ART THERAPY and THE THIRD WORLD

edited by Cliff Joseph

A PANEL DISCUSSION PRESENTED AT THE FIFTH ANNUAL CONVENTION OF THE AMERICAN ART THERAPY ASSOCIATION
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Fifth Annual Convention of the
American Art Therapy Association

October 25, 1974

at

The Biltmore
New York City
In my experience as an art therapist, I have worked in a variety of settings with Third World people and, of course, observed the attitudes of others in the mental health profession toward this conglomerate of non-white cultures. I have been increasingly disturbed by the lack of awareness; the insensitivity of many of my colleagues towards the particular cultural patterns of Third World patients and their manner of communication.

Specifically in our profession, I see little to counter this cultural gap. I remember attending my first meeting at the Hahnemann Medical College in Philadelphia when the A.A.T.A. was beginning to form, and being to the best of my knowledge the only black art therapist present. It was, of course, disturbing to me to see this almost all-white assemblage, particularly since I knew that a large number of those in attendance worked with Third World patients. Nor was there any evidence to indicate that in spite of their white middle-class background, they were in touch with the feelings and specific needs of Third World people. On the contrary, I sensed that many were having difficulty relating to me because of my blackness.

After years of laboring in other ways for change in this profession’s color spectrum, with little success, I was impelled to bring the issue directly and publicly to the A.A.T.A. in an effort to encourage that organization to involve itself in more than just the token step it has indicated it is ready to take by creating an “ad hoc committee to investigate encouraging minority groups to enter and study in the field of art therapy.” The Association’s insistence on the use of the word “minority” to describe three-fourths of the world’s population is in itself a reflection of the shallowness of its effort. I was thereby strongly motivated to present a panel dealing with the controversial subject, “Art Therapy and The Third World,” and determined that it be an important focus of the A.A.T.A.’s Fifth Annual Conference at the Biltmore Hotel in New York, as it was, on October 25, 1974.

In the proceedings which follow, the panelists and audience participants clearly suggest appropriate courses of action for the A.A.T.A. to consider if it is to realistically respond to the culture specific needs of Third World people.

Taking on the task of organizing this panel discussion has been one of my most rewarding experiences as an art therapist. My greatest reward in that capacity will come, however, when I am convinced that these efforts are fully supported by like-efforts on the part of all my fellow art therapists.

Cliff Joseph

Panelists: Camille Billops, M.F.A.
           Raymond Burns, M.S.W.
           Hugh Butts, M.D.
           Sylvia Johnson, M.A.
           Lemuel Joyner, M.F.A.
           Dorothy Knox, M.S.W.
           Barbara Maciag, M.P.S., A.T.R.
           Pedro Ruiz, M.D.
           Vera Zilzer, M.A.
Acknowledgements

Endeavors of this kind seldom result in successful accomplishment without the support, advice and cooperation of others. Such people have made themselves available to me during every phase of this undertaking through the generous contributions of their time, energies, intelligent counsel, technical assistance and friendly encouragement.

This then is no singular accomplishment of mine, but one shared in by: the Program Committee of the American Art Therapy Association through its recognition of the importance of the panel’s inclusion on the Conference program; the officers and members of N.Y.A.T.A. through their steadfast practical and moral support; the faculty and students of the Graduate Art Therapy Program at Pratt Institute who were directly involved in some supportive function relating to this presentation; the panelists who provided it with the enriching substance of their relevant experiences; and my family through its loving forebearance and assistance.

My heartfelt thanks to you all.
Mr. Saul Lishinsky: We are meeting here to hear a panel on the subject of “Art Therapy and the Third World.” We in New York, a major and in many ways a typical urban center, are especially aware of its major importance to our time and our country. The institution I work for, the Soundview, Throgs Neck Community Mental Health Center in the Bronx, has devoted not one, but several center-wide meetings at the institution’s time and expense, to better inform all of its personnel of this subject’s profound questions and problems. And yet our organization, the AATA, a national organization, has not until now seriously and explicitly considered it. It was for this reason that we of New York adamantly insisted, to quote a Board member, that, “this panel be given the maximum time-slot and space.” The topic that this distinguished panel will take up this morning impinges on the basic concepts of the treatment of human beings. The panel’s moderator is currently employed as Assistant Professor and Clinical Supervisor in the program for the training of art therapists at Pratt Institute in Brooklyn, New York. His courses focus upon the relationship of art to psychiatry, psychology, education, sociology and other fields. He is also a Senior Art Therapist and Supervisor in the Department of Psychiatry at Lincoln Community Mental Health Center in the Bronx, New York, an affiliate of Yeshiva University, Albert Einstein College of Medicine. In this capacity, he is chiefly interested in the use of art as an agent for the encouragement of community development, self-determination and social change.

As co-chairman of the Black Emergency Cultural Coalition; an organization of Black Artists dedicated to the elimination of racist practices in art institutions, he was the originator of the Prison Cultural Exchange Program. The P.C.E. Program which is supported by grants from the N.Y. State Council on the Arts, and the National Endowment for the Arts, is oriented toward Art Therapy and Creativity Development, and is currently serving the inmates of several New York City and New York State correctional institutions, and prisons in other states.

As a painter, he produces works of social and political significance, which are exhibited in educational and religious institutions, neighborhood centers, and major museums throughout the United States and internationally.

He has served as consultant to the Creative Therapy Department at the Bronx Psychiatric Center Rehabilitation Unit; as a member of the Ad Hoc Committee of Art, Music and Dance Therapists which organized for the purpose of drawing up guidelines and professional, educational and experiential criteria for establishing career lines in state and city institutions; as a member of the Executive, Steering and Program Committees of the New York Art Therapy Association which is hosting this conference. He is a graduate of Pratt Institute, Bachelor of Fine Arts. He worked as a commercial artist before entering this field of art therapy. To prepare himself for this work, he acquired psychiatric training in group dynamics, group therapy, leadership and re-socialization techniques, milieu therapy, and problems in therapeutic communities. He instituted the first adult art therapy program at Abraham Jacobi Hospital in the Bronx and was Director of Art Therapy at the Hospital of The Einstein College of Medicine before his employment at Lincoln Community Mental Health Center. His clinical responsibilities include the orientation and training of medical and nursing students and residents. He has co-authored a book with Jay Harris M.D. entitled Murals of the Mind: Image of a Psychiatric Community, published by International Universities Press, New York City, 1973. The book deals basically with the creative responses of a group of psychiatric patients through the technique known as “group mural” to reality problems encountered in a hospital milieu. Ladies and gentlemen, it is my pleasure to introduce Cliff Joseph.

