-white service population (GATA, online). Licensure provides legitimacy and a way for insurance companies to deem art therapy as a qualified service they will reimburse customers for. As state earlier in this chapter, sessions can be quite expensive and if a patient wants to use their health insurance to pay a small copay instead of the full out of pocket costs, it could increase their willingness to go and be treated.

While there are many benefits to licensure, some art therapists are on the fence whether licensure is really needed. On one hand, it provides safety for patients. It ensures practitioners are treating patients ethically and if they are not, there are repercussions for their actions. In addition, it provides legitimacy for the field which in turn can provide job security for art therapists. Specifically, it allows practitioners to have private practice. They do not have to practice under someone else, so they can have autonomy over their work. In addition, they will be able to supervise others, which also leads to more money and job security.

However, some art therapists feel licensure is a form of gatekeeping and possibly encourages elitism. Most licensure bills require the applicant to sit and pay for an exam, complete, and pay for classes as a continuing education requirement, and pay for the actual license. Depending on how the licensure bill is written, an applicant may have to renew and complete the requirements

every 2, 3 or 5 years. Students who are just graduating from their program do not have the clientele to afford to pay for a license and are already in extreme debt because of school loans. By having a population of practitioners who need to ensure they have enough money to support themselves and their practice, they may choose to serve populations that can pay the full out of pocket costs or can afford higher session rates. This will negatively affect the low-income, marginalized populations who will not be able to afford their services. This is not to say licensure causes practitioners to become money hungry or intentionally outprice their services so the populations in the greatest need cannot afford it. However, we must be honest that these practitioners have families and bills like the rest of us and to add costs in a field that does not pay a lot puts them in a tough financial position. On the other hand, I cannot place the weight of this on the shoulders of art therapists. There are studies showing that people are having a hard time finding and affording healthcare services (CITE) and it is not just in one area of the healthcare field. The healthcare system in the United States favors those who have money and power and we must be careful of who we elect in office who make the policy decisions that affect access to resources in healthcare. This goes back to the argument of how far healthcare workers should advocate for the patients and get involved in policy and politics. By accepting the support of political figures who endorse policies that negatively impact the communities you serve, you are not doing yourself or your patients justice.

7 CREATIVE EXPRESSION

7.1 Community Engaged Art

As stated in chapter 5, creative expression, or artmaking for self-care and wellness, is usually done at home for self-healing and leisure or in a group setting that is led by individuals like an art teacher, an artist, or a teaching artist. These individuals may not have a master's level degree in the mental health field or art therapy, they are not using art in a clinical manner. While art has therapeutic properties, it can also be used to bring communities together by addressing the stigmas of mental illness and activism through community engaged art. Figure 5, which can be found in the appendix, shows a mural created by the New York Mural Arts Project (NYCMAP) in partnership with Chelton Loft in East Harlem. It was created by members in the community to “reduce the stigma associated with mental illness by generating dialogue between community-based mental health service providers, persons living with mental illness, certified peer specialists, professional mural artists, and the community at-large” (McCarthy 2023, online).

Kristy McCarthy was chosen as the lead artist for the project and gave the following description of the mural on her website:

My dear friend and long-time muse, the marvelous @nailsbyshani is the protagonist of the mural, demonstrating the self-care and community support that beauty salons and barber shops offer the community, providing a space for people to connect with each other and let their hair down - literally and figuratively, while pampering themselves and practicing self-care. As she gets her hair done, Shani is tending to an aloe plant, a powerful symbol of self-compassion and the importance of self agency in the healing process.

The black dog at Shani's side represents the heavy depression and dark days that come and go with mental illness, and in the corner we see a young man being comforted by a friend, a drawing done by the talented @elijahart. The plants in the mural all have healing properties: chamomile, lavender, chrysanthemums and aloe, and the phoenix represents rebirth and triumph after recovery.

