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Implementing Cultural Humility in Art Therapy

Louvenia Jackson

The current social landscape requires art therapists to possess compassion and cultural awareness and acquire critical reflection. Cultural humility is also needed as it is vital to art therapy practice today. The emphasis on theoretical and clinical learning is only possible with cultural considerations (Boston, 2016). Art therapy publications continue to reflect cultural understanding and context as a subset of skills that exist outside of theory, symptomology, or clinical practice. It becomes categorized similarly to population, skill, diagnosis, in art therapy training. Until recently, early voices of people of color with diverse cultural identities have been silent. Today, conferences and symposia are remedying this oversight by providing forums for some of the most powerful voices in the field's development. In this chapter I will try to bring together voices and ideas that call for the implementation of cultural humility in our profession.

Cultural Humility Echoed in Art Therapy History¹

Cultural awareness, diversity, and competence have been discussed in art therapy since the beginning of the profession. Individuals such as Lucile Venture wrote about the need for diversity in the field of art therapy (Venture, 1977). Pioneers of color such as Georgette Seabrook Powell and Sarah McGee contributed to the wealth of experience early therapists brought to the field (Gipson, 2019). Other art therapists went on to echo the need for cultural sensitivity (see Appendix I). In recent years, other art therapists broadened the conversation of cultural inclusiveness. Data suggest art therapists are a racial and ethnically homogeneous group. For years there has been a need for thoughtful cultural approaches that include the individuals that engage in art therapy practices.

Over the years, there have been numerous articles in the American Art Therapy Association (AATA) journal that feature art therapists of color. Of particular interest is the series "Stories of Art Therapists of Color," in which contributors candidly reflected on self-identity and the practice of art therapy through a cultural lens. There

are also books such as Hiscox and Calisch's (1998) *Tapestry of Cultural Issues in Art Therapy*, which offer reflections on cultural sensitivity and awareness. Other books and articles have focused on specific populations, expanding the variety of publications that have included the conversation of cultural awareness and cultural competence.

The AATA journal published a special issue on culture, diversity, and identity in 2015 which offered important reflections on cultural aspects of art therapy.² It provided details of the history and development of the AATA Multicultural Committee and its impact on the field of cultural awareness. Prominent individuals of color were contributors to this essential issue, which covered topics of social justice, increasing diversity in the field of art therapy, and cultural competence in pedagogy. The prompt distribution of this issue spoke to the need and interest in this topic.

The innovative approach and philosophy of *cultural humility* has been met with hesitation because the term humility brought about comparisons to competence. Some felt that moving away from the term cultural competence would dismiss or devalue the work that had been done by art therapy pioneers and advocates who sought to uplift the importance of competence within art therapy. It was urged that before focusing on humility, cultural competence in art therapy and the associated work should be studied, honored, and illuminated. While this is still imperative and relevant, when examined, both cultural humility and competence are needed. There is a place for both in the conversation of inclusion, diversity, and equity. Boston (2016) acknowledged that after introducing multicultural competencies to offer guidance, knowledge, and skill, there is a need to include cultural humility. Cultural competence gave us language and tangible practices. Yet, there is a piece missing in several training models, namely humility, which requires exploration beyond competency skills and urges new therapists to deepen cultural awareness.

Current publications have been integrating cultural humility into art therapy in practice, research, clinical training, international immersion, and community (Barton & Van Den Berg, 2023; Bianchi et al., 2022; Chen & Gussak, 2022; Chen et al., 2022; Green et al., 2023; Jackson, 2020, 2023; Kapitan, 2022; Stepney, 2023).

