

**Art Therapy as an Active Role in the Hispanic Community to Increase Accessibility of
Mental Health Services**

Student #1

Department of Art and Design, Converse University

Author Note

We have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Angela P. Lopez and Professor Laura Zeisler, 580 East Main Street, Spartanburg, SC 29302. Emails: aplopez001@converse.edu, laura.zeisler@converse.edu

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Abstract

The research demonstrates the need for mental health services for the Hispanic/Latinx community. Currently, they are the largest minority in the United States (U.S.). The purpose of this paper is to create cultural awareness and demonstrate how art therapy can serve as a facilitating tool for treatment and increase accessibility to this population. The art therapy field must consider Hispanic/Latinx a multicultural population with many different backgrounds. Here, psychological challenges when migrating to the U.S. and the problems to access mental health services are analyzed by reviewing available literature within the art therapy field. One of the findings is how art therapists can be agents of social action in order to positively impact the mentioned population. Examples of how art therapy can be beneficial are also presented. This is an undergraduate capstone thesis; therefore, methods, results, and discussions are not included in this paper. As such, data would be included in a graduate level.

Keywords: Hispanic, Latinx, multiculturalism, acculturation, immigration, minority, cultural awareness, social action, mental health, art therapy.

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Art Therapy as an Active Role in The Hispanic Community to Increase Accessibility of Mental Health Services

The purpose of this paper is to create awareness about the needs of the Hispanics in the United States and how art therapy can help increase accessibility of mental health services. A person of Hispanic origin is defined as someone that comes from a country of Spanish descent or where the Spanish language is spoken. Moreover, a Latino/Latinx is defined as someone that comes from a Latin American country, and not necessarily of Spanish origin or descent (American Psychiatric Association, 2017; Bermudez & Maat, 2006). Therefore, there are two different ethnic categories “Hispanic or Latino” and “Not Hispanic or Latino” defined according to the U.S. Census Bureau (2022).

Regardless of the increasing number of Hispanics in the United States, literature about mental health in the Hispanic community is limited, a bit outdated, and mainly based in case studies (American Psychiatric Association, 2017; Bermudez & Maat, 2006; Mental Health America, 2022). The Hispanic community is the largest ethnic minority in the US right now. The increase in the Hispanic population is more than 60% between the years 1990 until the 2000. Additionally, it is estimated to be 28.6% to 30% of the total US population by 2060 which will be about 119 to 129 million (Mental Health America, 2022).

Hispanic family demographics usually have three to five members, and the average household income is \$45,338 per year. The income amount will be determined by their education and knowledge of English (Bermudez & Maat, 2006). The U.S. Census Bureau 2021 indicates that there are 62,529,064 Hispanic/Latino people total. The Hispanic/Latino community is formed as following: 59.55 % are Mexican (37,235,064), 10.09% are from Central America (6,306,931), 9.27% are Puerto Rican (5,798,287), 6.95% are from South America (4,348,015),

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3.84% are Cuban (2,400,152), and 6.47% is categorized as other Hispanic or Latino (4,046,075) that includes Spaniards, Spanish, Spanish American, and all other Hispanic or Latino.

Consequently, Hispanics in the United States constituted 19% of the total population in 2020, compared to 5% in 1970, “making it the second largest racial or ethnic group, behind White Americans and ahead Black Americans, according to the US Census Bureau” (Funk & Lopez, 2022, p.1). Therefore, Hispanics have been transforming US demographics for the last decades. They represented 50% of the country’s population increase from 2010 to 2020. Right now, around 50% of the Hispanic population live in California, Texas, and Florida. The Hispanic community is also growing exceptionally fast in the states of North and South Dakota. Furthermore, the states where Hispanics are the biggest racial or ethnic group are New Mexico and California (Funk & Lopez, 2022).