While most of the respondents I interviewed are referenced by a pseudonym and not their real name, this respondent, Kristy McCarthy, is being referenced by her real name since most of the things she discussed during the interview are things she has discussed in public and on her website. Also, her artwork is public and it is important to give appropriate credit to her body of work. She gave me permission to use her real name. McCarthy is a trauma informed teaching artist that operates in New York, helping adults, teenagers and children through community engaged art. Originally from Wisconsin, McCarthy has traveled to other countries in South Asia and South America, immersing herself and learning about different cultures with an educational background in anthropology and Spanish. During the interview, McCarthy discussed how they were not formally trained as an artist, specifically as a painter, but learned through trial and error after her cousin passed away. She never dreamed of becoming an artist, but her cousin's death catapulted her into art. Her cousin was a street artist, who painted graffiti and street art on public surfaces, such as buildings, and when they passed, McCarthy had to pack up their belongings, where she found their street art stencils. She was very close to her cousin, and she decided to take her cousin's stencils and started tagging buildings with them as her way of grieving and healing from the loss. In doing this, she started enjoying art and learned about different types of mediums.

After this, she worked as an art assistant and, during the interview, mentioned how 45% of the art world is networking and finding art opportunities. McCarthy's style of painting incorporates a lot of nature metaphors, specifically plants and animals. Her process of creating art starts with writing, it helps clarify thoughts and her stance on the art piece. She likes using metaphors because it makes the piece more intriguing and adds value.

Through community engaged art, McCarthy provides accessible art to low-income, underprivileged individuals in New York. She says by doing this, she is giving power back to the community, making them “powerful as a politician.” This is done by creating a safe space for these individuals, usually children and teenagers, which helps them build confidence creating murals. While McCarthy is usually the lead artist and organizer of these murals, the participants she partners with have a say in what they want the mural to look like and represent and McCarthy helps them learn the techniques to bring it to fruition. Such techniques include learning about pattern making, color theory and composition.

In addition, during the creative sessions with participants, she may start the session with what she calls a mindfulness strategy, similar to a check in. She will ask participants to use symbols and metaphors to express how they are feeling. She may ask them to show me your mood using the weather. By doing this, the participants are better able to express how they are feeling, and it helps others understand how to treat them if they are not feeling the best. This is important for two reasons; one, a lot of times, people compartmentalize and do not check in with themselves, especially if they are in survivor mode or have something going on. It is good to check in with yourself and ask, ‘how am I doing?’ Another reason this is good is because it can be very hard expressing your feelings. This can be because a person has a hard time opening up or was never taught how to express their feelings. By allowing her participants to do this, she is helping them communicate and become emotionally mature within themselves.

McCarthy discussed how she does not approach the project as a healing experience, but the participants get whatever they need out of it. By doing this, she says it is more natural and authentic compared to clinical art therapy because it meets the person where they are at. Seeing a counselor, no matter what kind, takes a lot of bravery and some people are not ready to do that.

She says, sometimes the people she works with want to just have fun creating art, being around other individuals in a positive setting or they have a message they want to show the world.

Whatever the case maybe, they can decide, which also gives them autonomy. Once they feel comfortable, they will open up and discuss their concerns, stresses or trauma, which can be a gateway to seeking counseling, if they choose.

McCarthy works alongside trained art therapists and understands the boundaries when working with individuals in a setting where they discuss mental illnesses and traumatic experiences. She mentioned how she has experienced secondhand trauma by hearing their stories and has had to take time off to deal with it, similar to how art therapists have to take time off as well.

7.2 “It’s A Relationship with Your Conscious and Subconscious”

Respondent K Medulla is a creative in Atlanta that spoke about how art helps her reflect and express herself. In this section, K Medulla’s artwork is referenced, and I believe it is important to give her credit, so her artist/ brand name is used. When I asked if she preferred her real name or artist name to be used, she requested her brand name.