Mr. Joseph: Thank you, Saul, and I thank all of you who were early risers in order to be present here this morning. I also want to thank these very distinguished panel members for their appearance here. And I’d like now to go on to introduce them. I’m going to introduce them from this end to this end. Dr. Hugh Butts who is the Director of Bronx State Hospital, recently called Bronx Psychiatric Center, is a distinguished clinical teacher of psychiatry and psychoanalysis. Through his work and research, he has contributed greatly to clinical and social psychiatry. His principle contributions have been in the area of psychodynamics, psychopathology, diagnosis and treatment of black patients in our society. His work has included experimental studies on perception in black children, the influence of adaptional stresses on the psychological development of blacks in a white-dominated society, the special problems in the psychoanalytic treatment of black patients by white psychiatrists, and of white patients by black psychiatrists. Dr. Butts has been the recipient of many honors and awards including the Annual Merit Award of the Association for Psychoanalytic Medicine. He has served as a consultant to the Council on Professions and is a member of the Committee on Programs of the American Psychiatric Association. He
has been a member of the Board of Directors of the American Orthopsychiatric Association and has served as an examiner in psychiatry for the American Board of Psychiatry in New Orleans. Camille Billops received her MFA degree from City College of The City University of New York. She is an artist, a ceramist and printmaker whose works have been widely acclaimed. As an educator, she has served the Los Angeles Board of Education, New York City Board of Education, City College of the City University of New York, and Rutgers, State University of New Jersey. Ms. Billops is actively engaged in the research of Afro-American and other Third World art. She is a specialist in community art, and has been a leading participant in numerous Third World community art projects benefitting children, adolescents and adults. She is the Executive Secretary of the Black Emergency Cultural Coalition, an organization of black artists dedicated to the exposure and elimination of racism found to exist in art institutions. Dr. Pedro Ruiz is Director of Lincoln Community Mental Health Center. He has served as clinical instructor and assistant professor in the Department of Psychiatry, Albert Einstein College of Medicine, Yeshiva University. Dr. Ruiz is the recipient of many awards and honors including the Physicians' Recognition Award in continuing medical education, American Medical Association. His professional activities, publications and other contributions to his profession are too numerous to mention here. His interests cover such subjects as spiritual healing, drug addiction treatment, mental health problems of Spanish-speaking communities, and community psychiatry in the urban ghetto. He has appeared on several television interview programs concerning the cultural aspects of the Hispanic population in the United States. Sylvia Johnson has a Masters Degree in Dance Therapy from Hunter College in New York City and is a regular member of the American Dance Therapy Association. She has had extensive dance experience both as a professional dancer and as a dance instructor. Ms. Johnson spent this past year studying movement and conducting movement workshops in Germany. She was trained in methods of diagnosing gross and fine motor disorders by movements, under the tutorship of the internationally-rekown movement therapist, Ernst Kiphart. Ms. Johnson has worked in the mental health field for twelve years and is currently employed as a full-time dance therapist at Bronx Psychiatric Hospital, working with chronically-ill adult in-patients and emotionally-disturbed adolescents. She is deeply concerned about the lack of exposure to and the scarcity of trained Third World people in the creative therapies fields. She would like to see creative therapies programs supported by the federal and state governments. Vera Zilser received her Masters Degree in art at Tucuman University in Argentina. She attended the La Plata School of the Arts in Buenos Aires, Argentina, and the Friedlander School of Etching in Paris, France. She is an art historian and an art research specialist. She acquired her preparation for art therapy with the Psychoanalytic Association of Argentina and the Argentina Association of Group Therapy. She spent a period of six years in personal and group psychoanalysis. Ms. Zilser taught at the National Fine Arts School in Buenos Aires before developing a private practice in Argentina. In the United States she is currently employed as an art therapist at the Lincoln Community Mental Health Center. She was co-developer of a psychological out-reach program to youths on the streets and in the schools of the ghetto community which focused on difficult-to-reach Third World children and adolescents. She also served as a Supervisor of art therapy students in the Graduate Art Therapy Program at Pratt Institute. Dorothy Knox is an associate professor at the School of Social Welfare, State University at Stony Brook, New York. She is also Chairwoman of the Mental Health Services for Ethnic Minorities and the Poor Community of the National Association for Mental Health. She is a Board member of the National Association of Social Workers, New York Chapter, Research Associate for the Institute of Child Mental Health, and former Director of Consultation and Education at the Lincoln Community Mental Health Center. Ms. Knox is co-author of the book, Girls at Vocational High, a research study on adolescent girls in treatment, Russell Sage Foundation, 1965. She has presented papers at the American Psychological Association, Orthopsychiatric Association, the National Medical Association, and other very important conferences. Georgette Powell received her BFA Degree from Howard University in Washington. She received her basic art therapy training at the Turtle Bay Music School with Edith Kramer in New York and the Washington School of Psychiatry in Washington, D.C. She served as Art Therapist at the D.C. General Hospital in the Department of Acute Psychiatry. Ms. Powell is a painter, muralist, and has received several awards for her outstanding works, several of which were designed for public buildings, among them Harlem Hospital and Queens General Hospital. She is currently a therapeutic recreation specialist for the Department of Recreation, Community Mental Health Center in Washington, D.C. She is the Director of Operation Heritage, Art Center for Children, Adolescents, Adults, and Senior Citizens, a project supported by the National Endowment for the Arts. She is a clinical instructor at George Washington University Graduate School of Arts and Sciences, in the Art Therapy Program. Mr. Raymond Burns received his MSW Degree from New York University. He is a Visiting Professor at Pratt Institute in Brooklyn where he is teaching a course in race relations. He holds the rank of Assistant Professor at New York University and Senior Psychiatrist Social Worker at Long Island Jewish Hillside Hospital. Mr. Burns was the Director of a
youth service project for the Family Service Association in Nassau County. He is currently conducting private practice. Ms. Barbara Maciag received her Masters of Professional Studies in Art Therapy and Creativity Development from Pratt Institute. She has worked extensively as an art therapist with street gang members in the South Bronx and she is currently employed as a Recreation Director at a South Bronx Community Center, utilizing photography and magic marker productions as expressive modalities for adolescent populations. Ms. Maciag has given presentations of her work at several AATA conventions. She is an active member of the American Art Therapy Association. Finally, Lemuel Joyner received his MFA Degree from Notre Dame University in Indiana. He is a sculptor and designer, and has designed church interiors using stained glass, mosaic, and various other materials. He served as special assistant to the President of Saint Mary’s College in Notre Dame, Indiana, where he also taught two-and three-dimensional design. Mr. Joyner inaugurated a creative soul class which was designed to increase knowledge of and respect for the cultural heritage of various ethnic groups. He developed a graduate course, “Sensitivity in Art Education,” at Lehman College in the Bronx. He completed the open residential program of Professional Training Workshops in Gestalt Encounter, Psychosynthesis, Sensory Awareness, Bioenergetics, Massage, Acupuncture and Movement at the Esalen Institute. He developed and conducted a day treatment center for the Mental Health Center of St. Joseph’s County. He coordinated and developed groups at Beaty Memorial Hospital as a part of the day treatment program. Mr. Joyner is an active member of the American Art Therapy Association.

Now, I have three basic questions with which to challenge the panel this morning. I will give them those questions now and allow them some time to consider their responses. While they are doing this, I’ll talk with you briefly and then get back to them. Here are the questions: (1) Art therapists and therapists from other creative disciplines frequently do their work in physical and mental health centers, educational and correctional institutions, and other community areas where most of their clients are Third World people. How valid is the demand for a culture specific approach to the evaluation, treatment and rehabilitation of Third World people being served in these areas? (2) Would the creative therapist coming from a Third World background be better qualified to meet this demand? (3) What effect would a significant culture specific approach by the art therapy profession have on psychiatry, psychology, social work, education and other professions? While you’re thinking about your answers, I’ll go on to other things.

Yesterday, while attending the general session, I listened to a very distinguished panel of art therapists as they discussed, “Divergent Points of View in Art Therapy.” The panelists - Dr. Bernard Levy, Edith Kramer, Hanna Yaxa Kwiatkowska, Mildred Lachman and Janie Rhyne — while holding to divergent positions on what constitutes a realistic and potentially effective use of art as therapy, nevertheless agreed that being an art therapist carried with it the inherent responsibility to be true to ourselves and honest with our clients.

Some of you may have been present during that discussion, in which case you may recall Dr. Levy’s emphatic reference to a threatening situation within our profession which he found more disturbing than the threat from without, posed by those who in their competitive attitudes see in us some menace to which they must relate with hostility. I believe Dr. Levy was trying to point out how much more formidable and potentially destructive is the threat from within. He made specific reference to art therapists, who in their use of gimmicks and bags of tricks, failed to achieve the quality of human contact and involvement necessary for the development of a therapeutic relationship with their clients. None but the most naive and the most insensitive among us would fail to grasp the urgency of his observations. But there is another more serious threat to our profession, which goes far beyond trick bags and gimmickery. My reference is to racism. Institutional, organizational and individual racism. It is that threat which I feel compelled to discuss with you this morning.

We need to begin our discussion with an understanding of the distinction between minority group identification and Third World identification. A good way to start is by accepting the postulation that every American is a member of a minority group while a significant number of us can be easily identified as being of Third World extraction.

For the benefit of those who admit their ignorance regarding a definition of Third World I will provide a definition so that we may all participate in this discussion more knowledgeably. I will assume that everyone is aware that Americans whose ethnic backgrounds are either Jewish, Italian, Irish, French, Polish, Russian, Greek, Spanish, Anglo-Saxon, Chinese, African or any other, belong to one of the many minority groups
which make up this country’s multi-ethnic population. What some of you here do not know, or are reluctant to accept, is that if your fellow American’s ethnic background is African, Asian, Latin American or American Indian, that person is not only a minority group member as meets with America’s socio-economic and political requirements, but also a member of the Third World as meets with the socio-economic and political needs of an oppressed people struggling to survive.

What is Third World? Jean Paul Satre, in beginning his preface to Frantz Fanon’s *The Wretched of the Earth*, states, “Not so very long ago, the earth numbered two thousand million inhabitants; five hundred million men, and one thousand, five hundred million natives. The former had the Word; the others had the use of it.” Thus he made a clear distinction between Western culture, “the former,” and the Third World, which is made up of three fourths of the earth’s population. In the Western culture system described by Satre, Europe including the British Isles is the first world. The settlers of North America established the Second World. The colonies which later came under the domination of these two worlds as they subjugated and exploited the continents of Africa, Asia and Central and South America came to be known as the Third World.

There is a reluctance on the part of many Americans, including some of my colleagues here, to accept the reality of a Third World. Though not excusable, one reason for this resistance on their part is understandable. It is difficult to deal with feelings that arise with the realization of one’s associations, however involuntary, with the pathological stripping away of a people’s culture for the perpetration of brutal human exploitation. On the other hand, Black, Brown, Red and Yellow Americans are finding it increasingly necessary and useful to unite with their sisters and brothers of color everywhere. This effort to strengthen the bonds of their Third World kinship grows from an awareness of their shared experiences of oppression; an experience from which they seek to liberate themselves with a determined will and with a growing co-operative spirit.

But what about those who succumb to the terrible scourges of racism, poverty, dope addiction, sub-standard housing conditions, hostile educational systems, police brutality and gross physical neglect and mental abuse in hospitals and other so-called health centers. All of these and more make up the daily life experience of the great majority of Third World Americans. Following their collapse under the weight of these devastating social, economic and environmental pressures; is it fair to make glib diagnostic assumptions as to the nature of their distress based totally on classical analyses? The persistent tendency on the part of most analysts and therapists coming from a Western orientation to approach the mental health problems of Third World people in this unrealistic manner cannot be denied.

Many of you, in striving for your ideals of equality and brotherhood, are threatened by the concept of important psychological differences. If you are to relate to your brothers and sisters of the Third World, you must feel that you share their basic dynamics. True, of course, there is much that is universal, much that is common to all mankind. But when differences do exist, why are many of you afraid to admit them? Is it because of your need to see one dynamic, your own, as superior to the other? This conclusion cannot be ego-syntonic for a liberal. Yet few of you seem ready to accept that what is appropriate for you is not appropriate for others, or that a pattern developed in the Third World might be more appropriate for all. To accept this would require you to move beyond liberalism and therein lies the cause of your resistance.

As art therapists, endowed with unique creative abilities and insights, you have an opportunity to provide leadership in changing this tendency. More than that, those of you who work with Third World people have a responsibility to your clients to determine through the most appropriate and efficient observation techniques you can devise the extent to which their creative productions are influenced by ethnic, tribal, religious and other heritage factors. Quite often this may be the only vocabulary through which they can communicate an accurate description of their pathology.

Finding themselves for the most part in isolation in what they experience as an alien culture, most Third World Americans do not have certain symbols of Western culture available for their use. Their failure to grasp and take possession of these symbols, to use them for expression may be explained in several ways. Lack of familiarity with many symbols of Western culture due to isolation and limited exposure; and non-acceptance of some of the symbols of Western culture due to feelings of alienation and incompatibility. A sense of poverty and lack of fluidity in symbolic communications often results. This being the case, Third World Americans may fall back on the past so to speak, in an effort to find a more cultural link through which to understand and deal with their present reality.
Respect for your clients should be a treatment priority. This means, among other things, respect for their peculiar expressive styles through which they communicate the uniqueness of their ethnic experience. Failure to recognize the cultural significance of their productions and to accurately incorporate what you observe into your evaluations amounts to carelessness or even worse, censorship, however unconscious it may be. By continuing your over-dependence on classical systems of evaluation, you also stultify your growth toward becoming more effective creative therapists.