Cultural Humility

Cultural humility is a set of principles that model reflection, engagement, connection, and activism. Ideally, when art therapist practitioners develop their clinical foundations, they examine and establish the four aspects of being: lens, positionality, impact, and actions. These foundational understandings can be developed through four principles of cultural humility. The lens (introspection and self-critique) aligns with *a lifelong process of critical self-reflection and self-critique*; examining positionality (power and privilege) assists with *readdressing the power imbalances in the patient-provider dynamic*; impact (connections to those served) is fostered by *developing mutually beneficial partnerships with communities on behalf of individuals and defined populations*; and actions (accountability) are enacted by *advocating for and maintaining institutional*

accountability. Cycling through these principles, cultural humility can facilitate continually examining within and expanding out by breaking down and building up with every experience encountered.

The break down

The pressure of cycling toward the center can be uncomfortable; seeing what is inside is a brave feat. To truly examine lens and positionality, the center, where the rarest parts of us exist, must be explored. Breaking down to the core must be done through introspection, examining biases and assumptions, and critically exploring relationships based on power and privilege. This endeavor can be a fearful yet gratifying journey that evolves over a lifetime, requiring thoughtful and critical conversations with oneself and others.

This can be achieved through art. Art provides a direct channel for cultural considerations, offering strength-based approaches, resiliency, and agency. Without acknowledging cultural humility in art therapy, the field is stagnant, even haphazardly moving forward, causing damage. Cultural humility allows art therapists to navigate engagement cautiously while encouraging clients to continue their journey to wellness. This shared experience can happen while facilitating, creating, and holding art. It bolsters the relationship and the desire to grow for both the clinician and the client.

Cultural humility is derived from being present, patient, and understanding while offering space for all voices to be heard. It also requires paying attention to what makes one act while having the courage to voice thoughts and feelings. This can be intimidating and uncomfortable. Such agreements are needed to engage in dialogue and practice, empowering, enlightening, and inspiring instead of causing harm. When engaging in core examinations, either alone or with others, it is crucial to recognize that different lived experiences are represented, and thus various levels of cultural humility may exist. For example, when dialoguing or creating art about social and historical experiences, be reminded that there are those who have been subjugated and oppressed, particularly through racial inequality.

Therapists of color may enter cultural humility differently based on the pervasive conformity of whiteness in colonized countries (Moon & Sandage, 2019). When aligned with cultural humility and social/political awareness, art therapy practices can facilitate co-construction, level privilege, and neutralize supremacy.

Lens: introspection and self-critique The question is, *do* art therapists still look through the same dominant lens, perpetuating oppression and causing undue harm? All cultural identity markers matter with people whose lived experiences are affected by how society and the mental health field view them (Loue, 2022). It is essential that the first lens art therapists look through should be reflective. Reflexivity is an invitation to become authentic and genuine. The preferred method for accepting this invitation is for an art therapist make art. Through art-making, self-reflection, critiques of the art, and dialogue with others expose where biases exist and how they interfere with the client/therapist relationship. Without external critique, the clinician may perpetuate their internal sounding board confirming and reinforcing misaligned beliefs, feelings, and thoughts.

Biases derive from mental constructs, influencing our thinking styles (Jun, 2010). Based on a stratification model, those who are valued become the in-group, and those who are demeaned become the outliers. The in-group holds the majority power and privilege; the marginalized are subjugated to oppression and a lack of resources.

Those who hold dominant power and privilege in society maintain hierarchical and dichotomous thinking patterns. African American artist, Lorraine O’Grady, offered an alternative lens through her performance art, “Art Is. . .” Depicted through the illumination of visual representation, O’Grady used a parade float and picture frames at a street festival to highlight one’s perception of art and beauty. She elucidated “eye of the beholder,” reinforcing how one’s lens projects biases. Held in Harlem’s African American Day Parade, participants were Black people excited to see themselves as the art. Her latest collection of work has been described as a holistic counter conceptualization to “either/or” thinking:

O’Grady (2024) also uses the diptych’s “both/and thinking” to frame her themes as symptoms of a larger problematic, that of the divisive and hierarchical either/or categories underpinning Western philosophy. For O’Grady,

the diptych helps to image the kind of ‘both/and’ or ‘miscegenated’ thinking that may be needed to counter and destabilize the West’s either/or binary of ‘winners or losers,’ one that is continuously birthing supremacies, from the intimate to the political, of which white supremacy may be only the most all-inclusive. (O’Grady, 2024)

The process of constructing one’s lens is powerful. It can create the illusion of righteousness, vindicating how the “other” is treated. It can result in dehumanizing another. This belief can only change through deep self-examination, helping to rebalance power. . .this questioning can occur in art therapy clinical training and practice.