Her go-to mediums to use are poetry (writing) and painting. She said:

There’s power and healing within your words. If you say it then you believe it. Poetry is something that is straight [forward], there is no sugar coating it for me

[I] put in my energy when I might be sad or when I might be happy or when I need to sit with myself and reflect, art lets me do that. I can use certain colors or brush strokes. It’s a relationship between your conscious and subconscious. If you were angry when you made something, you look back at the artwork and you’re like, oh, wow, it makes you feel something and you can see the anger. It’s a tangle product of what you were going through.

Creative expression is a way for people to evaluate themselves and the situation(s) they are currently facing. She believes people are losing authentic connections to themselves and others

and people need to feel something. Instead of suppressing feelings, people should take more time to sit with themselves and connect with their subconscious mind. In doing this, it brings balance to the individual and can help open dialogue between people to bring better understanding and community connections. In addition, it is a positive outlet, which can keep them from hurting themselves or others or doing something they may regret later.

Scholars have acknowledged the importance of journaling, “keeping a journal, and working through an autobiography, are central recommendations for sustaining an integrated sense of self” (Giddens 1991, 76). When you reflect, you can see a tangible product of what you were going through, the ultimate creative diary. This allows the person to keep track of their growth as a person and as a creative. The person sees how their skills have matured and evolved, which can increase positive emotions and self-esteem. In my experience, looking at old art pieces that I created can give me a different perspective on the piece. Some pieces I have made, I hated, or thought did not turn out well. When I go to look back at them years later, I have a deeper appreciation for them and even think “that didn’t turn out as bad as I thought, why was I so hard on myself?” A lot of artworks can carry memories, when we look at pieces that we create, we remember *something* from that time, and it can help us reflect on the *then* and *now*. A person can feel proud of how far they have come, or they can acknowledge the need for additional growth in certain aspects of their life.

Creative expression can also be used as an act of rebellion. Tine (2021) created a study about modernity and how it “Within this process, people might choose different ‘moral’ pathways, by following, refusing, or rather adapting prescribed social roles, kinship relations and magico-religious beliefs” (Tine 2021, 57). Respondent K Medulla, who is a local artist in the Atlanta area, discussed various ways she uses art to express herself. One way is by creating

African diaspora art as “a response to rejecting the ideologies created by post-colonialism” (K Medulla 2023). One example of these tribal masks is figure 6, titled *Mishe*. As an Atlanta-native, K Medulla’s dad used to take her to the High Museum of Art as a child and they would view the collection of African masks.

I felt a sense of belonging and understanding from the African diaspora. This sparked my curiosity to research more on Western and African culture in college. My artwork, entitled *Mishe* is coined from my middle name. It is a part of a collection of African diaspora artwork I started in 2017. Traditional African masks highlight the lost art of craftsmanship and one’s connection to their tribe through ceremonies, rituals, initiations, spiritual practices and beliefs. I approached the creation of this art piece by using natural elements such as wood, images of nature, found objects, acrylic paints, and chalk pastels.

Mishe’s construction is a response to rejecting the ideologies created by post-colonialism. As an African American woman, I began to challenge what society defined as barbaric within the practices and belief systems created by my African culture. *Mishe* is a celebratory mask that represents anyone that is on the journey of self discovery. This mask, along with others in my collection, represent a connection between me, my ancestors, and individuals within my subculture in Atlanta. I call my “tribe.”

K Medulla rebels not only by creating tribal masks but also by incorporating non-traditional materials into her art, such as plants and botanicals. She says plants and nature keep her grounded, which also helps her connect with her conscious and subconscious. Because of this, she has host creative workshops where patrons paint plant pots while also learning how to care for plants. She says caring for plants is a way to care for something outside of yourself but can also be a reflection of yourself. For example, if the plant is wilting and looks dry, the person has to figure out what are the needs of the plant and what things living things (or beings) need to survive. In doing this, they can also reflect on themselves ‘am I getting enough water, am I taking care of myself?’