Furthermore, some facts from Mental Health America - MHA (2022) state: 19% of the Hispanics are considered to be in poverty in the United States. Moreover, when we look at the level of education, only around 16% of Hispanic had achieved a bachelor’s degree or greater in 2016 contrasted with 37.3% on non-Hispanic whites and 23.3% for non-Hispanic blacks (American Psychiatric Association, 2017). Additionally, when looking at psychological data, 16% indicated experiencing a mental illness in 2021. Now, religion is a very important part for the Hispanic community. Faith and prayer can safeguard them from mental illnesses but can also trigger stigmas like evil and immoral behavior preventing them from seeking out professional mental care in some cases (Mental Health America, 2022).

Multiracial data within Hispanics have increased significantly as well. In 2010, only 3 million reported to be part of more than one race, compared to nearly 28 million in 2021. The changes on the census forms that allows individuals to distinguish among different races and

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expanding racial diversity can be a big influence in the change of this data. There are more reasons, but this is the main one since the Hispanic community has always had very diverse origins. Continuing with the demographics, most of the Hispanic population between 2010 and 2021 were newborns (Hispanic Americans). This is changing with the elimination of the pandemic-associated controls. Regarding English proficiency, the number of Hispanics that speak English fluently is increasing as well. In 2000 about 59% of Hispanics that were 5 years old or older had good English proficiency, compared to 72% in 2021. This is changing due to the increase of US-born Hispanics in the country. On the other hand, only 37% of Hispanics that migrate to the USA spoke English fluently in 2021, this is a percentage that has not grown much from the year 2000. The US-born Hispanic is also increasing the number of adults with some college experience from 36% in 2010 to 44% in 2021 (Krogstad et al., 2022).

To summarize, Mexicans constitute almost 60% of the Hispanic population. This includes people that were born in Mexico or that are of Mexican descent. They are followed by Puerto Ricans that were born in Puerto Rico or have family's origins from Puerto Rico, they represent close to 10% of the Hispanics in the USA. Then, most of the remaining Hispanics are from Central and Latin America. Additionally, the groups that grew the fastest between 2010 and 2019 were Venezuelans (about 126%), Guatemalans (about 49%), and Hondurans (about 47%). Ecuadorians were the slowest to grow during the same period of time with only 6% (Funk & Lopez, 2022).

Funk & Lopez (2022) inquire what is the best term to use when we are referring to the largest minority group in the United States? The terms Hispanic and Latino are the most commonly used and the ones that have the longest history in the US. Both terms are recognized by the government as well. Hispanic is formally used since 1970 and Latino was included in the

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1990's. There is a more recent gender-neutral term added which is Latinx. Latinx describes the people that are born in Latin America or are of Latin American descent. Yet, the term is very unfamiliar among the Latino community. "76% of Latino adults said they had not heard of Latinx, according to a Pew Research survey in 2019. Among all Latino adults, just 3% indicated they use it to describe their own identity" (p. 6).

Furthermore, Salinas (2020) explains how Latinx has obtained recognition in many educational and activist environments with the attempt to provide a more inclusive term that interrupts conventional dual concepts of gender. This term has caused a lot of controversy because it originated in the US, and it is pretty much only well pronounced in English. Latinx is essentially unpronounceable in Spanish or in any other language that is spoken in Latin American countries besides English. So, in the attempt to be gender inclusive, it is not being inclusive with the actual population that is trying to identify. The term Latinx is mostly used in "Elite circles, like highly educated folks" (Salinas, 2020, p. 162). Rather, the term has defused gender instead of achieving its former objective of being gender inclusive. Consequently, Salinas (2020) suggests "Latinx is caught between gender, sexual identity, ethnicity, and Spanish and English languages. Therefore, the term Latinx has now become ambiguous and convoluted in academic and activist spaces, subsuming various forms of social identities" (p. 165). The term Hispanic is mainly used in this paper since it is the more traditional, most used and the more inclusive term to describe this population. The term Hispanic can be used with he/she/them/they interchangeably. Moreover, when referring specifically to someone of Latin American origin or descent, the term Latinx is being used in this paper as well.