Recognizing the importance of a cultural identity, Sigmund Freud quotes Goethe, “What thou has inherited from thy fathers, acquire it to make it thine.” States Freud: “The id and the super-ego have one thing in common, they both represent the influences of the past.” He believed that the experiences of our ancestors influence the id in a way in which he, admittedly, was not able to grasp.

Erich Fromm, in his book, The Forgotten Language, acknowledges that some symbols differ in meaning according to the difference in culture. In Western culture for example, the sun is a warm, life-giving, protecting power. In many Third World countries, where the heat of the sun is much more powerful, the sun is a dangerous and even threatening power.

Art can reveal much to us of these cultural differences. Unfortunately, our profession has done little research in this area. Some studies recently, however, in related fields are worth noting:

Boston University psychologist, Marianne LaFrance and Clara Mayo studied communication styles between blacks and whites. They found that whites tended to look away from another person when they are speaking and at him when they are listening. Blacks did just the opposite. These differences in listener-speaker behavior can lead to difficulties in communication, without either party being aware of what the problem is.

In another study, Patrick Connolly of the University of Iowa studied how people prefer to space themselves. Whites consistently preferred more open space between speakers than did blacks. Connolly’s study also suggested that blacks tend to move around more during a conversation. These patterns also lead to misunderstandings, when universal interpretations are applied to culturally influenced non-verbal behavior.

Black scholars have created a new area of study called “Ebonics,” in which they attempt to reconstruct the essence of the African tradition. The culture of black people is based upon an ancient oral tradition that abounds in abstractions and symbolism. Ebonics combines linguistic and paralinguistic features as they relate to this tradition today. It would be useful to us to have similar studies of other Third World cultures. While these constructive studies are few, scientific racism has been part of our American tradition.

Robert L. Williams, a black psychologist at Washington University in St. Louis, made a significant report on scientific racism in the May issue of Psychology Today In his article, he relates several very frightening examples of how racism, cloaked in the language of rational science, has destroyed, or threatened to destroy, the lives of black people.

Much of his concern, however, is with the more pervasive problem of intelligence testing and measuring of academic achievement. Most of you are already aware of the cultural bias in our cognitive testing. These tests have played a too-often critical role in determining future opportunities for formal learning or job placement.

It is equally important for us to avoid the cultural bias in our own assessments. The use of white middle class norms frequently leads to an incorrect or inadequate interpretation of an art work. There are, of course, universals which apply to all cultures, but we must be more aware of the specifics. Research and study can help.

As art therapists, however, many of us do our best work from resources within ourselves which may use, but certainly cannot depend on, science. These resources work best within the framework of our own historical experience. While many of you are doing much valid work with peoples of other backgrounds, there is still that missing resource which only a shared heritage can give. There is, therefore, a crying need for more black and Hispanic therapists in our field. If Third World people are to be served, those who share
their culture must be given access to the profession before the standards of white middle class assessment close the door to them.

We must acknowledge also that among Third World people who have been able to withstand the American process of cultural destruction, are many who are in far better touch with the symbolic language of our profession than whites who are the product of a culture which has denied the importance of myth and symbol for centuries. With studied effort, Freud and his followers re-discovered the language which modern Western culture had destroyed, a language which is still a natural, recognized communication among many Third World people.

We must ask, therefore, how relevant are our professional requirements to many Third World people. How much is important to their development as successful art therapists and how much an imposition of Western society’s own cultural limitations? As we prepare for our careers, time and money are valuable to us all. They are particularly dear to potential Third World therapists.

I have proposed an alternate path to professional art therapy, particularly for those from the Third World community. Third World clients need therapists who share their culture. The art therapy profession has yet to prove its respect for Third World clients and for the potential of would-be Third World therapists.

Much has happened since Sartre wrote his preface to The Wretched of the Earth. The basic relationship of Western Civilization to the Third World, however, has not changed. The former still has the Word; the others, the use of it. Let us make sure that our profession is not just another tool for maintaining this relationship, but one characterized instead by an excellence which will guarantee its recognition as a vital human service.

Thank you for your attention. Now I would like to call upon our distinguished panelists to respond to the questions put to them earlier. You don’t necessarily have to take them in order. Perhaps some of you have some very lengthy responses. Nevertheless, since our time is limited and we must allow for audience participation in this discussion, I must ask that you try to limit your answers to about three minutes. Dr. Ruiz, would you like to begin?

**Dr. Ruiz:** Before I relate to the proposed questions, I want to thank Cliff for giving me the opportunity to participate in this important conference today. Rather than respond question by question, I would like to share my overall reaction. I will relate only to the Spanish-speaking population, since it is the one I feel more comfortable discussing. My experience grows out of my working in the South Bronx in the Lincoln Community Mental Health Center program, a program that serves about two hundred thousand people, the majority of whom are black and Puerto Rican. I feel it is extremely important to discuss art therapy in terms of its relevance to Spanish-speaking people. This is especially due to the fact that Spanish-speaking people tend to have great difficulty communicating verbally outside their cultural frame of reference. At Lincoln, I have often observed that patients fail in their attempts to communicate with their therapists, most of whom come from a Western cultural background and who have received their training in classically oriented medical and social work schools. Most Spanish-speaking patients do not fare too well at getting acquainted with their non-Spanish-speaking doctors, who in turn have no cultural basis for identifying with their patients. This fact has created significant problems in establishing a positive therapeutic relationship between the parties concerned. Art therapy has usually served as an effective tool of intervention to ease the stress brought on by this situation.

As it has been stated here, Latin Americans do have an unique style of symbolic expression. It has been my observation that these symbolic formations, which constitute a non-verbal form of communication, are very poorly understood by Western classical therapists who have no cultural basis for understanding them. Another important fact is evident while viewing the effectiveness of art therapy in this particular setting. It is the fact that Latin Americans, largely Puerto Ricans, forced for many years to experience a ghetto existence in oppressed and overcrowded conditions, have difficulty expressing themselves regarding their spatial orientation. Working with a skilled art therapist, especially one who from personal experience is familiar with such conditions, offers them the opportunity to overcome that difficulty. Through a unique group mural experience and other innovative art therapy approaches such an opportunity has been offered at Lincoln for the last six years under Cliff Joseph’s leadership.
In our Day Hospital setting at Lincoln, art therapy functions as both an effective therapeutic resource and evaluative tool. During a group mural session, patients are encouraged to cooperate in the creation of a pictorial environment drawn from their imagination; a graphic statement influenced by their innermost feelings. Before closing the session, a post-mural discussion is held for the purpose of eliciting the patient’s own verbal interpretations of their imagery. In the feedback sessions which follow, the art therapist makes these and his own insightful interpretations available to the entire staff, which includes; community mental health workers, nurses, psychiatric residents, and graduate art therapy fieldwork students. This approach is extremely useful, both in enabling us to recognize pathology that we are unable to identify by more common methods and in validating evaluations made by those methods.

While involved in this program with Cliff, I also had the opportunity to do some research with the Spiritualist Center, working with residents of the Spanish speaking community. I have found that they were more practical in their approach to helping patients. In one area I observed a very effective therapeutic method being utilized. Acting out was encouraged in a very practical way which resulted in the easy achievement of verbal and non-verbal self-expression. Western trained therapists are generally neither familiar with nor accepting of this approach.

Regarding Cliff’s second question, I have also observed another manifestation of art expression that is of particular importance to Third World people. This is not just art as therapy, but also art as a way of promoting social change. I was particularly aware of this use of art in Cuba when I was there during the revolution. I have seen that art can be utilized as a cohesive force with the power to bring oppressed people together and inspire them to revolutionary thought and action to bring about change. Cuba is perhaps the best example of this important use of art expression in modern history. I say this because in all forms of visual communication, art has taken a primary place in the revolutionary movement of Cuba. Oppressed people in the South Bronx and elsewhere can also be brought together by this means and draw on its inspiring power to work to better their condition.

Let me here emphasize the great need to train people of Latin American origin to become art therapists. This is important in order to develop a cultural resource capable of responding appropriately to the specific mental health needs of Latin American people. While I am aware of the good fieldwork done at Lincoln Community Mental Health Center by the student interns of Pratt Institute for example, I know how much difficulty they have relating to the problems of Spanish-speaking patients they encounter, unfamiliar as they are with the language and the culture. This is an indication of not only the need for art therapists of Latin American background, but also curriculum changes in art therapy training programs that have more relevance to Latin American culture. That of course would include the Spanish language. The strength we gain from the institution of these necessary changes will enable us to do more effective therapy.

Well, I don’t wish to make this a monologue, so I’ll stop now and give my fellow panelists a chance to express their views. I hope we will have an opportunity for an exchange of ideas later on.

Cliff Joseph: Thank you, Pedro. Camille, would you .....
form of life, another alternative so that we don’t continue to perpetuate this deprivation. I’m saying that
the reason why black people might possibly feel more at home with me is because they know I have the
information. It’s the same comfort I sometimes feel with some whites who have been brought up in the
ghetto, who have been brought up with the brothers and the sisters. I’ve seen Italian boys who have been
brought up with blacks and Puerto Ricans. Somehow, I am comfortable with them because I know they
have certain information that I don’t have to go over. That’s what I’m saying — it’s all about information.
That’s my contribution for the moment, but I would like to come back later to talk about a new definition of
the culturally deprived.