Positionality: power and privilege Re-addressing power imbalances is about attending to social inequities and systematic change. Multiculturalism is often used as a catch-all term to describe aspects that include one or more cultures outside of dominant white cultures. Multicultural practice involves the engagement or exchange of diverse cultures, shifting the practice of dominance and subjugation. Rebalancing power differentials requires collaborative actions to address oppression and social injustices that may occur in specific populations in therapeutic and clinical work. Proclaiming oneself as a multicultural art therapist acknowledges awareness. Social justice means actively practicing an equitable power balance in the therapeutic space by cocreating with clients indicates social justice. Art therapists, who might be aware of multiculturalism or practice social justice against power imbalances, are different from those who act. Awareness is not action. Awareness precedes action. And the lack of awareness is dangerous to social justice action in art therapy work.

When reflecting on one’s position in clinical work, word choice and awareness of how words convey thoughts is vital. Words and semantics have become dog whistles, triggering avoidance, fear, retaliation, and retribution instead of understanding. Misinterpreted words can create division and illicit emotional responses that lead to harm and violence. As such, some individuals have become hyper-focused

on what they think they know instead of being curious about what they have not yet discovered.

Colonization has become a euphemism while decolonization is depicted as a utopia. Seen as a threat to American dominant history, the term *Critical Race Theory* has surfaced and is a misused catch-all related to cultural understanding. People and institutions have latched on to words like *anti-racist* when what it means is being anti-Black. Some consider *freedom* as the right to do anything, even as it impedes the rights of others. Amid tremulous times when reality is being tested, created, and altered, assessing one's positionality and how it is expressed becomes significant in deciding how power and privilege is used, particularly in the therapeutic space. Collective knowing can help in this development as collaboration and co-construction can counter colonization and oppression.

The buildup

Building up is about using the information uncovered during the breakdown to co-construct a new genuine alignment of our perceptions and positions. The process of breaking down and building up is continuous in cultural humility, regularly examining one's foundations, existing structures, and considering and exploring new possibilities. Having true awareness and understanding through self-analysis facilitates the development of new avenues of thinking and creating a new constructive epistemology.

Impact: connections to those served Art therapists offer services to many people and communities, who are interchangeably referred to as patients, clients, participants, or consumers. Art therapists undergo education, develop unique skills, and face numerous experiences and challenges; this may result in a sense of hierarchical superiority over those for whom they provide services. Art therapists are compensated to provide these services and, in turn, impart the best service. The purpose is to provide what an individual needs and desires for well-being. . .not what the art therapist wants or feels should be done. This is a reciprocal exchange, a mutually beneficial relationship, which can foster community building if done with intent and empowerment.

Building up the strength of others manifests in diverse ways and settings. Such collaboration and attention reflect the spiraling up and down of cultural humility. When engaging with the community, an art therapist must regenerate the circular loop of the cultural humility principles, simultaneously building up and breaking down with every experience entered, facilitating growth and learning.

Building up allows for recognizing and finding strength, particularly within communities. Clinicians often refer to "communities" to reflect mental health systems, where many are often disenfranchised and marginalized. Still, these communities can also be sustainably strong and may bolster themselves in numerous ways. This can be supported through partnership. Recognizing community members as experts of their own lived experience and joining them to help with their needs is imperative. The reason *why* must be critically assessed before entering a community, particularly if one doesn't belong to it. Whose needs are being met? Are such needs emerging from a place of inadequacy or from a place of oppression?

