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Integrating Collective Art Healing Practices into Contemporary Art Therapy

by

Taleene Armen, Nicole Aviel, EJ Liao, Brianna Mitjans, Mandy Schuster

A research paper presented to the

Faculty of the Department of
Marital and Family Therapy
Loyola Marymount University

In partial fulfillment of the
Requirements for the Degree
Master of Arts in Marital Family Therapy with Specialized Training in Art Therapy

May 2024

Signature Page

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Abstract

Five graduate students from the Marital and Family Art Therapy Program at Loyola Marymount University (LMU) conducted a research study to explore the characteristics and attributes of collective art practices and how they contribute to healing. A survey including quantitative measures and qualitative responses were administered on the Qualtrics platform, allowing for a wide geographic reach and rapid data collection. The subsequent qualitative analysis involved the creation of visual artworks by the researchers, utilizing the arts as data to identify additional common themes contributing to healing attributes. The data revealed three major themes, or characteristics, of how art contributes to healing: (1) shared collective experience, (2) validation and space for emotional expression, and (3) art as a conduit of healing. These three themes were recurrent throughout the responses and emerged from participants' responses to three specific questions, driven by a curiosity about the attributes and experiences involving art and community. The results gathered not only provided parallel alignment with significant deviation from those gathered during the literature review, but also shed light on the profound impact of creative expression in fostering well-being, cultivating interpersonal connections, and promoting emotional healing within collective settings. This insight offers valuable guidance for future researchers and art therapists, emphasizing the importance of incorporating collective healing elements into their practice and theoretical frameworks.

Keywords: collective healing, rituals, indigenous practices, traditional healing practices, art practices, ritual healing in art therapy

Dedications

To my family and communities for teaching me the wisdom of collective healing and the importance of caring for one another. To my research team for your insight, support, and joy in the pursuit of expanding healing knowledge for future generations.

- Taleene

To my family, friends, ancestors, rituals and communities for supporting me through this degree. To my research team, for making me laugh along the way.

- Nicki

To my family, who first showed me the power of collective healing. To my ancestors in Taiwan, whose wisdom continues to guide me. To every community, akin to this research team, striving for collective liberation and healing.

- EJ

To my family of generations past, present, and future for being my compass. To my research team, for collaboratively exploring new territory with open hearts. To all in communities or otherwise, keep traditions, break traditions, or make new ones, healing starts with us.

- Brianna

To my loved ones and grandparents who guide me always. To the sense of awe that inspires hope and to the powerful influence of art. Thank you to my research team for fostering exploration and new perspectives and to future spaces to come together.

- Mandy

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Introduction

Study Topic

The historical origins of collective healing consist of an exploration of indigenous practices, traditional healing practices, and ritual healing within communities throughout the world. The integration of art practices within collective healing shares characteristics such as connection, memories, storytelling, identity, agency, and liberation that are the foundations of a collective healing journey (Ahammed, 2019). Through an art-based mixed methods approach, researchers surveyed participants from different community spaces and recorded the findings on significant themes surrounding collective healing with art practices.

Significance of the Study

This research team sought to understand how people and groups practice collective healing, and how they understand collective healing. This work could inform development of tools for clinicians, and the larger world, to support clients and their communities in healing.

As therapists, we work to learn and understand how to best support clients. This includes using evidence-based practices that have proven results. Art therapists apply art with clients as another tool for healing, self-understanding, and exploration. Although art has served these purposes for centuries, further research is necessary to fully understand the extent of its healing potential.

Healing can take diverse forms that are at times difficult to measure. This study aims to contribute to the growing body of literature by learning about the characteristics and attributes of collective art practices, and how they contribute to healing. This research is a necessary steppingstone to bring us closer to understanding another healing source. When we understand how collective art practices contribute to collective healing, we can be more effective clinicians

and community members. Gaining a better understanding of collective healing could ensure the continuation of best practices to support our clients and communities in effective and meaningful ways.