Now, one might think, what is all this data for? The facts just presented indicate the need for research and services for an underserved and fast-growing population. As a clear indication,

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most of the cited articles in this paper indicate the need of more formal research, these are articles dated from 1986, and now, 36 years later, there is still little research about the Hispanic population and whatever is found is mainly based in case studies (Bermudez & Maat, 2006; Linesch et al., 2014). Furthermore, the globe is becoming smaller and more connected in this century. Therefore, as Junge et al. (2009) states art therapists are “natural agents of change” (p. 107) our preparation should pursue professional acceptance towards a culturally aware and ethical practice.

Immigrants, in this case, Hispanic/Latinx encounter many challenges when coming to the United States. Grounded research study has proven how art therapy has assisted in the communication process within families through the difficult acculturation that Hispanic/Latinx encounter when coming to the USA. Acculturation can be defined as the adaptation process that is significantly more complex than simply discarding previous or former values to acquire new ones, and incorporating a new culture (Linesch et al., 2014).

On the other hand, families can stress and struggle in the acculturation process. This is called “*acculturation gap*,” when family members adapt at different speeds. Parents usually integrate and adapt to the new habitat slower, while children absorb the new culture quicker allowing them to adjust faster (Lee, 2015). The process of acculturation has two main parts. One is the degree of functioning that the person had in their home country, and the second part is how well the person can combine their work experience into the new environment. Art therapy can help them integrate these two parts through an assessment (Moreno & Wadeson, 1986).

Linesch et al., (2014) also states that immigrants that enter the country without authorized documentation may experience major stressors that add complexity to the acculturation process. Therefore, acculturation can be deeply inspiring and terribly difficult. Immigrants need to build a

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strong community system in order to integrate successfully into American society. Community, church, and family are big pillars in this process. Those help them rebuild their identity that felt lost when they came to the US. The community connection can help immigrants share their different experiences building a cohort (Linesch et al., 2014). It is demonstrated that Art Therapy can build community in many ways.

Furthermore, the immigration experience is very conflicting socially and culturally. For some academics, immigration can be a developing case that gives psychological advantages and disadvantages to the individual. Others think that immigration deeply affects family and its members (Lee, 2015). Bermudez & Maat (2006) noted that “It is difficult for Hispanic to blend in with mainstream American culture because many of their values conflict with those of American individualism, career orientation, and competitiveness” (p. 165). When we analyze what immigrants go through, we can make our own conclusions. There might be a big cost associated with immigration, immigrants encounter a new culture and new language, they can find very different working opportunities in comparison to what they are used to. Also, they may be grieving people left behind while trying to build new relationships. The first years are the hardest since they are not economically strong, and they may lack opportunities. Roles within the family also shift. Children usually become language or cultural advisors since they pick up the language quicker and adapt to the new environment faster. Additionally, women gain independence and start working changing the family dynamics of power in a very machismo culture like Hispanic/Latinx (Lee, 2015).

Consequently, multiculturalism is a strong and increasing force that has filled the mental health field for a long time. Therefore, art therapists are required to provide services that are conscious and open to cultural matters. This includes but is not limited to “people who are

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different from the therapist in terms of gender; race; physical, social, emotional, or cognitive challenges; religion; sexual orientation; age; or socioeconomic status” (Maat, 2011, p. 4).

The American Art Therapy Association - AATA (2015) indicates that multicultural and diversity competence in the field of art therapy means that therapists must obtain cultural understanding about the diverse social groups. How they relate to themselves and others affects how they implement this knowledge and awareness effectively in therapeutic practice. Diversity considers “the specific values, beliefs, and actions influenced by a client’s race, ethnicity, culture, nationality, gender, religion, socioeconomic status, political views, sexual orientation, geographic region, and physical capacity or disability” (p. 1). Therefore, a competent art therapist needs to have “cultural awareness, knowledge, and skills” in order to be multiculturally competent (Maat, 2011, p. 5).