An art therapist must take responsibility for *getting* needs met. Being an art therapist means being accountable, not only for us but also the institutions we are a part of. It is one thing to say what one needs; it's something entirely different to discover solutions and have communities thrive. In short, an art therapist can indicate what *they* need and the limits of what they are willing to contribute to get needs met. Art therapists take a position of accountability and are willing to *act* to create change.

Action: accountability Humans have needs (Maslow, 1943). Maslow's hierarchy of needs underscore that humans can sustain, advance, and achieve once basic needs are met. The need for personal meaning and human connectedness is of utmost importance: "The ability to engage in supportive, loving, and interdependent relationships with others is a significant indicator of psychological health and emotional maturity" (Moon, 2016, p. 6). Needs often come from the belief that one *should* have what is necessary to survive and thrive. Through uncovering beliefs people can identify their strengths, become enlightened, advocate for their truth, and when given opportunities, can be motivated to act. So how can people build upon that spark inside that develops from their beliefs and, in turn, inspires them to actualize accomplishments? Action means change; it can move one forward, assist in progress, and offers connection.

The belief that *everyone* has basic needs that deserve to be met is often contested by society. Believing in a just society can lead to social justice. If sparked by this belief, the art therapist must still evaluate their own meaning of social justice before acting, for without this, a clinician can cause more harm than support.

True social justice recognizes the difference between equality and fairness. *Equality* is sameness, giving everyone the same thing. This only works if everyone starts from the same place. *Equity* means fairness. Everyone has access to the same opportunities. Society must first ensure equity before we can enjoy equality. We are all striving for *liberation*, where there are no barriers to basic needs. This can create a balanced society.

When a society is out of balance, dangerous hierarchical and dichotomous thinking emerges. Such thinking often serves no purpose but to assert privilege and separation while preventing equality. It is toxic. Pushing against change based on what is right or wrong and better or worse, division is created, compartmentalizing transpires, building barriers occurs. . .preventing human connection. Self-examination is key to understanding that all things are interrelated, everyone is thoughtful, and all act with intention.

Such a change requires a thoughtful examination of *intent* versus *impact*. Intent refers to what one thought one was doing; impact is how another perceived that action. Lacking such critical self-reflection and critique may result in dehumanization, devaluation, and demonization. Without considering impact can lead to bias, creating such supremacy structures like colonization. There can be benefits of separation. However, separation can also be dangerous, leading to polarizing black-and-white dichotomous thinking; *either/or* instead of *both/and*. Being part of a community can result in understanding and acceptance by one another, which in turn can be healing and empowering. Integration can be beneficial. Holistic considerations and being mindful of others can lead to accountability. Then a just society might be possible.

So, how can we as art therapists build up? Many ways begin with a spark of purpose, a movement, or motivation. The buildup is where we find hope, where we celebrate, and where we honor our beliefs. Such engagement respects the challenges that move the field forward and grow. It requires paying tribute to life experiences, using them to teach us about ourselves, how we engage with others in the communities we enter, and how to change the pervasive and significant systemic issues that plague society.

Final Thoughts

Humility does not suggest becoming a doormat. It is simply recognizing that one is not always all-knowing of all things (Tervalon & Murray Garcia, 1998). It means bravely accepting that there is always room for development and understanding. It is not fixed; it moves with what is needed to move and flows toward just and equitable accountability. How can we question and critique larger systems and institutions if we have not questioned and critiqued our associations with them? As art therapist practitioners, do we question our motives before we make resounding inquiries about others?

Change cannot happen overnight. We must rise and fall with the cycle of cultural humility. One must remove judgment from one's journey, so as not to grapple with shame and guilt. If a moment to be culturally humble is missed, then return to the center and begin the self-examination process again. Rise up with new knowledge, leveling dominant structures that impede one's path forward, and work with others to co-construct a fair existence. It is a challenge of showing up humble in spaces that do not support cultural humility.