Dorothy Knox: I would like to come at it from another angle. But first let me thank you Cliff for a very
profound and provocative presentation. I hope that you will make your remarks available for all of us. I
think there are some good points that we all need to review and read again. I’m very interested in the
mental health system. This past week I visited one of our state hospitals where the population is about
three thousand and where the expenditures on a yearly basis are about twenty-eight million dollars. I went
to one of the wards and as usual, though we’re seeing much better improvements in our state hospitals as in
Bronx State for example, we still see young people, middle aged people, old people sitting around. You
begin to wonder: What happens here? What goes on here? How effective this hospital could be if they had
some kind of art therapy group going on. I think art therapy is vital for Third World people because Third
World people have a great deal of pain that most of the time doesn’t get expressed directly. I know that art
therapy can very effectively break the barriers to verbal expression. I served as a Director in a Brooklyn
mental health clinic where ninety percent of the children who were referred to us were black boys who
were aggressive at school. They were labelled as sick, a stigma which would go with them for the rest of
their lives. These were not sick boys; these were kids reacting to a disgusting school situation. I hope that
you as art therapists — as Cliff expressed concern about in his statement — are not wedded to the
psychiatric/psychoanalytical model. There is, I believe, a culture specific approach that one has to consider
when working with Third World people. Unfortunately, for many the myths about Third World people still
exist to a frightening degree. We still hear that, “Blacks are lazy, they don’t want to work. They chisel on
welfare.” It’s in the papers all the time. You need only to walk the streets of Harlem for a few days to realize
that seventy percent of the employable young people are unemployed: a condition not of their making and
definitely not to their liking; but there are those among us who have a need to continue blaming the
victims.

I think that as art therapists you can help a great deal if you are willing to reach out and risk becoming
involved with some real and disturbing issues. It is not enough to deal with your clients’ productions only in
terms of prolificity and skill; nor can the symbolic language presented to you be interpreted from one
standard point of view which tends to ignore the relevance of specific cultural formations. As art therapists
you must be willing and courageous enough to become more involved with the pain of your Third World
clients’ lives; the kind of pain that goes unexpressed like that which is inflicted by the heavy social and
economic pressures they must bear.

Without question, blacks, Latin Americans and other Third World People must begin to produce art
therapists from our own cultures in our thrust to understand, to be understood and to control our own
destiny. There are many problems to overcome as we move in that direction. For one, these inflationary
times make it difficult to obtain the where-with-all to finance the education required. This points to the
necessity for developing specially funded Third World training programs to circumvent that problem. If you
can recognize the benefits of such programs to you as well as to Third World people, then you will be
supportive of rather than threatened by their development.

Yesterday I witnessed two programs, one at Creedmore and one at the Acedemy of Medicine, concerning
ethnic differences in the personality development of children; and about racial, ethnic and social roles as
they affect psychiatric treatment. True, there is a great deal of emphasis on our differences. We have them
and they must be properly assessed if we are to be therapeutically effective. What should concern us all is
the tendency to view these differences from negative frames of reference such as racism. While we have our
differences, there are similarities which we all share as humans. As we attempt to deal with the difficult
problems of living, we must be careful to maintain the correct perspective regarding our differences and our
similarities so that we can make a more accurate assessment of our powerlessness and our power.

Cliff Joseph: Thank you, Dorothy. Now I think Vera would like to offer some comments.
Vera Zilzer: I'm so glad that the panel is talking about the sociological point of view. We are also talking about the institutions. So I can begin now to speak more about art therapy, which is what we are here for. I will speak about my experience working with adolescent boys and girls — black and Puerto Rican. Now I don’t know where to begin, because when you see them for the first time you see that they are made up of different cultures and have a different rhythm of communication. You become aware that they have a different way of talking; that they can have a higher noise level than you; that they can move dynamically; that they can play at being violent and not be violent at all. So you take in all of this information in the first moment. I remember my first shock when I met them at the school; I was overwhelmed. I knew I would need more time, much more time to get acquainted with their style. I had to experience a few years of a kind of family relationship with them and become familiar with the dynamics of the real family relationships of these fascinating adolescents and children; to know why they were like they were and to find ways to get them interested in doing something creative with their restless hands. So there I was. I remember having to take a tranquilizer to settle myself down. At that point I didn’t know what it would do; whether it would really help. But I did manage to cool off. And I sat there and I thought, “Well, I liked to fight when I was a child. So if they are violent, I will just sit here and see what happens.” And I began to do portraits of them as they moved about. Soon, with their natural curiosity and their narcissism, they began to take an interest in me. They saw that I was drawing and they wanted to know how they looked to me. As they saw that their portraits were accurate and they saw that I was collected, and that I was not afraid, and if I was afraid, I said it. This I learned from my psychoanalytic training; to say clearly and quickly exactly what I felt. So I said it to them. We began to talk. As you see, I talk very slowly. They were too much for me. And then I thought to use an approach I learned in group psychology; the divide and conquer technique. It worked very effectively, to establish a trusting relationship with one or two which developed to include others and later on, the entire group. The families that those youngsters come out of, those big families where not much attention is given to them, had to be taken into consideration. When they were, the gestures and the violence became more recognizable as attention getting devices. When I got to know the families, I began to understand that the best way to work with the children would be in small groups; to slow them down, to encourage them to tell stories. It was important to meet with them any place on their turf where they felt comfortable. The classroom was excluded, as we shared a feeling of alienation from the school setting. We met in the hallways and stairwells instead, and on the stoops of buildings they lived in. We were armed with magic markers, crayons, pentels, pencils and paper. It seemed the more isolated and private our meeting places the better we worked. We could be calm in those places and share the warmth needed to kindle our creative fires. I became aware of the great hunger and craving inside my young friends to know the world around them, to take it into themselves and to recreate it in their own image. It is important to understand how necessary that is for them. It may be difficult for some of you to realize how this works, but even my being an Argentinian, which makes me also Latin American and, by definition provided earlier, a member of the Third World, is not fully enough. There are specific cultural differences between myself and other Latin Americans. There are distinctly different styles to be reckoned with; different ways of speaking the Spanish language. Images that are universal in their basic form take on cultural variations.

There are Third World people of Puerto Rican background with whom I have worked who are employed as mental health workers. They have had training in psychology. They are interested in art. I believe they should have an opportunity to acquire art therapy training. They should have such an opportunity because their greater familiarity with the life style of the Puerto Rican people, of their families, of their culture, would make it so much easier for them to have the clearest communication possible. There is a difference between being a West Indian black and a southern black. People from Santo Domingo are in many ways not the same as Columbians. And even among Puerto Ricans obviously some distinction can be made between the poor islander and those of the American middle class. If you approach your work with the basic knowledge that peoples' cultural differences are important and that problems which may seem common to you may be experienced by them in different ways, then it will be possible for you to begin the difficult task of understanding them better and treating them more effectively.

Cliff Joseph: Thank you, Vera. Now I think Sylvia would like to respond.

Sylvia Johnson: As most of you know, dance has always been an important way of expression in the black and Puerto Rican communities. You probably also know that it is an outgrowth of an old culture. As a black dance therapist I have found it quite easy to work with black and Puerto Rican people because I am familiar with their movement styles. Understanding what their movements mean on a cultural level makes
relating and communicating so much simpler. In my profession, movement is the basic therapy tool. Through movement we can get in touch with the individual’s creative potential and turn her or him on to it. It is important to have familiarity with the various movement styles influenced by the experiences of a specific culture. Movement is an important form of non-verbal communication. So what we are really about is understanding the movement language of the people of a given culture as a means toward breaking through to the verbalized expression of feelings. Dance has played a very important communicative role, particularly in Black culture where it was even used as a means of survival. When my ancestors were brought over here as slaves, they were not allowed to congregate and to play drums and that sort of thing. Whoever was caught playing drums was severely punished or even hung. So in their desperate need to overcome that situation, tap dancing was improvised. Other slaves hearing the rhythmic beat and being in time with its communicative significance immediately picked it up and got to the heart of the message. So in that case dance was truly a means of survival. And it still is in other areas of human discomfort. That is why dance therapists are needed.

I have noticed that in my dance therapy sessions black patients are demanding African movement. There seems to have been this sudden awareness of my blackness and its usefulness to them. I am the only black dance therapist at Bronx State at the present time. They seem to be saying all of a sudden, “My God she’s black and she can give us something that we don’t know how to ask of any of the other dance therapists.” So there has been this great demand for African movement. I think it is most important to be in position to respond to this need. That’s one good reason why I’m glad I’m there. It’s also important to relate to that because when people suffer some emotional disorder, they do tend to lose part of their movement repertoire. Every person has a movement repertoire just as everyone has a personality. And you do tend to lose that. You lose a lot of it, especially if you’ve been hospitalized for a long long time. So if you can relate to people’s specific needs on the movement level, then of course you can reintroduce their particular movement repertoire so that they can feel good. It’s as simple as that.

I also feel that my being a dance therapist at Bronx State is important for Third World people because, unfortunately, until recently the authority figures were all white. By my being there they can have an appropriate role model. Now the adolescents, they relate to me in a very interesting way. In a different way. To them I’m not only a dance and movement therapist, but I’m also a mother to them. They really transfer a lot of feelings onto me that they are perhaps unable to transfer as easily onto a white therapist. So I find myself in a rather unique position. There is so much that I want to talk about, but our time is limited. In essence, what I feel is that in order to work with Third World people one does not necessarily have to be a Third World person. It might be preferable simply in order to guarantee more effectiveness on certain levels of relating. But if you are not of the Third World, you had better begin to try thinking in those terms and start getting your homework together. That means you have to get on out there and get acquainted with Third World people. I’m not talking about reading papers and that kind of thing. I mean really meet us. Come to our dances, talk with us, eat with us, watch our movement styles. That’s the only way you’re going to get to really relate to Third World people where they’re at. In your profession you may be called upon to do that at any given time or place. When someone is in distress and needs your help, it’s very important to be able to understand them.

Cliff Joseph: Thank you, Sylvia. Now we will hear from Dr. Butts.