According to the AATA (2015), multicultural competent art therapists are aware of their own cultural tradition and how this influences their experiences; they are aware of their biases; and their stereotypes. Additionally, multicultural competent art therapists are knowledgeable of their own diverse personal characteristics and the ones of the population their working with; they are knowledgeable of how discrimination works and affects them and others; and they are knowledgeable of how they can influence their community and how others are impacted by sociopolitical influences. Furthermore, multicultural competent art therapists develop skills by looking to educate themselves on how to understand and work better with diverse groups knowing and acting always in a non-racist or non-discriminatory way; understanding the different art expressing forms according to diverse cultural backgrounds; providing methods, language, or anything within their reach to reduce cultural gaps in therapeutic settings.

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Therefore, art therapists need to be aware of their cultural bias and how those can influence or affect the therapeutic relationship. This is defined as cross-cultural therapy, where the therapist and the client have been raised in different cultures because they can come from ethnic-racial, or socio-economically different environments. The art therapist must be conscious that cross-cultural therapy varies according to actual and perceived cultural disparities and similarities in the therapeutic practice. One approach of a cross-cultural therapy is to find a common ground between the client and the art therapist, this is achieved by knowing well the client's cultural beliefs, values, and lifestyle, then the art therapist finds how their own values, beliefs and lifestyle can relate to the client. Additionally, the pluralistic approach requires the art therapist to know very well the client's ethnic group, the predominant group and find the point of connection in the middle of the two environments. In this way the client can clarify their cultural identity and the enjoyment of cultural differences (Wrestrich, 1994).

Observation is a very important Art therapists' competency skill. Through observation, they learn to deeply understand the client by getting to know their deepest fears, their joys, and what they may want to change. It is easier to connect for both art therapist and client through the use of art as a way to search and find insights by tapping into the unconscious. Creativity and art take us to deep places, expressing what words cannot, and enlightening healing. In this process, the art therapist helps the client see on their own, feeling, breaking the denial, and letting the awareness of art do the healing and transformation (Junge et al., 2009).

Furthermore, art therapy is a process where people participate to find a better understanding of their reality and discover routes to transform them accompanied by the art therapist (Golub, 2005). Art therapy can help immigrants in the acculturation process. They can express their worries and think about their previous lives. Art can help them release any anger,

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see things in another way and appreciate what they have in the present (Linesch et al., 2014). Art therapy has been extremely popular to work in with various populations since art goes beyond words breaking language barriers because images can have more universal meaning. Even though cultural expression is popular among cultures, art therapy cannot be universal since “cultural expression varies according to race, class, ethnicity, gender, and value systems” (Bermudez & Maat, 2006, p. 165).

Lee (2015) indicates that there have been studies with Hispanic/Latinx that have proven the success that visual imagery has with acculturation and complex immigration experiences. Linesch et al. (2014) stated about their case studies that “participants affirmed that creating art helped them express fear and reflect on their past lives, enhancing their ability to discuss the above themes” (p. 130). Other studies have demonstrated the positive use of drawing and storytelling to help adjust to a bicultural environment, shifting in and out of their present culture and their culture of origin. Flow is another important part of art therapy. “Flow is a state determined by an individual’s perception of high skill level and high challenge of a given task, resulting in feeling of satisfaction and fulfillment when the task is accomplished” (Lee, 2015, p. 121). The benefits of flow are concentration, improving self-esteem, enhancing health and wellbeing, and intense enjoyment, to name a few.