To be heard, instead of shutting off dialogue, we must be relationally close, even uncomfortably so. We cannot always guarantee a safe space for those who have never been challenged. Alternatively, we cannot guarantee a safe place for those who have been relentlessly targeted. As art therapists, we can use our abilities for listening, learning, witnessing, unlocking curiosity, and having compassion to *hold space*. Then, and only then, we can show up to earn and develop trust and build opportunities for change, development, and healing.

Appendix I

Additional Resources

- Awais, Y.J., & Yali, A.M. (2013). A call for diversity: The need to recruit and retain ethnic minority students in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 30(3), 130–134.
- Boston, C.G. (2005). Life story of an art therapist of color. *Art Therapy: Journal of the American Art Therapy Association*, 22(4), 189–192.
- Boston, C., & Short, G. (1998). Art therapy: An afrocentric approach. In A.R. Hiscox & A.C. Calisch (Eds.), *Tapestry of cultural issues in art therapy*. Jessica Kingsley, (pp. 36–48).
- Boston, C., & Short, G. (2006). Notes, georgette Seabrook Powell. *Art Therapy: Journal of the American Art Therapy Association*, 23(2), 89–90.

- Campbell J. & Liebmann, M. (1999). *Art therapy, race and culture*. Jessica Kingsley.
- Doby-Copeland, C. (2006). Things come to me: Reflections from an art therapist of color. *Art Therapy: Journal of the American Art Therapy Association*, 23(2), 81–85.
- Dokter, D. (1998). *Art therapists, refugees, and migrants: Reaching across borders*. Jessica Kingsley.
- Dye, L. (2017). *Using art techniques across cultural and race boundaries: Working with identity*. Jessica Kingsley.
- Farris, P. (2006). Mentors of diversity. *Art Therapy: Journal of the American Art Therapy Association*, 23(2), 86–88.
- Forrest-Bank, S., Nicotera, N., Bassett, D., & Ferrarone, P. (2016). Effects of an expressive art intervention with urban youth in low-income neighborhoods. *Child & Adolescent Social Work Journal*, 33(5), 429–441.
- Gerity, L.A. (2000). The subversive art therapist: Embracing cultural diversity in the art room. *Art Therapy: Journal of the American Art Therapy Association*, 17(3), 202–206.
- Gipson, L.R. (2015). Is cultural competence enough? Deepening social justice pedagogy in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 32(3), 142–145.
- Hanania, A. (2018). A proposal for culturally informed art therapy with Syrian refugee women: The potential for trauma expression through embroidery (Une proposition d'art-thérapie adaptée à la culture de femmes réfugiées syriennes: le potentiel de la broderie pour l'expression du traumatisme). *Canadian Art Therapy Association Journal*, 31(1), 106–111.
- Henley, D.R. (1999). Questioning multiculturalism in art therapy: Problems with political correctness and censorship. *Art Therapy: Journal of the American Art Therapy Association*, 16(3), 140.
- Hiscox, A.R., & Calisch, A.C. (Eds.) (1998). *Tapestry of cultural issues in art therapy*. Jessica Kingsley.
- Hocoy, D. (2002). Cross-cultural issues in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 19(4), 141–145.
- Hocoy, D. (2006). Art therapy: Working in the borderlands. *Art Therapy: Journal of the American Art Therapy Association*, 23(3), 132–135.
- Huss, E. (2009). “A coat of many colors”: Towards an integrative multilayered model of art therapy. *The Arts in Psychotherapy*, 36(3), 154–160.
- Huss, E. (2018). Arts as a methodology for connecting between micro and macro knowledge in social work: Examples of impoverished Bedouin women’s images in Israel. *British Journal of Social Work*, 48(1), 73.
- Jackson, L., Mezzer, C., & Satterberg, M. (2018). Wisdom through diversity in art therapy. In R. Carolan, & A. Backos (Eds.), *Emerging perspectives in art therapy: Trends, movements, and developments* (pp.105–122). Routledge.
- Joseph, C. (2006). Creative alliance: The healing power of art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 23(1), 30–33.
- Kalmanowitz, D., & Ho, R.T.H. (2016). Out of our mind: Art therapy and mindfulness with refugees, political violence, and trauma. *The Arts in Psychotherapy*, 49(2), 57–65.
- Karcher, O.P. (2017). Sociopolitical oppression, trauma, and healing: Moving towards a social justice art therapy framework. *Art Therapy: Journal of the American Art Therapy Association*, 34(3), 123.
- Kerr, C. (2015). *Multicultural family art therapy*. Routledge.
- Kuri, E. (2017). Toward an ethical application of intersectionality in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 34(3), 118–122.
- Levy, S. (2006). Your daddy is the boogeyman. *Art Therapy: Journal of the American Art Therapy Association*, 23(3), 136–138.