Based on the collective healing literature, we anticipate confirming that the characteristics most important to collective art making which contributes to healing will be: restoration of individual and cultural identity, liberation from oppression, cultivation of communal connections, and meaning making (Trinh et al., 2022; Benjoe, 2017). These findings can be applied to individual and group therapy. In individual therapy, if a client is struggling with loneliness, we may recommend clients create art with a group in their life to access feelings of connection. In group therapy, we could use collective art making to build rapport within the group, increase safety, and develop group cohesion. We may discover that particular collective art making practices lend themselves to different circumstances, cultural groups, or experiences. This opens another door for future research to continue exploring how to clinically apply art making to help clients and groups in their healing.

This research is moving from frameworks that define collective healing into data collection. While the frameworks are essential, researchers must test them and explore their applicability. We will hear from participants about their experiences with collective art making and collective healing to further define how artmaking contributes to collective healing. This is a crucial step to move from hypothetical frameworks, to measurable results that will push the field of collective healing, and art therapy, forward. Our data will test several frameworks and suggest directions for future studies on collective healing and artmaking.

Background of the Study Topic

“An individual’s behavior is not considered to be just the act of an individual; rather, how one behaves is a direct reflection of one’s family” (Lee et al., 2015). When reflecting on the history of how or when collective healing began depends on the community and individual. Every culture holds their own history within rituals and indigenous practices. These practices have been passed down by past generations to future generations. The shared rituals that live through generations are an integration of past and present with characteristics of art practices such as connection, memories, storytelling, identity, agency, and liberation (Benjoe, 2017). By integrating a past understanding of collective healing, and its origins, a current and diverse definition can be created that moves towards an understanding of healing and decolonial healing, which were sourced in the Documents of Contemporary Art Health volume.

Collective Healing within this study, is defined as an interconnected process that addresses individual and shared traumas within a community. It moves outside of the individualistic Western models and emphasizes a collective response to trauma, involving shared experiences and communal support. Collective healing acknowledges the significance of justice, agency, and cultural practices, such as rituals and art, as integral components in fostering connections, processing trauma, and empowering marginalized groups toward a holistic and historic understanding of healing.

The study unfolds against a backdrop of collective trauma, shaped by various societal upheavals. The United States, along with the rest of the world, grappled with the profound effects of the Covid-19 pandemic, which exacerbated loneliness and inflicted widespread loss (Twenge et al., 2019). Moreover, events such as the cultural reckoning following 2020 brought forth collective grief surrounding issues like police brutality, international conflicts, and political

polarization (Howard et al., 2022). To address the escalating mental health concerns exacerbated by these challenges, therapists advocate for the adoption of group therapy modalities as a systemic shift in mental health service delivery. As clinician Pappas highlights, the adoption of group therapy could significantly expand access to mental health care, potentially reaching 3.5 millions of individuals with unmet psychological needs (Pappas, 2023).

However, the current landscape of mental health care exhibits disparities, characterized by an overemphasis on Western and Euro-centric perspectives that undermine the validity of other knowledge systems. We must first acknowledge the coloniality of power and Western ideology that “maintains a hierarchy of cultures, with European-North American cultures appearing to be the pinnacle of modern civilization- thus, justifying the hierarchy between systems of knowledge, with the West’s Christian, then secular and now scientific paradigms as the sole source of legitimate knowledge” (Rezaire, 2020). There is a need to examine collective forms of healing as a transition away from a Western, colonial, medical model type of healing. A more holistic, historic, and arts-based understanding of healing and how group and collective experiences will contribute to stronger communities and individuals.

Integrating Collective Art Healing Practices: A Literature Review

Introduction

Why delineate between individual and collective forms of healing? We aim to provide and explore a deeper understanding of healing, specifically collective healing.