According to the AATA 2013 membership report, the demographics of the art therapy field have stayed very consistent across time. The art therapy field is conformed mainly for female (93.4%), Caucasian (87.8%) with a little representation of Hispanic/Latinx (3.7%), Asians (2.7%), multiracial (1.7%), Native American (0.7%), African American (0.9%), and other (2.4%) therapists (Elkins & Deaver, 2015, p. 61). Therefore, the need for multiculturalism in the field is imperative. In a study performed by Awais & Yali (2015) they found that there is a lack

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of racial and ethnic diversity in the field of Art Therapy. They found that both faculty and students are predominantly white, and there is little representation of other ethnic minorities. Furthermore, when students are trained by mainly white faculty, they do not receive different perspectives to work with other populations. Additionally, faculty may not have multiculturalism training depending on where they received their education. Consequently, students do not have role models to encourage diversity and clients have little options to choose from. Literature proposes that more diverse recruiting is done for both faculty and students to be able to have a more multicultural field. Awais & Yali (2015) found in his study that academia promotes multiculturalism but there is not a real action taken to actually target multicultural students and faculty.

Invitation of Social Action in the Field of Art Therapy

Golub (2005) defines social action as a transformation that happens in a community. The change is first done in the individual that is influencing the collective change and the rest is built as a community. “It is about the shared power of the community for the benefit of the community” (Golub, 2005, p. 17). Art therapy has also served as a tool of social transformation in different countries with difficult histories of segregation, dictatorship, violence and so forth. Nicaragua’s violent dictatorship in the 1980’s (Kapitan et al., 2011), or Augusto Pinochet military dictatorship in Chile (Garlock, 2016) are examples of many that exist. Complementary art therapy has served as a vehicle to tell the story and help transform it. Cross-cultural art therapy must be open to shifting situations and cultural needs. Also, it is important to have skilled facilitators impacting positively the targeted community (Kapitan et al., 2011).

Junge et al. (2009) invite art therapists to go a step further, to get out of the comfort of their offices and target the community, society, and the big globe. Instead of helping people cope

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with a damaging society, art therapists need to be proactive and be co-creators of social change. “A global community in which human growth is prized. Together we must find the courage to take the action to ensure this vision” (Junge et al., 2009, p. 113). It may sound like an inconceivable idea, but little change in small communities can go a long way.

Cultural Paradigms related to Hispanic/Latinx

Paradigms are defined as a universal identity model or a pattern of something, in this case behaviors across diverse groups. In order to deepen into Hispanic/Latinx paradigms, we need to look at multiracial psychology which utilizes a progressive context to comprehend identity development with individuals of different cultures. A balancing methodology is the “Multidimensional Ecosystemic Comparative Approach” that integrates where each person is perceived as unique, and at the same time analyzing and acknowledging the predominant culture to understand the individual’s differences, and the people in it (Consoli et al., 2022, p. 3). This is a very important concept considering the multiracial backgrounds of the Hispanic/Latinx population (Krogstad et al., 2022).

Moreover, art therapists need to look at the profound history of colonization, subjugation, and social inequalities to understand Hispanic/Latinx cultural paradigms. Based on this history, there are three themes when working with Hispanic/ Latinx communities. The first theme is reducing subjugation and inequality. The second is to strengthen cultural values. And, the third theme is cultural adapted therapy which includes the use of the native language (Spanish) in an attempt to develop service effectiveness (Consoli et al., 2022).

An approach to overcome a prevalent paradigm is liberation psychology. Liberation psychology is a method that psychologists use to confront authoritarian structures of relegated

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and subjugated groups through liberatory praxis (Consoli et al., 2022). It came out of the first theme to reduce subjugation and inequality. It looks to encourage socio-historical awareness to promote transformation of this paradigm. As the AATA (2015) states that “Culturally competent art therapists believe that cultural self-awareness and sensitivity to one's own cultural heritage is essential” (p. 2). Moreover, another approach is the Critical Race Theory that analyzes the multiple sub-cultures within the Hispanic/Latinx community, placing Hispanic/Latinx as a major group both locally and internationally. This is not a homogeneous population, and concepts cannot be generalized among Hispanic/Latinx sub-cultures. Furthermore, there is a big struggle between the integration of the Hispanic/Latinx cultural values and the American concepts (Consoli et al., 2022, p. 6).