During these paint and pot workshops, patrons would drink herbal tea or wine, listen to jazz music and paint the plant pots she provides them. Each pot had a pre-drawn stencil on it but

the patrons had the freedom to design it however they wanted. Some would draw lines or use various colors and patterns. During the painting session, the patrons were usually quiet, enjoying the atmosphere and spending time with themselves. If they had questions or needed assistance, she would show them various techniques, but they had the freedom to learn and experiment on their own. She says this helped non-artists with anxiety of what they are supposed to do with their pot and decorating it.

When it was time to pot the plants, she said she did not provide gloves, so they used their hands to feel the dirt and observe the texture and color. This helps with the grounding experience which keeps them present; instead of worrying about the past or future, they can focus on the now and remain calm. During the workshop, they learned about spider plants and their benefits and how to care for it. She said spider plants are easy maintenance, so it's not hard for those who have little experience with plants. She called the workshop a way to escape because the patrons were relaxed and having fun and were not worried or distracted by other things.

7.3 Addressing Intergenerational Trauma

Creative expression can be a way for people to address intergenerational trauma, as respondent Naomi has pointed out in her interview. Naomi is 31 and a daughter of genocide survivors from Cambodia and is currently in a Master of Social Work program in Georgia. The name Naomi is a pseudonym, since the things she mentioned during her interview are sensitive and her artwork is not being used in this research, her real name is not being used. Naomi was always a creative person and stated she needed emotional validation when growing up because she felt like the black sheep in her family. She explained during the genocide, the powers at be killed the intellectuals and creatives first because they maintained the culture of the people they were trying to overthrow.

In the seventies, they killed all the artists. The very first thing they killed [was] all the intellectuals. All the musicians, everybody wiped out. Why? Because those are the

drivers of culture, and they wanted to set the clock back to year 0 and they turned our whole entire country into like an agrarian, concentration camp. My parents escaped and came here and they gave us this beautiful, amazing life. [It became like] intergenerational trauma because my parents had to carry this thing [pain].

Because of this, her parents saw being an artist or creative as taboo. Growing up, Naomi enjoyed art and drawing, and her parents could not understand why she wanted to be an artist when being an artist got many people killed in their home country. Even though they are now in America and being an artist is not considered taboo, it was considered taboo in her family.

As a mom and a preschool teacher, Naomi wants to help children deal with their big feelings like anger, sadness, jealousy, etc., By learning how to deal with their big feelings at a young age, they can understand self and the world around them.

You're kind of teaching the children to build confidence, but also put those big emotions into something positive. I'm feeling angry but let me put that in something more constructive and then I can learn from it and grow from it and go from there. [...] If we give that foundation just to start, we can bypass a lot of the things that we inflict upon each other.

The way she does this is through various arts and crafts sessions in her classroom. She even incorporates guided meditations and visualizations for her students.

I tell them to take deep breaths imagine themselves as a seed then the rain and the storm is coming in and I'll go around and water my seeds. Some kids think its fun and games and laugh. Then we will talk about them growing and they'll say they are growing up as trees

When doing these meditation and arts and crafts time, she lets the kids create what they want, and she meets the kids where they are at.

I do not influence their art. I will give them all the supplies. I'll let them hold their scissors, have their glue. They can make whatever they want. [...] maybe because I am coming from this education area, we want kids to do a thing. We want it to be done [a certain] way. But when we're considering the therapeutic things and actually getting to the root of something, we [must] see the person. [If] he genuinely cannot sit still and me forcing him to sit there and do this in this way is not going to serve anybody. Don't attempt to force it.

Being a student in the MSW program has allowed her to think about helping people differently and consider things she never thought of before like placing professional boundaries and being trained to handle clients from varying backgrounds.

I've received training, I want to do things in more professional ways. [...] Make my curriculum and [create] boundaries with my clients and those parents.

She is enrolled in a social work program instead of an art therapy program because the state of Georgia does not have a Master's level art therapy program. The one program that was offered in the state of Georgia has been discontinued. Now, if a person who lives in Georgia and wants to receive a Master's degree in art therapy, they will have to enroll in an online program or attend one out of state.