Collectively, the authors conducted electronic searches to identify peer-reviewed journal articles in PsychINFO, Art Therapy Journals, PubMed, and LMU Lib guides databases. The search terms included collective healing, rituals, indigenous practices, traditional healing practices, and ritual healing in art therapy. Our search strategy provided overlap in forms of

healing to balance a wide range of definitions, frameworks, and practices to better understand the characteristics of healing and links between past, present, and future. As we originally expanded our search, we ultimately limited irrelevant articles and paid special attention to articles related to art and folklore rituals in hopes of integrating a past understanding of the term collective healing and its origins. Additionally, we desired to include current and diverse perspectives toward an understanding of healing and decolonial healing, which were sourced in the *Documents of Contemporary Art Health* volume. Highlighting essays contributed by artists in hopes of defining the current landscape of healing and looking toward new ways in the future. Lastly, through collaborative analysis and synthesis of previous research, the authors identified several overarching themes that directly corresponded to the search terms used during the literature review process. These themes guided their exploration and included connection, memories, storytelling, identity, agency, and liberation.

Definition of Collective Healing

There is a desire to include current and diverse perspectives toward an understanding of healing and decolonial healing, which were sourced in the *Documents of Contemporary Art Health* volume. Highlighting essays contributed by artists in hopes of defining the current landscape of healing and looking toward new ways in the future. Lastly, as the authors expanded and connected on previous research, they collaborated on various themes across the literature to guide their process and discovery. The themes shared were narrowed down to the following: connection, memories, storytelling, identity, agency, and liberation.

As we examine discrepancies in care and the overemphasized Western and Euro-centric perspective towards knowledge and validation, we must first acknowledge the coloniality of power and Western ideology that “maintains a hierarchy of cultures, with European-North

American cultures appearing to be the pinnacle of modern civilization- thus, justifying the hierarchy between systems of knowledge, with the West's Christian, then secular and now scientific paradigms as the sole source of legitimate knowledge" (Rezaire, 2020, p. 227).

Western approaches to healing center the individual and often ignore the larger culture and system of an individual. This limited view falls short and removes people from the context of their life. This literature review examines collective forms of healing as a transition away from a Western, colonial, medical model type of healing; we are working to build a more holistic, historic, and arts-based understanding of healing and how group and collective experiences contribute to stronger communities and individuals.

Collective Frameworks

Shifting away from a deficit-based approach, French writes that the healing from generational trauma requires more than just individual work: "radical healing requires a shift away from a deficit-based perspective and fosters a sense of agency to challenge and change oppressive conditions" (French, 2020). The scale of collective trauma or pain requires a collective response. For example, collective (or social) healing from shared large-scale traumas recognizes the shared experience of a group and how their communal support can overcome that trauma together. Rather than healing individually, groups of people who have experienced a traumatic event together can come together to heal collectively and build back their community (Thomas, 2021). The shared experience lends itself to shared healing. Treating the individual would further isolate them rather than offering an opportunity for a deeper connection to the group. Individualistic, western views of healing do not allow us to address collective trauma because they rely on the individual to overcome, process, and move forward on their own. "Without the integration of traumatic events into cultural discourses, individuals as well as

society in general stay traumatized” (Ahammed, 2019, p. 100). Incorporating justice ensures the trauma does not continue or happen again. Without justice, the trauma cycle repeats itself.

Several articles discussed justice. To instill a sense of agency and belief that they can change social structures that traumatize them, awareness and consciousness must be increased.

Empowering groups to believe they can change power structures provides agency. CHMs “must be attached to grassroots activism” (Bookman-Zander & Smith, 2023).

Yet another definition defines community healing as: “an ongoing multilevel process whereby oppressed groups strengthen their connectedness and collective memory through culturally syntonic processes in ways that promote critical consciousness to achieve optimal states of justice” (Chioneso et al., 2020). The harm of oppression fits is discussed in Thomas's definition as well. He names healing as: “a holistic overcoming of the act of being dehumanized and as a coming to terms with its harms” (Thomas, 2021). To overcome this, we have to connect with our values or dignity as a person. Despite differences related to populations or terminology, each definition informs our understanding of what collective healing is and provides an expansive option for how a range of people can access collective healing. In summary, collective trauma requires a collective response.