Dr. Hugh Butts: I think we’re all indebted to Mr. Joseph for a very stimulating, thoughtful, provocative paper which was quite beautifully done and which many of the panelists have commented upon. I’m not an art therapist. I’m a hospital administrator. And, unfortunately, I don’t know a great deal about art therapy. I do have a sense of it. I do have a feel that like many different disciplines that are not innate to my own educational process, it has a great deal of merit. I’d like to view Mr. Joseph’s comments in a much broader context though than just art therapy because I think what he’s talking about are a variety of therapeutic modalities, not just the use of art as one of those modalities, that have specificity for Third World patients in our institutions. Now, one of the advantages of being one of the latter speakers on a panel like this is that you can kind of pull together what others have said, or profit from what they have said, and make capital of it. While I certainly endorse much of what he says in terms of the need to have a thorough understanding of the Third World experience, be it black, Hispanic, Indian, or what have you, and I think he documented some of the ways in which this experience is somewhat unique, there are other ways in which it is unique too, which we should be quite mindful of. One has to do with the capacity on the part of blacks to tolerate incongruities or dichotomies or contrasts which is exemplified in many black song titles, for
example, “I Love You So Much Baby, But I Just Can’t Stand Your Sight.” It is this ability to take two opposites and juxtapose them like this which is quite pronounced in the black experience. Another way in which it manifests itself is in terms of trying to minimize the distance between object and subject as one is talking verbally. Julius Lester, in his book, “Look out whitey Black Power’s gonna get your mamma,” comments like this. And one sees it again in certain titles and certain expressions, in song titles like “I wish I Knew How It Feels to be Free.” It’s a rather Westernized version of what Aretha Franklin would encapsulate in one term, “Freedom.” Now, while it’s good to understand these various nuances of the Third World experience. I’m very struck by what Ms. Johnson said a while ago in terms of her being the only black dance therapist at Bronx State Hospital which is my facility. Through my persistent efforts the professional staff composition, which nine months ago was ninety-four percent white, is undergoing a very radical revision. What I’m really saying is that while it’s all well and good to extoll the virtues of an understanding of various other experiences than the ones we’ve known ourselves, I think that without the kind of institutional restructuring and institutional arrangements that need to take place, this can never happen. And I think it bohooves the art therapists and all those who extoll other therapeutic parameters to join forces with those who want to change institutions wherever they may be, because only as a result of that joined thrust can we successfully implement these new therapeutic modalities.

Cliff Joseph: Thank you, Dr. Butts. Georgette Powell.

Georgette Powell: Thank you, Mr. Joseph, for inviting me to be on this very interesting panel. My experience as a black art therapist has given me much to appreciate regarding the importance of the culture specific approach to working with Third World people. But before relating to that, I think it would be good to share a little of my personal history which prepared me for that experience. During all of my early life, I lived in the Yorkville section of New York. I attended a Madison Avenue school where I was one of the two or three black children enrolled. When I attended Cooper Union, it was with one or two other black students. Those were some very uncomfortable moments for me. I, and I believe my fellow black students, felt quite left out of things. Later, I discovered that there were interesting creative programs and art workshops going on in Harlem and I very quickly decided that was where I belonged. I could go there and have many creative and learning experiences with people who shared my heritage and background, people who spoke my language. True, we lived in different neighborhoods and our religious affiliations varied, but our cultural roots were the same. Through the years I became involved in various community organizations formed for the purpose of working on adolescent problems. It was then that I first discovered the usefulness of art in helping these young people to deal with their difficult growing pains. This experience was my prime motivation for becoming an art therapist. My pursuit of information about the field led me to Edith Kramer with whom I studied, and later to employment at D.C. General Hospital where I worked with Elinor Ulman for several years.

In my work at the Community Mental Health Center there I experience the situation of the patients with whom I come in contact as very much like what I experienced during my school years. I refer to the lack of understanding displayed by a predominantly white staff who do not know how to relate to people they regard as merely indigent and ignorant. The patient population I work with is made up mainly of poor black people; street people whose great emotional setbacks have often brought about problems in verbal communication. In other words, they find it extremely difficult to talk about their feelings and to express their needs. But with the proper motivation they are able to start themselves through a line drawing, out of which a conversation can evolve. Since as a black person, I have shared and am sharing their oppression, since I share their feelings of alienation, I consider myself to be a most suitable partner in that conversation. Because our cultural roots are the same, because of the similarity of our backgrounds and our life experience, I am so much more tuned in to the reasons for their discomfort and the needs they are trying to express. I am also better tuned in, because our communicative styles are not that different.

For these same reasons, black nursing assistants are often able to obtain more useful information from their black patients than the psychiatrists who are usually from white middle and upper middle class backgrounds; information which could be used to better understand the patient and to set more appropriate goals for his rehabilitation. Those who are in charge of our mental health programs must be more respecting of this fact and of the people who can provide this kind of assistance. My experience has convinced me of the need to bring more qualified Third World art therapists into the field as quickly as possible. Look at it from the patient’s point of view. If you were in his position, wouldn’t you prefer to communicate your feelings to someone whom you felt could understand you better?
Cliff Joseph: Thank you, Ms. Powell. Now we will hear from Mr. Burns.

Ray Burns: I would like to thank Mr. Joseph and also the American Art Therapy Association for inviting me to be on this distinguished panel. It was good to hear Dr. Butts point out that we must use our potential for pulling together to make some much needed institutional changes. He also pointed out our need to assess the degree to which we and others in related health professions may be thinking along the same lines. This is very important if we are to pursue this potential effectively. I also appreciate the definition of cultural deprivation that was given by one of my fellow panelists because it fits my own philosophy and point of view which has to do with looking at the Third World experience — the Black experience for me — in a positive way. In his presentation, Mr. Joseph also hit upon the biases and kinds of rhetoric that are often used. He made it clear that the Third World experience is usually viewed problematically rather than in terms of the strengths, resources, and adaptive mechanisms utilized to cope with the stresses of an oppressive society.

Much has already been said, with which I agree, concerning the need for training Third World people to become mental health professionals and specifically art therapists. I agree primarily in terms of the relatedness of the need for such training to the need for relevant treatment approaches to the mental health problems of Third World people. Someone said — I think it was Saul Lishinsky — that “hopefully one of the things we will begin to look at more critically in mental health settings is the basic concepts of treatment that are routinely applied.” This is a necessary first step toward determining what degree of relevance these concepts hold for the treatment of Third World people. In my Psychology of Ethnic and Race Relations courses at Pratt Institute and N.Y.U., my students and I look for the commonalities and differences which must be taken into account during human interaction. The cultural differences are most usually focused upon as we search for understanding which can eliminate the prejudices and the fears. We are brought inevitably to an examination of the meaning of the symbolism unique to a specific culture; a very worthwhile activity as we seek to broaden our communicative abilities.

Although I come from a social work background and an analytical background, I truly appreciate the ability of the art therapist to see the individual a little more holistically than I tend to do just sitting there talking to him. I think all of us who are mental health professionals are beginning to recognize the importance of knowing that individual better and becoming a co-activist with him to work for institutional change.

Mr. Joseph also made reference to Sartre’s important statement regarding the word and the use of the word. I think it hits Dr. Butts’ last point, that in order to implement change, in order to come up with innovative techniques, we have to begin to move Third World people to positions of power. This has to be the way in order not to feel that we are going to be threatened, kicked out, and not become a part of the change that needs to take place in our society to guarantee the best of treatment for people of all cultures and races.

Cliff Joseph: Thank you, Mr. Burns. Ms. Maciag, may we hear your comments.

Barbara Maciag: I first began working with Third World people as part of my fieldwork assignment at Pratt. I was assigned to Lincoln Community Mental Health Center #2. The experience was so meaningful to me that I continued working in the same area at a different center. An important element in my work with the teenagers that I work with is the sharing, and our cultural differences give us a really good opportunity. They made a point of sharing the realities of their family, their extended family — in this case, mostly street gangs — with me. And I feel it’s very important to understand the cultural orientation of the people you work with, not for intellectual reasons, but because of the feeling that I get in my gut that something special is needed. I’ve taken a course in Spanish at Bronx Community College. And I still can’t speak it, but I understand the different patterning that goes into the Spanish language and how it differs from English. There are different areas of emphasis. Dance — I’ve studied primitive, Afro-Haitian, Cuban dances. These are just things that came to me that I felt were needed; maybe they would best fill my needs. The modalities that I work with are mostly film, photography, and magic marker production. These are media that don’t set cultural specifications. They are here for the kids to use in ways that they find most meaningful. And they reveal the perspective that they view each other and their world and their areas of emphasis in. This is another way that they communicate to me. Most of them have been so beaten down by the system; the schools are so inadequate. Yet you see the street gang president who so fills the needs of the kids that he serves. A street gang president is not elected; he just kind of rises up as the most meaningful
expression of the needs of that particular group. And yet I know that they would probably never become therapists even though that's how they're acting because apparently higher education is mostly contingent upon your ability to pay and not necessarily to be a good therapist. And their whole background in education has been so inadequate that they don't even react to that finality as a way of achieving a recognized status as therapists whereby they could work in the institution and change it into a whole different thing. I feel I have to say something regarding the fact that there are white people who don't like black people, and black people who don't like black people, and black people who don't like white people, etc. In one of my earliest groups - a group of seventh graders meeting at a public school - we had been together for a few months and no issue of race had even been raised. There was a young man who had been very disruptive to the group, causing everyone much anxiety. So we decided that we would do a role reversal situation when he would be me and I would be him. The group was very supportive and would not allow him to react in his way, but insisted that he react in my way to my own interpretation of his acting out, disruptive behavior. He became very upset and left the room. Another young man, Chino, took over my role as me. Fernando, the first young man who was being disruptive, came back into the room for a moment, then ran out again into the auditorium where an assembly was in session. He grabbed the microphone and began screaming, "Barbara is white. Barbara is white." I thought, "Oh my goodness, what a way to deal with one's feelings about race." Chino came up onto the stage, took the microphone and replied, "That's right, and I'm proud." He did that because he was me in the role reversal at the time. I think that's a good lesson to be learned by everyone; to get your dignity together and not let it be affected negatively by others.