8 CONCLUSION

8.1 Benefits of Art Therapy and Creative Expression

Art therapy has many benefits; however, the term “art therapy” has been used in different ways with different meanings. From a clinical standpoint, art therapy is something that is facilitated by a person who has at least a Master’s level degree in this field. During these sessions, the art therapists use art as a vehicle to help the client address mental health, physical health, community-based concerns, trauma, grief/or loss. Some art mediums used in the sessions are paint, pastels, clay, collage, or colored pencils. Each art medium is used intentionally to help the client meet their therapeutic goals. A person does not have to be good at art or an artist to seek services from an art therapist. Art therapy is more about the process of creating art and how the client feels and can process their thoughts and emotions. The art therapist can help the client with techniques, but the end goal is not to create a nice piece of artwork to hang in a gallery.

Another category of “art therapy” is therapy using art. This is facilitated by someone with at least a Master’s degree in a related mental health field, such as social work, marriage and family counseling or clinical mental health, and uses art in their talk therapy sessions. These sessions use words and other psychotherapy techniques to address the client’s needs and art is used as a supportive tool instead as a main vehicle for treatment. These individuals are usually not formally trained as art therapists. Because there are not that many art therapists in Georgia, therapy using art is beneficial because art has therapeutic properties, and it can be helpful for clients who are anxious during sessions.

The third and last category of “art therapy” is creative expression. Creative expression or artmaking for self-care and wellness is usually done at home for self-healing and leisure or in a group setting. The person generally does not have a degree in the mental health field; if they do

have a degree in the mental health field, they are not using art in a clinical manner. Some people use creative expression in group settings to help address stigmas of mental health and facilitate conversations so people can feel more comfortable to see a therapist. Creative expression is a positive way to meet people where they are; if they are not ready to heal and use art as a therapeutic tool, they can use it to express themselves or have fun.

8.2 Accessibility for Service Population

There is little accessibility for the service population for art therapists in Georgia. A study called *The State of Mental Health in America 2023* found that “21% of adults are experiencing a mental illness which is equivalent to over 50 million Americans” (Reinert, Nguyen & Fritze 2022, 8). Many adults reported they were not able to receive treatment because they did not know where to get help, thought “they could handle their mental health without treatment,” did not have the time or the health insurance was not paying enough for treatment (Reinert, Nguyen & Fritze 2022, 22).

The Atlanta metro area has experienced the closing of 2 major hospitals which provided emergency services and housed doctors’ offices (Thomas 2022). Doctors and healthcare professionals are gatekeepers to healthcare resources (Hanssmann, et al., 2021). If a patient needs a referral to a specialist, whether it’s a medical professional or mental health professional, a doctor can make the recommendation which increases the chances of insurance companies paying for the services because it shows a need for service. In addition, a patient may not know what specialty they will need, and a doctor or medical provider can help make that determination. Because of the hospital closures, low income and marginalized communities in the Atlanta metro areas will have to travel (further) to seek treatment which increases the risk of missing or not making doctor’s appointments. These appointments also include seeing a mental

healthcare professional. The current healthcare structure in Atlanta is making it harder for people to receive healthcare treatment, which is a form of structural violence.

Some challenges related to accessing clinical art therapy for its service population are the costs of service. Sessions can cost between \$100 - \$140 and it can become more expensive depending on the frequency of the sessions. In addition, some art therapists require their clients to bring their art materials, which can get expensive depending on the medium they are using. While some art therapists are willing to give their clients a discounted price based on their budget, it can still be expensive. Also, finding the right art therapist is a general challenge in all mental health fields but is even more challenging in the art therapy field because there are fewer academically trained art therapists.