Decolonial Healing

Recognizing the collective response as a necessity, we take a historical look at how art practices have been utilized to practice collective healing. To further understand the definition of collective healing from a non-Western view, Rezaire defines decolonial healing as transforming, unlearning, aligning, and listening. She describes healing as a necessary component in growing and moving towards one's full potential- essentially moving beyond pain by unlearning fear-based behaviors and interactions to realign with our creative energy while learning to listen to

our primal sound. She describes it as “a praxis of love in service of collective consciousness and liberation” (Rezaire, 2020, p. 230). Noting the importance of creative energy and collective response combined, we also look to past healing practices and knowledge from a non-Western view and their influence on the collective.

Rituals

These collective practices often take the form of rituals that involve active participation and provide a safe space to explore meaning and process emotions. We acknowledge that all cultures have rituals, and their practices are vast in their variety; rituals can be expressed through religious obligations, memorials, developmental stages, and transitions, which can be practiced individually or socially to establish and maintain bonds. With rituals, socialization, balance, strength, identity, social bonding, and belonging are born, whether through repetitive acts, art, performances, movement, food, shared space, or symbols. Rituals open pathways towards “stabilizing and serve to integrate the self with itself during times of change; the self with culture through the sharing of common symbols, language, objects, and performances; the self with others in relationship (communitas); and the self with divine or natural forces believed to influence fate” (Allen, 2014, p. 56). Additionally, through rituals, individuals and collectives are offered an opportunity and a space for transformation to occur; as Menon (1993) points out, the ritual often becomes a space to challenge the exercise of arbitrary authority of the powerful. While further noting that the benefit and elements of the ritual can bring upon, as Pallath (1995) describes, “features of liminality, lucidity, ritual inversion, social catharsis and reflection of social process.”

Further, Wasilewska (1992) describes rituals as beliefs tied to action and makes a comparison to art. Acknowledging that art would not manifest if the preconceived idea of

expression was not put into action, distinctively pointing out the woven interrelationship between the process and the product- almost reliant upon each other to create art making. She suggests that similar to rituals, art also offers communication between the known and the unknown while fulfilling a need to express feelings. She also relays the three elements required to practice rituals: time, space, and performance. Through her comparison, she identifies art as a ritual in and of itself, offering time and space for people to express their emotions in an actionable art form while the process fosters communication with the past, present, and future.

As we move through these understandings of decolonial healing and rituals, we begin to examine their connections, identifying rituals as a tool to facilitate realignment “with our creative energy” (Rezaire, 2020, p. 230) and fostering decolonial collective healing. Through our observations and findings, we aim to understand the specific characteristics and attributes of art and folklore rituals that facilitate the actionable integration of experiences toward collective healing, recognizing that “through rituals, each person's journey can become part of the collective narrative” (Allen, 2014, p. 61).

Frameworks of Collective Healing

Several frameworks work to define the meaning of collective healing, how it can be applied, and what exactly is healing about collective experiences. Terms vary from collective healing to community healing to social healing. We argue they share many similarities and are all relevant to this study on collective healing. An interrelated framework of collective healing is Community Healing Models (CHMs), which work in tandem with psychotherapy, requires the involvement of community leaders, and can be put into place by people outside of the culture with appropriate training (Bookman-Zander & Smith, 2023). A need to heal requires some harm to be done, the core of which is “the act of dehumanizing” (Thomas, 2021). Thomas goes on to

define healing as: “a holistic overcoming of the act of being dehumanized and as a coming to terms with its harms” (Thomas, 2021). To overcome, we have to connect with our value or dignity as a person.