Cliff Joseph: Thank you, Barbara. Now, Mr. Joyner, your good patience is about to be rewarded.

Lem Joyner: Thank you, Cliff. Thanks for having me on the panel. I don't mind being last. It's good to have this opportunity to share some of my thoughts with you on the subject you've raised. I would like to begin by asking some questions, and I would like each of you to answer the questions for yourself. When you first read the program title for this discussion, "Art Therapy and the Third World," what were your thoughts? What were your feelings? Why did you decide to come here today to this discussion? Now, if you can try to imagine yourself working as an art therapist with an angry black. Really try to picture yourself in that situation. What are your feelings? Can you handle it? On what do you base your evaluation of that person? Do you feel qualified to make an evaluation of him? In attempting to treat him, do you really feel able to establish effective communication? As he leaves you do you feel that you have really helped him? These are some honest questions which all of us in the mental health professions should answer honestly when attempting to work with anyone. These questions and the answers they receive help us to know where we are with our own identities and our own feelings before trying to get to an understanding of what is going on with another person. These questions and answers are of particular importance if the person you are going to work with is of a different culture from your own, such as a Third World person. They are important for many reasons, some of which have already been presented here. One that was perhaps not mentioned is the obvious fact that our feelings are reflected when we are working with someone who has an emotional problem. This makes for a very sensitive situation, one in which our true feelings cannot be disguised. Without an awareness of those reasons, and without positive answers to all of the foregoing questions, there can be no effective therapy.

Cliff Joseph: Thank you, Lem. Now I invite you who make up this beautiful audience to rap with the panelists. You no doubt have some very provocative questions of your own and some enlightened comments on the subject presented. Please let us hear them.

Audience Participant: I would like to say that the American Art Therapy Association is very much aware of the problem of needing more blacks in training to be art therapists and we did set up an ad hoc committee to look into this picture. I have a very specific question to Dr. Ruiz since I'm interested in training. He suggested that there be curriculum changes for training art therapists. I wondered if he had some specific suggestions.

Dr. Ruiz: I would like to answer your question by going into a few areas that are of concern to me. When I was working in the Day Hospital at Lincoln with Cliff, I became aware of the fact that most of the training of art therapists and the doing of art therapy takes place in institutional settings. Can you imagine an art therapist working in the patient's home in a ghetto area or working with a team on a ghetto street as Vera Zilzer and Barbara Maciag have done. I'm thinking not only of Lincoln, but of other institutions as well,
some of the smaller private institutions. I wonder if the art therapy students who train in them ever have the opportunity to have that kind of experience. But to get back to the question of curriculum. I was thinking of art therapy not as an adjunct to other disciplines, but indeed the key and primary approach to helping the patient. I wondered if more attention could be given to curriculum relevant to specific ethnic concerns, such as focusing on the symbol formations of Latin American cultures for example. What I am going to suggest now may seem provocative, but I would like to see us deal not only with pathology. There should be more focusing on how to help the patient develop his positive strengths for utilization in bringing about social change that will guarantee him more control over his life. This is something that I consider to be of great importance. I don’t know how feasible it would be to include such radical change in the curriculum structures of classical universities, but I think it is very important to consider.

**Audience Participant:** My name is Charlotte Cole. I’m white and I’m Jewish. I have a daughter living in Israel and a son-in-law of Asian extraction who is also Jewish. His color is medium black, I would say. I want to know if he fits into the definition of Third World.

**Cliff Joseph:** I think Camille would like to respond to that question.

**Camille Billops:** Where is your son-in-law from?

**Ms. Cole:** His origin includes Turkey and Iraq. I asked the question because I was confused when you described Third World as to whether the definition applied only to people in the United States.

**Cliff Joseph:** No, the definition I gave was much broader than that.

**Ms. Cole:** I want to make a point which I feel is very pertinent, but first I want to give you and the panel some information. My son-in-law is of a culture quite different from that of my daughter’s which is white, Jewish middle class. It is a culture that has many elements of being very close together. It also has a certain kind of noise; a certain kind of moving very quickly that is very much akin to some of what you have described here. I think my point is clear; that the definition of Third World needs more scrutiny. I want to add that in a country like Sudan, the people of the Third World are still living in slavery in the Khartoums. I think this is very important for black people in this country to know.

**Cliff Joseph:** Camille, you wanted to respond. Why don’t you, then we’ll move to Ray Burns who has also indicated his desire to respond to Ms. Cole.

**Camille Billops:** I’d like to share my very particular experience. I have never lived in Iraq, but I have lived in Egypt and no, I’m not an authority on the earth; but I have big pictures and, again, the whole body positioning is different. I have great cultural conflicts here; sense of poverty, sense of body space, all kinds of things that happen that possibly might apply there too. So things are much more universal. Now, I might make some interesting assumptions about the Iranian Jew that married your daughter. I know that many Middle Eastern Jews went to Israel and experienced a very interesting kind of discrimination. Of course, they are really very Middle Eastern. They truly are. And of course they are probably of a different class, possibly upper class within the context of their own country. Who else could leave their country when you have the upper and lower classes and very few of the middle class. And then to come to Israel and be discriminated against. But I have experienced this kind of thing with the Egyptians. Some things were very very different. But certain other things drove us absolutely mad because we were Western people in a strange environment. They drove me mad, they drove white Americans mad. But none of these things seemed to drive the Egyptians mad at all. What we were going through was a cultural thing. I think a lot of this applies here.

**Cliff Joseph:** Thank you, Camille. Now, Ray Burns, you have the floor.

**Ray Burns:** I just wanted to take the point a little further and bring it in line with our basic concern about culturally relevant treatment. If I was working with your child as the treating therapist or involved on the treatment team assigned his or her case, it would be incumbent upon me — and I think here we get at the importance of the Third World issue — to seek an operational definition, to identify who and what we’re working with. We must begin to recognize that we need to become sensitized to the cultural as well as the individual differences in people. This is important so that if our patient indicates a need for space within
which he can move in ways unfamiliar to us, or to be communicated with in a tactile way which may seem unconventional, rather than label such need pathological we must begin to see it as possibly a strength that can be worked with.

**Audience Participant:** I have a proposal which I would like to present later at the business meeting. This panel discussion really seems to be one of the most important things happening here. I feel that we need this badly and I am going to propose that every word of what is said here today be mailed out to every member of the American Art Therapy Association. I would also propose that this kind of experience be a part of every conference after this one. Perhaps it could be modified to become a kind of experiential workshop. This is a good beginning, a Third World Orientation to a continuing experience that we all need. Now I have a question for Mr. Joseph. You did say that you had presented a proposal for an alternative approach to training Third World people to become art therapists. I would like to hear more about that.

**Cliff Joseph:** Yes, I have presented an Therapy Training Program Proposal to Bronx Community College which is designed to function cooperatively with the Bronx Psychiatric Center. I was persuaded first of all by the need which I and my fellow panelists are presenting before this conference; the need for Third World art therapists who I feel can more appropriately respond to the mental health requirements of Third World people, I was also motivated by the fact that many Third World people who could qualify to work as art therapists lack the academic background required simply because they are unable to afford the prohibitive college tuitions which are the rule today. Some of the people to whom I refer have been working in health and community centers in a manner closely allied to art therapy for several years. They have psychological sophistication and creative skills which they could greatly improve if given the opportunity to do so. That is why I see the establishment of an inexpensive training alternative as necessary. The program which I have proposed would allow high school graduates to take two years of intensive training in courses which would lead to an associate degree in art therapy. After completing two years of combined practical and theoretical study, those students who wished to seek a professional career as art therapists rather than continue in the associate capacity would hopefully, by arrangement with such schools as Pratt Institute, be eligible to join their advanced art therapy training programs under a scholarship grant arrangement.

I see no need for the kind of credentials being insisted upon to make career opportunities available to Third World people with verifiable qualifying work experience. And that is what we are here to talk about. Rather than involve itself in exercises designed to restrict people for whom the field of art therapy has a special need, the American Art Therapy Association should adopt as a major policy the full support of all legitimate efforts to bring qualified Third World people into the field.

The formation of an ad hoc committee to investigate encouraging – what the A.A.T.A. prefers to call – minority groups to enter and study in the field of art therapy is a first but grudging step in this direction. The “minority group” designation reflects the need on the part of the white minority to deny the fact that Third World people make up most of the world’s population and communicates to Third World people a sense of powerlessness. The insistence on such a designation places serious doubts on the sincerity of the A.A.T.A. in forming the ad hoc committee.

**Audience Participant:** First, I did some research in Israel a couple of years ago. I’m studying the use of art therapy there. In my work I made many interesting discoveries regarding the mental health care of Third World Jews. Some people there believe that many Third World Jews in Israel use native healers or “witch doctors,” rather than go to mental hospitals. I have some very interesting material on this and I really think it’s a good idea. I know that in some communities in this country – in Miami where I come from for example – Afro-Cubans use witch doctors for mental illnesses and that sort of thing. I believe we should go to these people and try to interview them and engage them in our therapeutic endeavors. I’m willing to share some of the literature which I have for that purpose.

Now, I have a question for Barbara. You mentioned that you use film and magic markers in your work with adolescents. I want to get some more clarity from you in terms of the cultural use of certain materials in art therapy. I don’t understand why you don’t use paints or whatever with these kids.