- Liebmann, M., & Weston, S. (2015). *Art therapy with physical conditions*. Jessica Kingsley Publishers.
- Lumpkin, C.L. (2006). Relating cultural identity and identity as art therapist. *Art Therapy: Journal of the American Art Therapy Association*, 23(1), 34–38.
- McGann, E.P. (2006). Color me beautiful: Racism, identity formation, and art therapy. *Journal of Emotional Abuse*, 6(2/3), 197.
- McNiff, S. (2009). Cross-cultural psychotherapy and art. *Art Therapy: Journal of the American Art Therapy Association*, 26(3), 100–106.
- Park, B. (2017). A Korean art therapist's autoethnography concerning re-acculturation to the motherland following training in the UK. *International Journal of Art Therapy: Inscape*, 22(4), 154.
- Partridge, E. (2019). *Art therapy with older adults*. Jessica Kingsley Publishers.
- Potash, J. (2005). Rekindling the multicultural history of the American Art Therapy Association Inc. *Art Therapy: Journal of the American Art Therapy Association*, 22(4), 184–188.
- Potash, J., & Ramirez, W. (2013). Broadening history, expanding possibilities: Contributions of Wayne Ramirez to art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 30(4), 169–176.
- Potash, J.S., Bardot, H., Moon, C.H., Napoli, M., Lyonsmith, A., & Hamilton, M. (2017). Ethical implications of cross-cultural international art therapy. *The Arts in Psychotherapy*, 56, 74–82.
- Potash, J.S., Chan, S.M., & Kalmanowitz, D.L. (2012). *Art therapy in Asia: To the bone or wrapped in silk*. Jessica Kingsley Publishers.
- Potash, J.S., Doby-Copeland, C., Stepney, S.A., Washington, B.N., et al. (2015). Advancing multicultural and diversity competence in art therapy: American art therapy association multicultural committee 1990-2015. *Art Therapy: Journal of the American Art Therapy Association*, 32(3), 146–150.
- Slayton, S.C. (2012). Building community as social action: An art therapy group with adolescent males. *The Arts in Psychotherapy*, 39(3), 179–185.
- Talwar, S. (2015). Culture, diversity, and identity: From margins to center. *Art Therapy: Journal of the American Art Therapy Association*, 32(3), 100–103.
- Talwar, S. (2017). Ethics, law, and cultural competence in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 34(3), 102.
- Talwar, S., Iyer, J., & Doby-Copeland, C. (2004). The invisible veil: Changing paradigms in the art therapy profession. *Art Therapy: Journal of the American Art Therapy Association*, 21(1), 44–48.
- ter Maat, M.B. (2011). Developing and assessing multicultural competence with a focus on culture and ethnicity. *Art Therapy: Journal of the American Art Therapy Association*, 28(1), 4–10.
- Weinberg, T. (2018). Gaining cultural competence through alliances in art therapy with Indigenous clients (La compétence Culturelle et son acquisition grace à des alliances avec des clients autochtones en art-thérapie). *Canadian Art Therapy Association Journal*, 31(1), 14.