Thomas’ healing process consists of four steps: (1) understanding the act itself; (2) working through its individual harmful effects; (3) transcending the antagonistic social relations; and (4) acknowledging and trying to overcome the structural conditions. His research was focused on the aftermath of genocide and other large-scale trauma. He argues that large scale trauma requires healing the entire community collectively, rather than individually (Thomas, 2021). By considering historical context and intergenerational trauma, Thomas offers a roadmap for increasing empathy and removing Western psychology ideas of individual responsibility and personal action. This emphasis on systems of oppression can be found in French’s work as well. French’s framework speaks broadly to the experiences of communities of color, rooting their framework in radical healing for communities of color. They move beyond the Western model of healing that centers the individual. The authors expand the definition of healing to include challenging systems of oppression and hate which have impacted communities of color for generations. To address the root causes of oppression and hate that traumatize communities of color, the framework requires six anchor points to radically heal: collectivism, critical consciousness, radical hope, strength and resistance, cultural authenticity, and self-knowledge. This framework emphasizes how social activism and advocacy are vital in the healing process. It speaks to the need to address the root causes of trauma, seen as injustice, in order to heal. This requires collective action and social change. The authors suggest that radical healing necessitates community participation in the healing process and that challenging oppressive systems is the means to improve community well-being.

Holding the generational trauma many groups face, Chioneso et al (2020) focused on racial trauma and how storytelling can offer a culturally relevant form of healing. She describes narratives as tools for expressing collective experiences, addressing historical trauma, and fostering resilience in the face of systemic injustices. This can also be seen in Thomas' (2020) work with memory, storytelling, and education as tools for preserving memory and creating a collective narrative.

All three frameworks identify community action and connection as key ingredients towards collective healing. Moving away from Western psychology ideas of individuality, these frameworks encourage clinicians to see how clients have been generationally and presently impacted by social factors such as race, socioeconomic status, religious discrimination, and more. Furthermore, they ask clinicians to support clients in connecting with their communities rather than seeking healing on their own.

Art Practices

In the realm of collective healing, cultural practices serve as a cornerstone for fostering social connections. Throughout history, diverse communities have engaged in rituals and rites that facilitate meaningful shared experiences. Visual imagery and communal art making have been used for “social, cognitive, and therapeutic purposes for such a long time that its origins are virtually indistinguishable from the origins of human consciousness and culture” (Haslam, 1997). Art has long since facilitated the process of returning to wholeness and community for many cultures; “myths, prayers, songs, chants, sand paintings, music, etc. are used to return... symbolically to the source of tribal energy” (Dufrene, 1991). These diverse art practices encompass a broad spectrum of visual, performance, and narrative forms used historically and contemporarily to address and transform individual and collective suffering. Often deeply rooted

in cultural rituals and indigenous traditions, these practices offer a platform for processing trauma, reshaping narratives, and empowering marginalized groups.

Indigenous Art and Ritual

For example, Indigenous rock art of the South African Bushman demonstrates powerful connections between visual imagery and shaman ritual that were seen as embodied sources of healing and a source of connection for the entirety of the community. Native populations in North America have also cultivated art practice within their four central principles of healing, which include a “return to origins, confrontation and manipulation of evil, death and rebirth, and restoration of the Universe” (Dufrene, 1991). Navajo communities use sandpainting to create mandalas and symbolic medicine wheels to promote safety and transformation. Color symbolism within the medicine wheel is varied among tribes, for example the Cherokee community organizes its four parts into cardinal directions with colors of white for north, green for south, black for west, and yellow to symbolize east.

Storytelling and Collective Healing

Historically, marginalized communities have harnessed collective art practices to facilitate the process of storytelling and narrative retelling. For example, Trinh et al. (2022) highlight the concept of memory rewriting as a collective practice with the objective of fostering personal introspection and processing collective trauma. Within this framework, individuals experience a cathartic release through the recollection of memories, the revelation of secrets, and the rewriting of lost identities. In this process, individuals create an environment that allows for “un/relearn historical and political contexts, identities, histories, and language” (Trinh et al., 2022). The expression of vulnerability in solidarity enables painful memories to "exist within relations," thus eradicating the experience of bearing the burden of such memories in isolation.

This transformative process of storytelling and narrative retelling is seen in a variety of cultures that have experienced historical oppression, discrimination, and a criminalization of their traditions.