8.3 Accessibility for Workforce Population

There is little accessibility for the workforce population of art therapists in the state of Georgia. Currently, Georgia does not have a Master's level art therapy program. If a resident in Georgia wanted to get a Master's in art therapy, they would have to enroll in an online program or an out of state program. Because of this, it is harder for a person in Georgia to break into the field of art therapy and may choose to enroll into a related mental health program such as social work or clinical mental health and train under an art therapist. While they would not be able to say they are an art therapist and would not have the formal training of an art therapist, they would be able to understand how art therapy works and incorporate art in their sessions ethically. These sessions would be considered therapy using art, as explained earlier in this chapter. Art therapists stress there is a difference between art therapy and therapy using art and professional mental healthcare providers should understand and respect those differences.

Lastly, Georgia does not have licensure for art therapist. Licensure is a state law that would define what an art therapist is, education and training requirements, creating a licensing board to oversee the processes of licensure and list consequences if a professional violates the terms and conditions of licensing (AATA 2021, online; GATA 2022, personal communication). This provides safety to its service population. In addition, it provides legitimacy for the field, which encourages insurance companies to see the service as a qualifiable service. This would provide a way for clients to pay for the service with a small copay instead of paying the entire session fee out of pocket. Licensure provides job security to art therapists and allows them to supervise and practice independently.

However, some art therapists see licensure as gatekeeping. To become and remain licensed, an applicant will have to take an exam, which incurs a fee, pay for continuing education; and pay for the license. The license renewal occurrence can vary but it is usually every 2 or 5 years. For applicants who have recently graduated from school, they may have significant student loan debt and have not acquired enough clientele to be able to afford the costs of the license. Since licensure will list the education and training requirements, if the state the person lives in does not have a program that is accepted for licensure, they will not be approved for the license. Since the state of Georgia does not have a master's art therapy program, if the state passes a bill for licensure, it will be extremely difficult for the applicant to be approved.

8.4 Applied Anthropology: Policy and Program Recommendations

I am making a recommendation for licensure, but licensure without provisions for a new master's program is not going to be sufficient. The policy recommendation is to pass a bill that provides professional licensure for art therapists in the state of Georgia. This bill would define what an art therapist is, list degree and training requirements, create a licensing board made of art

therapists and prohibit non-licensed persons from practicing art therapy. This bill would also include provisions to create an accredited art therapy master's program in Georgia within 5 years of passage with an opportunity to create a joint master's art therapy and clinical mental health degree program. The joint master's degree would recognize the clinicians related mental health degree and they would take art therapy classes to receive training. This would allow clinicians who do not hold an art therapy degree to receive training and course work in art therapy without having to complete a second master's degree.

The pros to this recommendation is that it would provide job accessibility and security for art therapists; would entice other art therapists to move and train in Georgia; and would bring more diverse representation in the art therapy field which would help non-white service populations. Provides options for potential students and clinicians in Georgia to pursue a career in art therapy without having to pay for a second degree.

This option is inspired by Kentucky's licensure bill, KY ST § 309.133, which allows a person from a master's or doctoral degree in a related field, with increased training hours to be a licensed art therapist with approval from the licensed art therapy board. This would allow clinicians who do not hold an art therapy degree to receive training and course work in art therapy without having to complete a second master's degree while making sure they receive adequate training. To combat funding issues, the American Art Therapy Association (AATA) and the Georgia Art Therapy Association (GATA) can fundraise and use government funding to support these initiatives. In addition, fundraising would bring community awareness, and buy-in which would help jump start the program.

A disadvantage of this recommendation is it could become expensive and hard to execute since it is difficult to create a master's program, receive accreditation, find funding, professors,

and administrators to run the program. In addition, it would require community buy in which would take time and funding to build community support.

8.5 Reflection

Conducting and writing this body of work has been an invaluable experience for me. I have a greater understanding of what art therapy is and how people use it in clinical and nonclinical settings. One thing that was hard was accepting how to define art therapy in nonclinical settings. As a researcher, I have a responsibility to acknowledge the perspectives of the participants I interviewed and respect those perspectives. In my research and interviews, the art therapists made clear the boundaries of art therapy and what it is and what it is not. I found myself struggling to say ‘creative expression’ instead of art therapy when describing therapeutic art activities at home. The term ‘expression’ would suggest the art symbolizes what the creator is feeling, thinking, or experiencing. The term ‘therapy’ would suggest the art is helping the individual relieve stress, heal, or deal with trauma. Not all art created at home or outside a clinical setting is made to *express* but could represent the process of a person trying to address emotional or mental health problems or simply learn about themselves.