It is especially important for Hispanic/Latinx to be able to build trust and familiarity with the art therapist. Therefore, art therapists must be aware of the client's and its own social class, religion, race, and ethnic background and find a common ground in order to provide a meaningful therapy building a strong client/therapist relationship (Westrich, 1994). The engagement value is particularly important for them. Moreover, standardized treatments must NOT be used within diverse cultures since they cause disengagement and skepticism. Instead of using culturally adapted treatments, the art therapist must look at the distinct cultural paradigms and target treatment to acknowledge them (Consoli et al., 2022).

A paradigm in working with children and adolescents, is that they might hesitate to participate because art therapy might be perceived as childlike, insignificant, or that it may need expertise. Likewise, when collaborating with men, they tend to think that it is a women's thing to do art crafts, so there might be no engagement on their part (Bermudez & Maat, 2006). Furthermore, Mental Health conditions are often stigmatized within Hispanic/Latinx causing

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prolonged quiet agony. This agony can consist in different experiences like “immigration, acculturation, trauma, and general conflicts” that end in mental health illnesses. Furthermore, Hispanic/Latinx may encounter accessibility obstacles mainly due to legal documentation that prevent them from being able to seek mental health services. Likewise, older people feel ashamed or embarrassed to talk about mental health issues which results in not seeking treatment (Mental Health America, 2022).

Accessibility of Mental Health Services for Hispanic/Latinx

It is broadly stated that Hispanic/Latinx do not utilize as much mental health services because they are most of the time not culturally friendly (Alders & Madori, 2010). APA (2017) and MHA (2022) present the following facts about the accessibility of mental health services for the Hispanic/Latinx population: About 1 out of 10 Hispanic/Latinx with a mental health condition request treatment from a general health care provider, while just 1 out of 20 request services from a specialist. Hispanics/Latinx indicate poor communication with the health provider when being served. Also, Diagnosis varies when the patient is interviewed in English compared with the Spanish interviews. Hispanics/Latinx are usually undertreated. As a result, “in 2018, 56.8 percent of Hispanics/Latinx young adults 18-25 and 39.6 percent of adults 26-49 with serious mental illness did NOT receive treatment” (Mental Health America, 2022, P.4). Furthermore, about 90% of Hispanics/Latinx – 12 years old or older with a substance use illness did not obtain care. Likewise, 80 % of Hispanics/Latinx are uninsured due to ethnicity, legal status, and citizenship.

A study done by MHA 2014 found that Hispanics/Latinx would rather self-monitor their mental illnesses, or they would find advice from a peer. The main barriers that prevent Hispanics/Latinx to obtain mental health care are lack of insurance, unfamiliarity with mental

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disorders or services, cultural stigma, language, culturally customized services not available, lack of multicultural specialists, and unavailability of bilingual professionals. Even though more research is needed on the Hispanics/Latinx population, services have slightly increased (American Psychiatric Association, 2017; Mental Health America, 2022).

Working with the Hispanics/Latinx Community

Mental Health America works in reducing the gap between awareness regarding mental health disorders and stigmas in the Hispanic/Latinx community. Additionally, when working with Hispanic/Latinx, art therapists must first explain the objectives, expectations of the therapy, and confidentiality. The crucial issues to consider are that families might be affected by immigration, language, level of acculturation, unemployment, poverty, lack of housing, and/or concern of deportation. Helpful practices like photo collages, pictures of the family or themselves, and mandalas are beneficial when treating the above-mentioned matters. Moreover, Hispanic/Latinx can create extraordinarily strong bonds with their therapist, and it might not be surprising to be invited to family events or receiving gifts (Maat, 2011). Therefore, acknowledging these signs of affection is important without misinterpreting them. Moreover, creating life-relating collages can create a feeling of integration which is a great advantage in the acculturation process. Storytelling can also create a road between their own culture and the new environment (Bermudez & Maat, 2006; Moreno & Wadson, 1986).