For example, the First Nations Plains people have utilized communal storytelling practices through traditional art making of blankets, quilts, carvings, and story scrolls. Acimowin-Anaskanak, or story scrolls, are influenced by the traditional tipi painting of First Nations people and consist of large canvas pieces with painted pictographs that visualize one's life story (Benjoe, 2017). This art form has been utilized to help reverse the damaging effects Indian Residential School had on forced Indigenous assimilation and separation of children from their traditional cultures, language, and communities. Lasting effects of generational trauma due to this familial fragmentation, child abuse, and a disruption in the passing down of cultural wisdom continues to lead to a silencing of the First Nations stories and maladaptive coping behaviors in the community. Storytelling through Acimowin-Anaskanak is used as a "decolonizing methodology in which personal narratives contribute to a larger, collective story that preserves culture and practices for future generations" (Benjoe, 2017). Visual art practices of storytelling act as a form of resistance to counteract historical "injustice, oppression, and suppression," thus leading to greater communal healing and transformation.

Indigenous Practices of Mask Making

Similarly, indigenous communities have utilized mask making to reclaim memories associated with colonial extraction. For modern Yup'ik carvers, mask making becomes a "way of remembering the ancestral past and processing the legacy of recent colonial history" (Mossolova, 2020). Yup'ik communities carry the work of processing collective trauma by restoring the once forbidden art practices of mask making and dance ceremony. Colonial

influence has drastically reshaped the functionality and iconography of masks, yet resilient modern carvers reclaim the indigenous practice by finding their way back to cultural identities through mask-related ceremonies and as a means to establish financial security. The act of mask carving not only creates an opportunity of personal healing for the carver but also generates cultural restoration by creating a sense of belonging and shared collective experience.

Woodworking has similarly been used as a powerful form of unification, as traditional indigenous symbols are passed down generations and carved out in wood forms to represent various markers of healing, spirituality, and cleansing. Indigenous cultures regard woodcarving as a “metaphorical tool of the healing journey” that increases mindfulness of the here-and-now to “reduce stress and promote positive emotionality, help with emotional processing and foster a connection to nature, and provide social engagement and cultural meaning” (France, 2020).

Quilting as Collective Response

In parallel, Anderson et al. (1998) emphasizes the healing potential of creative arts within the context of women's art and craft work. The practice of quilting, with a lineage tracing back to various global regions, provides a platform for collective responses, particularly in the often isolated lives of women. Similar to the Yup'ik carvers and their mask making, quilting serves not only to manage fear and anxiety collectively but also to bridge community members by “cutting across barriers of class, education, social and economic position, ethnicity, race and religion.” The significance of quilt making in African American communities specifically has been used to support the shaping and reshaping of experiences and materials into a shared life story. The five stages of constructing a quilt promotes healing through metaphor by having groups choose meaningful material, reorienting their life patterns in quilt arrangement, meditating and remembrance through sewing, and experiencing communal healing or catharsis

through sharing the finished quilt. The tradition of quilt making leads to “creating unity amongst disparate elements, of establishing connections in the midst of fragmentation” (Limansah, 2023).

Healing Practice of Curanderismo

Within traditional Mexican folk healing, there is a history of a practice called curanderismo. Curanderismo has three components of mind, body, and spirit which conceptualize the balance of emotions, spirit and religiosity, and physical somatic practices within the community. Curanderismo is led by curanderos who incorporate indigenous practices deriving from Aztec practices and Catholicism. The treatment process incorporates and affirms the client’s belief systems and addresses illnesses of the body and utilizes herbs to cure. Examples of illnesses of the body include empacho which is digestive issues and mal aire which is hot; cold imbalance. “Curanderismo prioritizes sharing and connection in the healing process and therefore all healing sessions begin with a platica or a conversation between the curandero and the patient to establish trust” (Chavez, 2016).

While there are many differences between curanderismo and western psychotherapy practices, there are similarities that can be incorporated to provide clients with integrated care that facilitates healing. A similarity that both practices share is when treating clients for grief and loss. Each practice allows the client to incorporate and affirm the relationship with the person to facilitate healing. Integration relies on health care professionals to provide culturally competent care. “Nurses and other healthcare providers can also integrate curanderismo in their Western assessment procedures by viewing their patient as a whole person rather than as a fragmented part to be healed” (Chávez, 2016; Maduro, 1983).