I plan to use this experience and knowledge to help others better understand how art can help people and alternative options for mental health services. As Kristy McCarthy said, mental health is community health and I believe this work will contribute to the overall community health for Georgians and individuals who are struggling to find a safe space to be themselves.

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APPENDICES

Appendix A: Methods

8.5.1 Recruitment Email Script

My name is Juel Ables, and I am a graduate student in the Anthropology department at Georgia State University. My thesis research seeks to understand how adults in Atlanta Metro areas use art therapy in clinical and nonclinical settings to cope. The significance of this topic will help bridge an understanding of art and mental health in metro Atlanta since Atlanta has a rich history in the arts and creativity.

I am interviewing professionally trained counselors with a master's in art therapy - inside and outside the state of Georgia; business owners who provide creative expression services; visual artists; and individuals who have used art therapy services.

Topics that will be covered include (but are not limited to) benefits of art therapy in clinical and nonclinical settings, access to mental health resources, and why individuals may or may not choose art therapy services.

If you are interested in being interviewed or have any questions, feel free to email me at: jables1@student.gsu.edu

I am completing interviews through July 31st, 2023.

Appendix B: Figures

8.5.2 Figure 1

Rank	State	Rank	State
1	Kentucky	26	New Hampshire
2	Hawaii	27	Louisiana
3	New York	28	Mississippi
4	Pennsylvania	29	Montana
5	Wisconsin	30	Washington
6	Connecticut	31	Maine
7	Tennessee	32	Arkansas
8	New Jersey	33	District of Columbia
9	Illinois	34	Nebraska
10	Maryland	35	Texas
11	Michigan	36	Minnesota
12	Massachusetts	37	Alaska
13	Iowa	38	Ohio
14	Virginia	39	Missouri
15	Vermont	40	South Dakota
16	Delaware	41	Indiana
17	South Carolina	42	Nevada
18	North Carolina	43	Oklahoma
19	Rhode Island	44	Idaho
20	West Virginia	45	Colorado
21	California	46	Utah
22	New Mexico	47	Alabama
23	Georgia	48	Oregon
24	North Dakota	49	Arizona
25	Florida	50	Wyoming
		51	Kansas

Figure 1 Prevalence of Mental Illness in Adults (Reinert, Nguyen & Fritze 2022)

