

Cultural Meaning and the Arts Therapies in Recovery
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In this article Joanna Jaaniste uses case references from her own specialisation, drama therapy, to explore the engagement of clients from a variety of cultural backgrounds, using the interventions of the arts therapies.

The fields of art, music, dance-movement and drama therapy are relatively new here in Australia (in comparison to the UK and USA); however there is a rich documentation emerging of their success as intervention strategies in mental health.ⁱ

Art therapy combines a particular theoretical framework or eclectic combination of psychological theories with knowledge of the evocative qualities of the medium to formulate interventions and assessments. The therapist can then use this information for assessment as part of a treatment plan for recovery.

Our Western societies have lost the art of performing the kinds of rituals that have traditionally been followed in other cultures in order to assist those giving birth, grieving over loss or death, or celebrating weddings. Use of ritual is common and normal in other countries, giving it familiarity to those of a CALD background. One of the powers of dramatherapy, as Sue Jennings points out, is that dramatherapy has an important contribution to make in the re-establishing of secure dramatic structures within which change and transformation are possible.ⁱⁱ Another strength is that it draws extensively on other cultural tools, as a form of intervention.

Arts therapies facilitate the expression of experiences, which are often difficult to talk about. They allow people to reduce isolation, enjoy a safe space and receive emotional support. There is reduced reliance on verbal language as the primary means of communication, e.g. mime and movement in dramatherapy, and the use of music to establish particular emotions and feelings in music therapy. They can select from an array of music from their culture, using the Iso Principle – playing music that matches a confused or disturbed participant's mood.ⁱⁱⁱ These strengths make the arts therapies especially useful in working with people from a range of cultural backgrounds, because they can improve communication and facilitate 'shared' experience in people who may otherwise feel isolated and alienated.

In many societies, *all* forms of misfortune are ascribed to the same range of causes: a high fever, a crop failure, theft of property or a roof collapsing – these might be blamed on divine punishment for some moral transgression. This may cause emotions of shame or guilt, and call for prayer or penitence as treatment.

'Illness therefore often shares the psychological, moral and social dimensions associated with other forms of adversity, within a particular culture. It is a wider, though more diffuse, concept than 'disease', and should be taken into account in understanding how people interpret their ill-health, and how they respond to it.'^{iv}

For aboriginal people, for example, the act of creating art is often perceived as a personal religious experience and the surface of the painting becomes some kind of gateway where the world of the painter enters the other world of the ancestors. Paintings, drawings and other types of individual and group artwork are also important and culturally appropriate therapeutic activities for indigenous people suffering from mental illness.^v

Dramatherapy uses drama, ritual and theatre processes for therapeutic purposes and personal growth. Its use of metaphor and symbol and their relationship to the healing process is one based on fundamental sources.

It is of course very important in working with people of CALD background that the therapist is aware of the cultural differences between her investment of meaning and the client's interpretation of a symbol or metaphor. Other projective and psychodynamic techniques such as concrete objects and puppetry may be used. In addition, after warming up with theatre games and exercises, mime and improvisation can be helpful. Dramatherapy is active and experiential, giving opportunity to explore inner experience and life roles through

dramatic representation and to develop interpersonal relationship skills. Psychiatric wards and community facilities are just two of the settings where groups are run and individual work takes place.

An example of the use of traditional drama form is the transformation story of Pygmalion and Galatea. Such a story speaks to many who are of European origin, and it has been the foundation of George Bernard Shaw's play *Pygmalion*, and the inspiration for the popular musical and film of *My Fair Lady*. The *Pygmalion* myth concerns a young sculptor who created an idealised statue of a woman. He was lonely and the statue was very beautiful, so he prayed to Aphrodite, goddess of love, to bring her to life as his companion. The Goddess agreed and entreated the altar flame to rise up three times in assent, and Pygmalion's request was granted. The illustrations, with masks made in art therapy, show Pygmalion sculpting at first, and then the glorious moment when the living goddess steps forward to be his companion. The stone statue has been given life – a metaphor for recovery from severe depression. In practice the use of the *Pygmalion* story in mask making and performance assisted clients of various cultural backgrounds to experience an important step forward in confidence when they performed. ^{vi}

There are spiritual dimensions which may be used in dramatherapy too. A clinical case example of this involves a 55-year old El Salvadorean woman who was referred for dramatherapy early in 2005 when she was suffering from severe depression. She had been in this country since 1987, and was reasonably content to be here, although she had problems with neighbours (see below). She joined a group which used dramatherapy and creative writing to assist with self-esteem.

Juanita went to the mental health unit for acute help. She had just spent time with a group of Chileans whom she found difficult to talk with, and didn't understand their Spanish dialect. She is a religious woman who, like a lot of Hispanics, feels that she should be able to solve her problems on her own. The time spent with the Chileans represented an exacerbation of the difficulties of assimilation in a new culture. ^{vii}

Through dramatherapy and writing, she discovered that she needed to get out of the house more frequently, in part because she felt isolated, and also through distaste for the stigma she had to undergo from neighbours. She joined into improvisations with doors, and through exits and entrances, she realised just how difficult it had been to shut the door of El Salvador when she left that country. 'It was hard to say goodbye to my Mum'. Also, the doors of K-Mart are soft plastic: 'so you have to be very careful to see there is no one coming in the other direction, but they need a good push in order to open them.' She needed all her wits about her when dealing with others in her neighbourhood.