Notes

- 1 This section has been adapted directly from pages 13–15, of *Cultural Humility in Art Therapy: Applications for practice, research, social justice, self-care, and pedagogy*.
- 2 Please refer to *Art Therapy: Journal of the American Art Therapy Association*, 32(3).

References

- Barton, D., & Van Den Berg, Z. D. (2023). The humble chair: Fostering culturally humble collaborations. *Art Therapy, 40*(2), 106–110. doi:10.1080/07421656.2023.2171241
- Bianchi, J., Benjamin Amante, B., Zhao, C., Martin, A. D., Hernandez, A., & Lin, E. (2022). Connecting in new ways: Art therapy trainees' experiences of telehealth during COVID-19. *Art Therapy, 39*(2), 81–90.
- Boston, C. (2016). Art therapy and multiculturalism. In D. Gussak & M. Rosal (Eds.), *The Wiley handbook of art therapy* (pp. 822–828). Wiley Blackwell.
- Chen, D., Johns, S., Romanik, L., & Glasscock, V. (2022). Response art to develop a social justice stance for art therapists. *Art Therapy, 39*(2), 108–113. doi:10.1080/07421656.2022.2074782
- Chen, D. T., & Gussak, D. (2022). Untangling the invisible intersections of an art therapy doctoral candidate's mixed identities. *Art Therapy, 40*(2), 101–105. doi:10.1080/07421656.2022.2140005
- Gipson, L. (2019). Envisioning black women's consciousness in art therapy. In S. K. Talwar (Ed.), *Art therapy for social justice: Radical intersections* (pp. 96–120). Routledge.
- Green, J. Y., Metz, E. S., & Treviño, A. L. (2023). International online art therapy education program: Evaluating cultural and global perspectives. *Art Therapy, 40*(2), 84–93. doi:10.1080/07421656.2023.2169564
- Hiscox, A., & Calisch, D. (1998). *Tapestry of cultural issues in art therapy*. Jessica Kingsley.
- Jackson, L. (2020). *Cultural humility in art therapy: Applications for practice, research, social justice, self-care, and pedagogy*. Jessica Kingsley Publishers.
- Jackson, L. (2023). Community art therapy practice reflections. In E. Goldstein Nolan (Ed.), *Community art therapy: Theory and practice* (1st ed.). Routledge. doi:10.4324/9781003193289
- Jun, H. (2010). *Social justice, multicultural counseling, and practice: Beyond a conventional approach*. Sage Publication.
- Kapitan, L. (2022). Transforming power through cultural humility in the intercultural contact zone of art therapy. *Art Therapy, 40*(2), 61–67. doi:10.1080/07421656.2022.2131355
- Loue, S. (2022). *Diversity, cultural humility, and the helping professions: Building bridges across difference*. Springer.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396. doi:10.1192/bjp.bp.115.179622
- Moon, B. L. (2016). *Art-based group therapy: Theory and practice* (2nd ed.). Charles C Thomas Publisher, Ltd.
- Moon, S., & Sandage, S. (2019). Cultural humility for people of color: Critique of current theory and practice. *Journal of Psychology and Theology, 47*(2), 76–86.
- O'Grady, L. (2024). *Lorraine O'Grady: Concept-based art*. Retrieved from <http://lorraineogrady.com/>
- Stepney, S. A. (2023). Multicultural orientation: Self-portraiture to promote cultural humility in art therapy. *Art Therapy, 40*(2), 68–75. doi:10.1080/07421656.2023.2206356
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117–125.
- Venture, L. (1977). *The black beat in art therapy experiences*. Unpublished dissertation. Union Institute, Cincinnati, OH.