Ritual of Performances

When looking at folklore rituals and their integration of art as ritual, we observed performance as playing a pivotal role in collective healing, facilitating similar experiences of reshaping and unlearning. Through these ritual performances, participants find catharsis and access to a collective liminal space that allows them to reshape their narratives and transcend their experiences (Ahammed et al., 2019). One example of such a transformative ritual is found in the vibrant tradition of Theyyam, a high-arousal collective performance in the southern state of India. In this ritual, members of lower caste communities embody deities and gods, offering space and an ushering in of profound shift in the power structure. The collective performers engage in both verbal and non-verbal rituals with a notable emphasis on the embodiment of artistic non-verbal elements such as rhythmic dance music, costumes, masks, face painting, and headgear. Additional examples of such practices include indigenous drumming circles within marginalized populations (France, 2020). These creative and somatic expressions become a means to channel and process collective trauma as van der Kolk (2015) points to the trauma-alleviating effect of rhythmic and synchronous movement in communal rituals. Ahammed highlights the ritual's use of performance as a means to access non-verbal traumatic experiences, which are stored in the brain's right hemisphere, while temporarily deactivating the left hemisphere to allow for release and integration. These practices often incorporate art as a powerful tool to address individual community members' needs, whether to "commemorate significant life events and rites of passage" (Anderson et al., 1998) or to "eliminate the internalized oppression" (France, 2020). Consequently, communities harness the potential to "transform individual suffering into a sense of connectivity, belonging, and collective love" (Trinh et al., 2022).

Simultaneously, the ritual empowers the performers to assume ritual authority, effectively challenging oppressive power structures in a liminal performative space. This symbolic power shift not only amplifies the voices of marginalized groups but also provides a platform for the verbal expression and collective healing known as ritual inversion, known to be “a symbolic reversal of social power structures.” Additionally, the performance ritual offers a shared and viewed space for performers and viewers “to be induced with highly charged emotions, exceptional feelings, sensation, and perceptions.” (Ahammed et al., 2019, p.95). These shared experiences and active participation offer an opportunity for vicarious catharsis as viewers resonate and connect with the performer's experience, “thereby arousing and owning up their repressed feelings and reclaiming their disowned aspects of the self.” (Miller, 2007).

While learning and acknowledging past influences through both art and rituals, it is imperative to recognize the transformation that occurs across them all while becoming curious about what initiates such powerful change. Delving into the emphasis of both symbolic and creative energies collectively to acknowledge their role in the intricate process of transformation. It is evident that with the use of these energies and creative practices, an almost sacred, malleable space is created where collective pain, suffering, and trauma can be examined and not forgotten but rather acknowledged and reconstituted with “encouragement and supportiveness from one another that allows everyone to feel respected, safe, courageous, and creative to re-imagine a better world and a better future together.” (Trinh, 2022, p.837). Through the research we have discovered that these symbolic and creative energies share attributes such as symbolism, belonging, liminal space, processing the unknown, spirituality, and verbal and non-verbal artistic elements that truly lead to collective healing.

Outcome

In 1912, the renowned French sociologist Émile Durkheim introduced the concept of "collective effervescence" to describe the shared emotional experience that individuals undergo when participating in communal rites and rituals. He eloquently described the transformative power of cultivating a "shared reality" that enriches participants' sense of social belonging and self-transcendence (Pizarro et al., 2022). Our exploration of historical collective healing practices reaffirms the enduring human yearning for social integration and communal sharing transcends time and diverse populations. Numerous authors have delved into the profound outcomes generated by various rituals and art practices. In summation, the emergent themes from these collective healing practices encompass the restoration of individual and cultural identity, liberation from oppression, cultivation of communal connections, and meaning making.