An example of a culturally diverse program was the “Chicago’s Northwest Community Center,” it had bilingual, bicultural teams that collaborated with a community chronically mentally ill. The center provided clients a place to socialize and be functional. Art therapy was used for treatment and assessment, but there were other activities as well. The participants could express freely and not feel embarrassed in this place (Moreno & Wadson, 1986).

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Benefits of Art Therapy for the Hispanic/Latinx Community

Artwork can create containment while processing grief and multiple disturbances that Hispanic/Latinx go through. The main issues are immigration, and relocation while building family ties and integrating the past life with the new experience. Case studies have indicated that participants through art therapy can identify feelings they have never expressed (Junge et al., 2009). Also, individuals have understood their identity through the imagery. Other participants have expressed that art making gave them the chance to look closer at their history, or to be able to integrate past experiences into the present reality (Linesch, 2014).

Moreover, art therapy can help in adaptation and adjustment, especially for those that are dealing with anxiety and fear (Lee, 2015). Art therapy can also help individuals that cannot communicate fluently since they do not have to articulate a lot of speech. Other typical traits of Hispanic/Latinx participants are: “Limited education, depression and withdrawal” (Moreno & Wadson, 1986, p. 124). Art exceeds cross-cultural communications obstacles because images can have a more general meaning than languages. Art has many features making it very adaptable, while verbal communication can be limited or hard to comprehend depending on the therapist and client’s differences (Bermudez & Maat, 2006)

Additionally, Hispanic/Latinx is one of the largest groups of older adults growing in the United States and this group presents the highest rates of dementia (Alders & Madori, 2010, p. 127). Studies have demonstrated that art therapy enhances cognitive performance, improves mood, facilitates communication, increases social support, addresses cultural concerns, and provides person centered connections, while stimulating the brain. Furthermore, art therapy contributes to cognitive performance, visual-spatial capacity, auditory understanding, and visual

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motor skills. Art making improves self-perception, and self-confidence of the participant's own cognitive abilities (Alders & Madori, 2010).

Challenges of the Hispanic/Latinx Population

Statistics are showing the US born Hispanic/Latinx are more prompt to experience mental illnesses than whites or African Americans (Mental Health America, 2022; American Psychiatric Association, 2017). Moreover, as mentioned, there is a lack of multicultural bilingual art therapists. Even though the therapist may speak Spanish, some may not have awareness of the client's culture. There is a high probability that the client may not engage when this happens, and the therapeutic relationship is forever broken. Also, the availability of close mental health centers to Hispanic/Latinx areas is particularly important since many have limited transportation. At the same time, feelings of loss, seclusion, and vulnerability are issues that Hispanic/Latinx also struggle with. As mentioned in the literature, Hispanic/Latinx people tend to look for advice and help first with their family, then in extreme circumstances they would look for professional advice (Moreno & Wadson, 1986).

Moreover, rigid sex roles are present in most of Hispanic/Latinx cultures where the family dynamics follow appropriate gender-roles. When families migrate to the US, these dynamics change because women have to work for the family to achieve economic stability, so the man is no longer the main provider, a situation that usually creates conflict among family members. The process of acculturation is extraordinarily complex as well. The person first assimilates the culture in a behavioral way, and then structurally, which can be the most challenging because dress, language, and manners are the ones that change (Moreno & Wadson, 1986). Likewise, Lee (2015) found in two case studies that mothers were the ones financially responsible for the

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household while the fathers were unemployed. This cultural role shift created a lot of struggles in the family's dynamics and acculturation process (p. 126).