Juanita scored a rise of self-esteem in two of the areas of the measure used in this group. ^{viii} She was able to recognise that she did not need her complaining neighbours and that she could keep away from crowds of Chilean people, move from her unit and find a church that was congenial to her. She now reports that if she can talk to God when she visits the church and in the garden of her new-found suburban house; she is well and no longer suffers from depression.

In 2005 Nee, a Laotian woman in her forties, wanted to stand on her own feet and break some of her traditional cultural bonds. This was courageous, and some from within her cultural group would say inappropriately bold. For Laotian people, even to seek care from a Western source for some people indicates the likelihood of an ongoing and very difficult problem.

Nee performed many roleplays involving her mother, and was very definite about doing 'her own thing' – a western concept to her, and incomprehensible to her mother. The mother would always be presented as controlling and bossy, wanting to borrow money that would not always be repaid, and insisting that Nee come to her house, disregarding other arrangements she had made. Nee usually played herself, practising 'saying no' and insisting on her own space and lifestyle.

It is understandable that there is even now a certain amount of external resistance to change in this woman's life. Even though she reported increased assertiveness and self-esteem through her improvised shopping trips and visits, and through role reversal with her mother,

the pull of the culture was strong. She is much more assertive than previously, even though her second generational ideas of a satisfying lifestyle may not accord with the first generation of immigrants.

The idea that dramatic expression is the act of an individual creator is an entirely Western conception of creativity. Interestingly enough, the Eastern notion that a work of art is the end product of the efforts of a group is a concept entirely compatible with the philosophy and practice of arts therapies with their reliance on groups and interest in creating a group subculture through rituals.^{ix}

In 2003, Regina Osten, an artistic Occupational Therapist, and I worked at Fairfield Rehabilitation Centre with a multi-cultural group of participants who took part in a number of sessions involving mask work and storymaking. A Scandinavian myth, *Prince Lindwurm*^x was used as a tool to give participants the opportunity to role identify with the characters. Milioni^{xi} points out that material from other than the client's culture can be stimulating and inspiring too. *Prince Lindwurm*, a fairy tale of a dragon and a simple girl is a powerful story of transformation. A dragon is coerced into casting off seven skins which allows the prince inside to emerge. Participants worked in pairs, one playing the role of the girl, and the other the dragon. According to the advice of the 'wise crone in the woods', the young woman had sewn seven shirts in order to test the dragon before she married him: she refused to remove a shirt until he shed one of his skins. They wore cloths or cloaks over their clothes to symbolise these, and also the unwanted feelings or life circumstances they personally were experiencing.. Thus, 'jealousy of my sister', 'shyness' and 'depression' were a few of the named difficulties. Participants reported feeling lighter and freer when the story garments were on the floor. In the group were a Chinese woman, a Vietnamese man and a Maltese man, all of whom had diverse views of dragons; however, the interactions filmed by the ABC for their Compass Programme on the arts therapies show that for each one, the shedding of skins and moving forward held value.^{xii}

In conclusion, it is important to mention that much of the healing which occurs in arts therapies depends upon the engagement of the participants. Without their adventurousness, the safety of the healing space would not bring the fruits of renewal. Many of the individuals of a CALD background I have worked with have shown great courage in braving difficulty and sometimes extreme danger and trauma in order to come to this country. The solutions they have chosen to their problems are genuinely creative, and their contribution to the pioneering history of the arts therapies in this country is a valuable and cherished resource.^{xiii}

ⁱ Jones, P. (2005), *The Arts Therapies: A Revolution in Healthcare*, Brunner-Routledge, p.17

ⁱⁱ Jennings, S.(Ed.), (1994) *The Handbook of Dramatherapy*, London, Routledge, pp.4-5

ⁱⁱⁱ Tyson, F., (1981), *Psychiatric Music Therapy – Origins and Development*. Fred Weider & Sons, New York

^{iv} Helman, C., *Culture, Health & Illness*, Hodder Arnold, London 2003

^v Beveridge, Allan, (2005), *Psychiatry in Pictures*, British Journal of Psychiatry, 187, A2

^{vi} Jaaniste, J. and Nash, M, (2005) THEMHS Conference Presentation, *A Place to Be – Institutional Relevance and the Creative Arts Therapies*, Adelaide, S.A.

^{vii} Delgado, Dr. J. , *In Any Language*, Broadcast on LCM Radio, Cambridge Ma., 22nd June, 2005

^{viii} Crandal, R., (1973), 'The Measurement of Self-Esteem and Related Constructs', in Robinson, J. P. & Shaver, P. R. (eds.), *Measures of Social Psychological Attitudes*, Rev. Edition, Ann Arbor, ISR

^{ix} Milioni, D., (1996), 'In a Different Costume – the cross-cultural application of Dramatherapy – some considerations', in *Dramatherapy*, vol.18, no.1

^x Jones, G., (1956), *Scandinavian Legends and Folk Tales*, Walck, New York, pp.3-11

^{xi} Ibid.

^{xii} Dougue, G., *Healing the Soul*, ABC Compass, 17th August, 2003

^{xiii} Many thanks to the individuals with altered names who have generously contributed their stories, Regina for her editing advice and Claire Hogan, music therapist at Rozelle Hospital for her input.