**Barbara Maciag:** I don’t use paint because I don’t believe in asking for trouble. When you work with people who have a low impulse level, you’re just setting up a high risk situation if you introduce certain kinds of materials. Most of the people that I work with are constantly acting up and it doesn’t make sense to
deliberately place trouble in their hands. I use photography and film making mostly with the street gangs because it also reinforces a sense of community. There are a variety of roles which need to be filled — actors, writers, a director — to get a finished product. Film helps to create a sense of unity that’s very important. A sense of unity is often achieved through anti-social needs such as stealing, rumbling, and even raping. That’s an integral element of gang life. It produces products that may be flattering to the gang's self image. At least it helps them to find out where they're at. Photography does the same thing, but on an individual level. As you may be aware, street gangs are dying out. At least in my particular part of the South Bronx Community. But just because the street gang itself is leaving does not mean that the problems it attempted to solve have left. They still exist. Like when a junkie kicks his habit, it doesn’t mean that the problems that motivated his addiction have necessarily been resolved. Just that particular manifestation of the problems. Furthermore, photography helps them on an individual level. What it also does is provide them with a skill. Two of the young men with whom I worked have gotten jobs at photography studios. Four have won prizes in national Kodak competition and others have won prizes in various photographic competitions. This is important not only to self esteem, but also on a very realistic level. These are people who ordinarily would not have the opportunity to work on a higher level than would ordinarily be possible because they are high school drop-outs. Does that answer your question?

Audience Participant: Yes it does. Thank you.

Cliff Joseph: Yes, Edith.

Edith Kramer: I think that the proposal to have alternate means of entering this profession rather than the academic route is a very good one. On the other hand, my feeling is that it is really a difficult thing to do. I would be greatly perturbed if I were working in a therapeutic setting where there was a danger of permitting people who were really not qualified to assume watered down academic roles.

When that happens you get bad English, bad thinking, and bad art therapy from people not sufficiently trained. But then you might get excellent art therapists if you allow the people who are not academically inclined and who haven’t had the schooling, to work directly with people and become good artists, become good workers as people. But I think it is very important that you find an alternate way, not a watered down approach that allows for letting a person get by just because he’s black or Spanish or a member of some other underprivileged group. Then you’ll get good people and not the kind of people — Black, white or yellow — who just want to get by. I think this is something to really think very hard about; to find a different way, an alternate way, not a way of circumvention.


Camille Billops: I really do think we have become very sensitive when we talk about “bad English.” When a French person speaks with poor English, it’s a French accent, and they are not fluent in the language. But if it is a Spanish or black American, it is bad English.

I have just one little quicky. I have a friend, a Columbian Jew from Columbia. She tried to get a grant at City College. She went to the Jews and they said, “You’re Spanish.” She went to the Puerto Ricans and they said, “You’re Jewish.” I said, “Oh don’t worry about it, Ruth, it’s your Spanish accent.” Had it been French or German or British, or whatever, it would have been marvelous! Right?

Audience: Right!

Camille Billops: But you see, when you move to Englewood, you’re not going to know whether you’ll be called a Kike or a Spic. No, but I’m talking about this kind of thing where we use words like “bad English.” How do we use words? We keep trying to solve the problems these people have. These people do have a problem. We are, as middle class people, a great deal of their problem. We are the problem.

Cliff Joseph: Thank you, Camille.

Audience Participant: Recently, I heard a comment indicating that the National Mental Health Association claimed racism as one of the foremost causes of mental illness. It seems very important to realize that what is going on in our society in general in terms of racist treatment of Third World people is also going on in the mental health community. It is also important to note that while some people are actively seeking more
information, others are still justifying either their personal approaches or whatever their culture has taught them. We also need to understand that there is a great burden of responsibility on people of the majority culture — the First and Second World cultures. That they — if they really want to help where they are working with populations which are predominantly Third World — must place a great deal more emphasis on the opening up of learning situations for the benefit of these people.

On learning of the establishment of this particular panel, my initial reaction was: Oh, they’ve got a spot on the panel to talk about minority groups, blacks and Puerto Ricans. Unfortunately, I have seen far too many cases where panels like this were the least attended. People nod their heads, then go off to concern themselves with matters that they consider to be more important. Some of them even question their reasons for attending at all when they are forced to ask themselves whether they really understand these people they work with who come from a different culture. They are confronted with their reluctance to seek further understanding, to open up, to speak to someone, to broaden communication, and to really get involved in changing situations.

Cliff Joseph: Thank you. Lem.

Lem Joyner: I did not mention the fact that as Co-Director of the day treatment center, I worked with Dr. Jack Baldwin, who happens to be white. When we opened the day center we were there about two weeks when we admitted our first black patient. When he came in, most of the white females were afraid because he was about 250 pounds. He was a very angry man. When he walked into the room, they all came over to me. I treated the situation no differently than I would have if the patient were an acting-out white male. At the end of the session, Dr. Baldwin came to me and said, “I’m certainly glad you were working with me, that you’re black, that you could understand what is going on.” He admitted his fears. He admitted very honestly where he stood regarding his relationship to Third World people, particularly black people. I have related this to you because I want to encourage you to honestly look within yourselves, to know where you really are in your relationship with Third World people. I must stress the importance of honesty over and over and over. If you have negative thoughts, deal with them; don’t bury them, don’t use structure to cover them. Then, when you are confronted in your work with Third World people, they will accept you because your honesty will come through. That’s very important. Be honest with yourself and honest in relating to the people you are working with.

Cliff Joseph: Thank you. Vera.

Vera Zilzer: I have a proposal. As I look at the people who make up our audience, I see that you are mostly white. So I propose for another time a sensitivity workshop where there will be an opportunity for you to have really close confrontation with Puerto Ricans and blacks of different cultures. Such a workshop would enable us to feel our differences in an experiential way. Perhaps we could experience belonging and being near without being overwhelmed.

Cliff Joseph: Thank you, Vera. Edith.

Edith Leopold: You’ve just expressed a thought that has been flying around in my head after hearing about First World, Second World and Third World. To me, these are just a lot of words. I think we are all born free and pretty soon everything else gets put on us and after a while we have an option to take it or not to take it. I have worked now for quite a number of years with mostly black patients. And the word power never occurred to me when I felt that I was coming across to such a degree as I never believed possible. I don’t speak Spanish, I’m not awfully good at slang. I believe that when I was born, I did not even scream because I was already to well-bred.

However, I believe that through our inner strength it is possible to transcend much of what we have learned. That inner strength — call it power, soul, what have you — which enables us to convey at least non-verbally — a way which I think is deeper and more eloquent than words — what we have to give another human being. How would you relate this to a group? How would you begin? My approach would be to start as far back as anyone in the group would be able to remember and begin to strip everything that was put on us.

Cliff Joseph: Thank you, Edith. Dr. Butts.
Dr. Butts: I think you're really deluding yourself if you think that we are all "born free." It may say so in the Constitution, but that's a lot of hog-wash. I think we may have a potentiality for attaining freedom, but I think that no matter where we are born, there are people—especially those born in the ghetto—who are born with a different set of living, environmental, social, economic situations that predispose them to eventual and continuing disaster from the womb to the tomb. These people at birth—and this is especially true of blacks—have ten years less of life expectancy than the average white person, when you get right down to the facts. I don't know that this sensitivity idea is the one that I think is most salutory. I think it may be a very disruptive, counter-productive thing. And I think very often the people who propose it are proposing it with the full thought in mind that things will reach some kind of holocaust. I don't know that non-Third World people are in any way able psychologically to come into a sensitivity arrangement with Third World people because I don't think non-Third World people have come to terms with the black aspects of themselves as yet. Maybe if they would do that first—and I hope you recognize that all white people, all non-third world people do have a black side in themselves; the lower side, the dark side, the side that comes forth at night, the sexual side. If they were to come to grips with that first, then maybe they would be in a better position to deal with some kind of sensitivity arrangements with blacks. I think very often that blacks are proselytized and really utilized in terms of enabling whites to deal with the black aspects of themselves.

Cliff Joseph: Thank you, Dr. Butts.

Audience Participant: One of the things I've noticed here is the amount of confusion when talking about differences in types of people, cultural differences and racism.

Cliff Joseph: Are you saying that you are confused?

Audience Participant: Yes, I am confused. I'm confused about Third World and I'm not clear on what was said regarding deprivation.

Cliff Joseph: I think Camille would like to respond to that.

Camille Billops: Yes, I would. I think it's very important that you get clear on the subject because what we're talking about is that if we do not accept the fact of deprivation in all groups, and realize fully what this country has done to us, we will continue to be in trouble. White people are not complete and whole. Your culture is a European culture; it is not our culture. The greatest thing that ever happened to Europe was the Arabs between 500 and 1200 A.D. But we don't talk about that when we go back into history. We forget the Middle Ages and go to the Renaissance. We don't go for how Aristotle was really translated by the Arabs, you see, so we really damage ourselves. The young woman who used the term, "witch doctor," what does that mean? What do you mean by that word? Are you talking about Afro-Christian religions in the Caribbean? And if so, what specifically? Are you talking about the things that were based in the Yoruba? Are you talking about Shango or Batuoue? Why don't you know that? How is it? How is it? How dare you walk around so ignorant? How dare you do that? I know. Why don't you know? Why do you use the word witch doctor? Why do we use the words we use? We know a lot about white people because we have to survive. Obviously, you don't need to survive that way. So you don't know. That's why Americans walk around not knowing languages. They don't think in terms of having to survive. Americans have overflowing garbage cans and well-fed animals because we don't begin to understand real poverty. You need to start thinking differently about the meaning of survival. Everyone needs to do that. Poles need to do it, Hungarians, Italians. We all need to do that. And we need each other. But we need you to go and do your homework. You need to really learn about other cultures, mainly what those cultures did for your culture and for you. It's your turn now.

Audience Participant: You raise the issue of class differences in a very powerful way. But I'm a little confused after this last statement. Were you talking about class or race?

Camille Billops: Well, race disguises, right? Race disguises. That happens to be the situation in the city. You have blacks and Puerto Ricans because those are the people who come to cities in search of work. Ultimately, we have to deal with class because it's really about class here.

Audience Participant: It's very confusing.
Camille Billups: Try to understand. Race is always the easy track that everybody travels. We don't talk about poor whites in Appalachia either. We're talking about a city situation and making you sensitive so you can deal with poor people here. We don't talk about class in this country.

Audience Participant: What about women?

Camille Billups: Do you really want to open that Pandora's box?

Audience Participant: Well, yes and no.