The access to research about the Hispanic/Latinx community is limited as mentioned previously. Moreno & Wadson (1986) article can be outdated, but it describes very accurately other situations that can increase due to the change in the family dynamics. Depression, anxiety, and drug or alcohol abuse in women can be presented. Men tend to be unemployed, engage in illegal activities, alcohol abuse, and child and/or spouse abuse. These are issues to be treated when addressing the family structure. On the other hand, younger generations acculturate easier creating conflict in the parent-children relationship. Furthermore, a prominent theme found in most assessments are unsettled emotions over loss of some sort and a lot of pain is expressed as well. Art therapists need to be aware of another main theme which is the importance of family, friends, and homelife as a natural support system (Westrich, 1994).

Bermudez and Maat (2006) indicate that the main challenges for Hispanic/Latinx are the limited time and resources they may have. Similarly, they encounter adaptation issues due to the different values they have compared with the ones in the US. Hispanic/Latinx also tend to repress their feelings, emotions, and thoughts, inhibiting spontaneity and self-expression. Likewise, Hispanic/Latinx culturally have a pronounced machismo where women are subjugated to men. They may also have a resigned mindset, so there is a sense of fatalism which is taking life as it comes. Finally, language proficiency is one of the biggest challenges for this population (Bermudez & Maat, 2006).

Other big stressors are legal documentation, the fear of being deported, and discrimination (Linesch et al., 2014). Likewise, cross cultural barriers exist when an assessment presents an error in the diagnosis due to the language or cultural differences. The art therapist

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must comprehend the thought process of the client (Westrich, 1994). Complementary, the role reversal in families that come from gender-oriented backgrounds significantly affects the acculturation process. This creates communication disputes between couples, and between parents and children fragmenting their relationships. Children feel frustration, confusion, and anxiety due to this shifting of the roles. Finally, the immigration situation may lock out opportunities as well (Lee, 2015).

The Art Therapy Field

The field can address major issues like depression, low self-esteem, isolation and loneliness that are the most common issues that Hispanic/Latinx experience when migrating to the US (Bermudez & Maat, 2006). Art therapy can also help Hispanic/Latinx to cope with cultural integration, loss, and grief (Linesch et al., 2014). Moreover, art therapy can help with the reduction of symptoms and the integration of the individual to society (Golub, 2005).

Linesch et al., (2014) present some case studies where Hispanic participants shared immigration feelings, emotions, and experiences through art. Participants discovered insights and meaning by addressing their immigration and acculturation challenges. In this way, art making is an instrument on catharsis and emotion regulation, helping with the expression of feelings like fear and aggression, developing understanding of the different situations and exploring the acculturation process. The complexity of the adaptation process can be liberated, transmitted, communicated, and comforted by engagement in art therapy.

Conclusion

The field of art therapy should take notice of the fast-growing Hispanic/Latinx population and prepare to serve the needs of this under-attended community. Art Therapy can contribute to

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the accessibility and treatment of mental health conditions that originate in the Hispanic/Latinx community when coming to the United States. The main issues that prevent Hispanic/Latinx to acquire mental health services are poverty, level of education, stigmas, paradigms, language, lack of insurance, or concern of deportation. Mental health professionals must look at the profound history of colonization, subjugation, and social inequalities to understand Hispanic/Latinx cultural paradigms. Additionally, this is not a homogeneous population. Likewise, Hispanic/Latinx's challenges when migrating to the United States include acculturation problems, rebuilt identity, grief, shifting family roles, struggle with the integration of former and current values and concepts to name a few. Therefore, the art therapy field can take social action and provide environments that build a strong community system to help Hispanic/Latinx integrate successfully into American society. This paper focuses on the Hispanic/Latinx population since it is the largest minority in the US, but acknowledges that cross-cultural awareness and therapy is imperative in mental health, especially in the art therapy field. Finally, the current topic could be an ongoing career investigation in order to include more quantitative and current research to aid this population.

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Appendix A



Two Worlds, Oil on Canvas & Clay, 24"x 30", 2022