8.5.3 Figure 2



Figure 2 Boone 2023

8.5.4 Figure 3

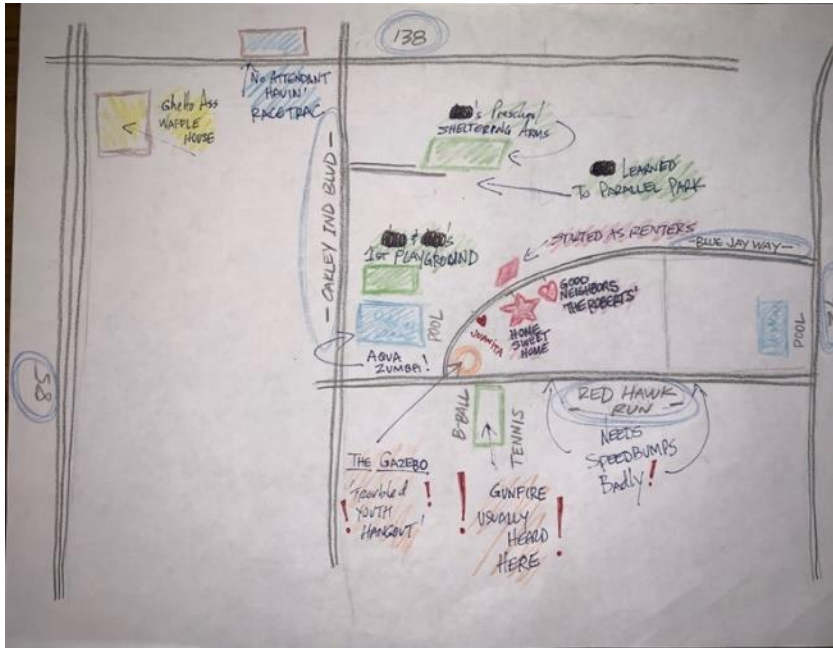


Figure 3 Boone 2023

8.5.5 Figure 4

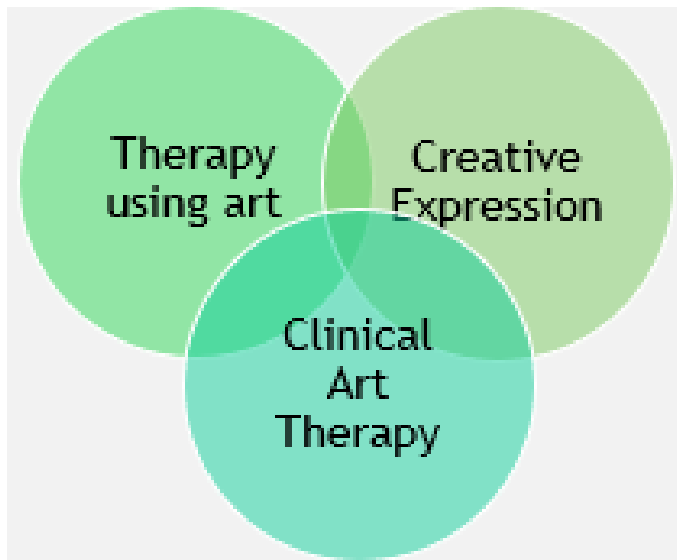


Figure 4 Diagram of the 3 types of art therapy

8.5.6 Figure 5



Figure 5 Mural created by Kristy McCarthy

8.5.7 *Figure 6*



Figure 6 Picture of K Medulla and her mask painting titled 'Mishe'

8.5.8 *Figure 7*



Figure 9 Sunset painting created by author

8.5.9 *Figure 8*



Figure 10 Painting created by author

8.6 Appendix C: Forms

8.6.1 Consent Form

Georgia State University

Informed Consent

Title: Art Therapy in Clinical and Non-Clinical Settings for Adults in Atlanta Metro Areas

Principal Investigator (PI): Dr. Cassandra White

Student Principal Investigator (Student PI): Juel Ables

Procedures

- You are being asked to take part in a research study.
- You are being asked to be in this study because you are adult (18 or over) who uses art professionally or for personal reasons.
- If you choose to be in the study, you will be asked to take part in an interview. This will last no more than an hour on one day.
- Interviews will take place online (via Webex) or in person at a time and place agreed on by you and the student PI.
- There will be no more than 20 people in the study.
- Interviews will be digitally or audio recorded if you agree. If not, you can tell the student PI. The student PI will also take notes during interviews.
- You will be asked about your experiences with art and creative engagements, art therapy in clinical and or non-clinical settings. The student PI will also ask about your life and experiences with art, mental health, and self-care. You can let the student PI know if you do not want to answer a question.
- You will be asked if you would like for a picture of your artwork to be included in the final report with a description of the art piece. If you consent, the student PI will ask you send an email including a picture of the artwork and a description. Your real name will not be included but your given pseudonym identifier.

Voluntary Participation and Withdrawal

You do not have to be in this study. You may skip questions. You may also stop being in the study at any time.

Contact Information

Contact Dr. Cassandra White, [email redacted], [phone number redacted] or Juel Ables, [email redacted], [phone number redacted], if you have questions or concerns about this study.

Consent

If you agree to be in this study, please say yes to the student PI.

If you agree to have your interview recorded, please say yes to the student PI.

If you agree to have your artwork included in the final report, please say yes to the student PI.