Camille Billups: I teach a course on Women In The Arts and I don't even want to get into it.

Audience Participant: Most people don't want to deal with it. You know even in mental institutions the white man gets much more privileges. But no one wants to talk about that whole myth of the matriarchy, the whole focus of the black family. How about the young black women you teach? Are you training them to compete with black men for the same jobs and the same high salaries that white women are now competing for because black men are taking over their jobs?

Camille Billups: Well now, the white male is not giving up all of his seat. A Chinese person has a certain percentage. A Cuban man has a different percentage. But the thing to take notice of is the fact that two white women can equal three black men, and three black men can wipe out three Chinese, but the white male still keeps most of his seat. And we have to beat each other up for the corner he leaves.

Audience Participant: I get a kind of current that I think most of you in one way or another are addressing yourselves to, but I'm interested in getting more specific answers from anyone on the panel. It seems that there are two main issues being discussed. One has to do with the need, in relating to people of another culture, to do so in an honest way. The other, which is related, is concerned with the gaining of information. Stated another way, the issues deal with the reduction of fear and the reduction of ignorance, respectively. I was wondering if anyone on the panel could suggest how people can be persuaded to reduce their fear and increase their information.

Cliff Joseph: I think Mr. Joyner would like to answer that for you.

Lem Joyner: I can tell you how I dealt with the problem you are asking about. I go back first to honesty. How do you feel about yourself? Answer that question honestly first. Then, when you meet someone, take that person as an individual and be aware of your feelings as you deal with him. Whether he's from the Third World or any other world, try to find out something about him. His good points and qualities are important to know. You have to develop the ability to make such inquiries without being too direct. Let me tell you about an experience I had at Esalen Institute. From the moment I walked in, I really felt completely free from the structures of society. Then during my training, I wound up in a room with sixteen other men. I was the only black man among them. In that situation, I experienced what society has told me I would have to measure up to in order to be a man. I was in position to observe the innermost part of the white man who told me what I had to do as a black, in order to be that man. I found myself living up to the standards that were set for me by society, but as I looked around the other men in the group were not measuring up to their own standards. They did not know what to do with this monster. So you see, honesty is most important from the very beginning. If you say something, mean it; if you feel something, acknowledge it. I place the emphasis on individual relating; you cannot develop this as a course, it just has to be experienced. On another occasion, when I was teaching at St. Lawrence College, I was asked to do a course in Afro-American Art. Rather than teach a course in strictly Afro-American Art, I agreed to develop a course. I did so and it was called "Creative Soul." It was presented to a mixed group of young men and women, blacks and whites. I wanted to do a real live Afro-American history art course, an experiential course. We went off campus, into the homes. We began at the grass roots and went all the way to the homes of black professionals. Students were able to ask questions that they were usually afraid to ask in larger groups or with adults around. Students were selected whom I felt were genuine people, with something to offer. At the end of the course, which lasted for one year, we came to New York where we saw "Purlie" and "No Place To Be Somebody." The discussion that followed was their final examination. It was a real joy to see how these students were able to find themselves in a multi-cultural world. The greatest joy for me came later at Christmas when I received a letter from a student which said, "Thanks for the course. I can go
anywhere and feel that I am somebody and that I have something to share." This can be accomplished when the individual is willing to take the risks, when he is willing to be honest with himself, when he is willing to venture out and find out who he is, what he is here for and what he can share.

Saul Lishinsky: I would like to mention something which I have become aware of while working with people who are called "sick." In the place where I am employed, which has a catchment area made up of people of varied ethnic backgrounds, I find that very often there are patients who bear pathological labels and exhibit very retarded and regressed symptoms. Yet, in contacting them as an art therapist and seeing what they do in art, I find they are capable of producing work which is indicative of quite the reverse of retardation or regression. I find some of their work to be brilliant in its response to real life and feeling. What comes out in the work is often a true cry for dignity and justice in the world. And this is very often specifically expressed verbally by these patients.

While there are some self-destructive aspects to the behaviors of these patients, they often retain and treasure their ability to cry for justice from the world which made them what they are. This healthy movement of the patients should be incorporated in our plan of treatment for them. This is a very difficult problem. In order to do so, I find that the classical forms of psychoanalysis are not necessarily helpful. In fact, there are aspects of classical psychoanalysis that go along with a highly prejudiced and one-sided view of people. And I find also — and this is a very important point that was brought out by the panelists — that I feel a certain handicap in listening to the way people speak; the music of language and the sense of rhythm of their physical movement which is so communicative.

I feel some of this should be grasped and comprehended. In my case, however much I may know or understand of history — of my own people and of others — a lot of sensibility comes from remembrance of my earliest childhood; the sense of how my parents responded to oppression. There are different styles in responding to oppression. And I have to respect styles other than my own. I therefore underline the call for people of Third World origin to come into the field of art therapy and to do their thing with patients. It helps me enormously.

Audience Participant: Mr. Joseph, I feel discriminated against. My question about the definition of Third World didn't get answered. I came here for knowledge. Honestly, I wouldn't be here otherwise. I would like you to answer the question for me since you initially brought this up.

Dr. Butts: I think your question was answered, that the definition was given. The definition of Third World is not the focus that we're concerned about here, but rather learning the differences of culturally-based people as we work with them, as Mr. Joyner pointed out in his answer to the gentleman's question about honesty and gaining information. I'm sure that you all came here today for various reasons. So I hope this is the first step in perking your curiosity and interest in learning about other cultures as you work with Third World people. My only concern or question is: What are you going to do with some of the information that you heard today? Will it spur you on to learn more about people?

Cliff Joseph: We are approaching the hour when we have to bring our session to a close. Before we do, I would like to invite Dr. Josef Garai, who is the Director of the Graduate Art Therapy Program at Pratt Institute, to comment. Dr. Garai has contributed a considerable amount of his time and energies toward relating to problems in the Bedford-Stuyvesant Community in Brooklyn where he worked with Ms. Dorothy Knox, who is presently one of our panelists. Dr. Garai.

Dr. Garai: I feel humble and overwhelmed at the same time. My humility comes from sharing experiences with other people who strike close to home. I am overwhelmed because I am trying very hard, as Mr. Joyner said to sift out my own feelings. And while doing so I have come away — I think I am coming away — from this meeting with certain feelings which I would like you to share with me. First of all, I regard the Third World movement as being very healthy and very basic for all of us to understand. It is a movement of people who are finally saying, "We don't want to be devoid of an identity anymore. We have been lumped together in various categories which somebody else defined for us." It is very important as the first step to find pride, dignity and self-respect, to find your own self-definition and your own identity. As such, the Third World movement is a movement which is finding its own identity and which says, "We no longer want to be defined by other people. We will find our own roots, and our own identity." I think this is the basic message because we, as therapists, can learn a great deal from that.
In therapy there is the human potential movement and many other movements. Today, I have come to understand one thing clearly: You cannot go out and seek nourishment of your space, or that of any other person or people, unless you do have your own space. There are too many people in this world who do not know what it is to have their own space. If I grow up in a room with twenty other people, and never have the experience of privacy, of the experience of my own self reflecting, thinking about who I am, where I should go, it is very difficult to obtain my own personal space. If I have been in a ghettoized minority which has always been pressed into a confined outer space and a confined inner space of certain assumptions made about the people belonging to this minority, I will find it very difficult to find my inner and outer identity and space.

All the more lucky are we that there is a Third World awakening because I think we don’t have our inner and outer space together at all. As so called — I don’t really know what to call us — First World people, Second World people, or whatever we are, you can look around for yourself and see how we repress half of our own existence. I was very glad when Dr. Butts came forward and said, “Why don’t we begin to recognize the totality of the human experience?” We are not good people We are not nice people. We are not friendly people. We are not kind people. We are good and bad, friendly and hostile, kind and nasty. We are prejudiced and trying to be honest. We have all of these qualities and we are struggling to bring all that we can out of this chaos. This is the human experience — all the “shoulds” we have been brought up with like, “men should not be tender, warm, loving, understanding, sensitive, dancing around; and women should not be assertive, strong, decisive, determined and so on” — the sooner we realize how alienated from ourselves and others this has kept us, the better for us all. This is important, as perhaps then we will take steps to end the repression of half of our humanity.

Not only Dr. Butts, in his message today, but Jung and others have told us that we must recognize ourselves as a total, integrated person with a shadow, with the other side, the demonic side. Rollo May has asserted that we have a demonic self and a creative self which are in constant interaction. The demonic self can be creative and the creative self can be demonic.

We are all people with problems which we must struggle to resolve together. By so doing we share each other’s suffering. When I experience suffering, I can feel what it means to be a victim. And I will not turn around like some sufferers do when they suddenly get power and become one of the victimizers. This is another one of the lessons we have to learn. If we have been down there, when we are up there we must lend a helping hand to those who are still down. That isn’t difficult to do if you haven’t forgotten your origins. I think the Third World movement makes us all remember our origins. It should also make us humble because it helps us to know that we can pull it all together, that we can cease being fragmented and become whole, that we can join the Third World and become one world; a world not based on the submerging of our identities, but on a full recognition of the diversity of human experience.

When you let me be, I let you be, and we let ourselves be; then we will all be, together.

Cliff Joseph: Thank you, Joe. And thank you all. You have been a wonderful audience. My fellow panelists of course have my heartfelt gratitude for their generous and enlightening contributions to this important discussion.

Those of you who are, or are trying to be, sensitive to the realities of all people could hardly leave this auditorium without being inspired.

They have talked to you about their personal experiences working with, and addressing themselves to the specific needs of, Third World people. I think that you cannot deny the need for a culture specific approach to dealing with the problems of Third World people in the alien socio-economic environment which characterizes American society. You who recognize this need must join us in the struggle to bring into being the kinds of programs that will prepare more Third World people to enter not only the art therapy profession but all other health-related professions.

As I close this session, I do so with the firm belief that there are those among you who will join us in doing just that.

Thank you.
References


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LCN 72-8701
ISBN 0-8236-3190-6

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