In the modern context, contemporary art therapists can learn from these traditional practices by recognizing the similarities between their roles in today's society and the roles of spiritual shamans, storytellers, and healers from the past. Anderson et al. (1998) highlight this parallel by emphasizing that both art therapists and shamans serve as guides, facilitating individuals in self-exploration, imagination, and the creation of solutions to imbue their lives with meaning. Shamanistic healers or diviners among the Navajo community of the southwestern United States facilitate practices of symbolic healing through visual imagery. These healing practices incorporate chants, prayers, dances, body and face paintings, as well as dry-paintings. The current field of art therapy can utilize these concepts specifically in the use of art therapy groups which can "be regarded as ritual events that challenge personal preconceptions and isolation" leading to greater connection and decreased feelings of alienation. Like collective

indigenous practices, group art making can support communities through “public enactment, declaration, and validation” within a social context (Haslam, 1997).

Restoration of individual and cultural identity

Several scholars have highlighted the restoration of individual and cultural identities as a fundamental outcome of historical collective practices. Often, the process of healing requires individuals to understand and connect singular identities with a broader historical and political context, thereby reclaiming their roots, identities, and histories (Trinh et al., 2022). For example, Dufrene (1991) argues that “interacting with and expressing one’s ethnic traditions and customs can reinforce an individual’s attachment and commitment to their ethnicity, socialize them into the group, and thus provide the necessary sense of security for...well-being.” Reconnecting to cultural traditions and community through art can support one’s acceptance and unification of often “conflicting and coexisting racial, ethnic, and cultural identities” (Dufrene, 1991).

Through acts of storytelling, participants weave their individual identities into a relational context with their communities and ancestral lineages. As Mossolova (2020) aptly proclaimed, Yup’ik mask makers rediscover their previously erased cultural values and identities by engaging in the restoration of mask-making practices. Furthermore, visual art making has been used within the Alaskan Native community to encourage survivors of assimilation and the criminalization of traditions “to share their experiences as a means toward connecting with community and fostering healing intergenerational trauma... by facilitating their own storytelling” (Benjoe, 2017). Communal healing can arise from communities gaining the space to tell their own stories through art practices, which have historically been repressed and criminalized.

Liberation from oppression

Through the unity fortified by collective practices, communities have also harnessed the strength to liberate themselves from sources of internal and external oppression, propelling movements toward decolonizing their communities. Art practices often serve as conduits for the "symbolic reversal of social power structures," providing an avenue for the collective release of rage, anger, and resentment experienced by oppressed communities (Ahammed, 2019). For example, quilts have long served as a form of "coded communication" for those who were unable to speak openly due to the risks they faced. Faced with violence and abuse, this symbolic language offered Black women during slavery a means of financial, social, and emotional agency (Anderson et al., 1998). The communal act of quilting bore witness to the quilters' fear and anxiety while simultaneously facilitating financial autonomy that ultimately led to their freedom.

Furthermore, story scrolls act as a powerful tool to support First Nations survivors of Indian Residential Schools by creating space for processing trauma and facilitating communal empowerment. In utilizing combined oral and visual processes, individuals can share their stories that were silenced for generations. Story and tipi scrolls are one of the "oldest, but long suppressed, art forms...can help individuals and communities recuperate from a colonial past, and assert positive self-identification as Alaska Indigenous peoples today" (Benjoe, 2017).

Cultivation of communal connections

Furthermore, collective practices foster communal connections by facilitating a sense of belonging and mutual support. The reciprocal storytelling found in Alaskan Native communities' story scrolls "not only heals the individual telling the story but also the listener who bears witness to that testimony" (Benjoe, 2017). This attests to the interconnected nature of individual healing and cultural restoration – through the reimagining of narratives of oppression,

individuals are no longer isolated but exist within a web of relationships built on trust, empathy, and support (Trinh et al., 2022; Benjoe, 2017). Integrating traditional healing practices and cultural knowledge improves healthcare outcomes, strengthens cultural identity, and facilitates connectedness. Aboriginal communities in Australia have experienced extensive collective and generational trauma and have incorporated elder knowledge in their healthcare practices. Elders hold an important social and cultural role in the community that privileges them to provide a specialized form of healing to the community. “By recognizing and respecting the wisdom of elders, Aboriginal communities can promote healing, cultural preservation, and community well-being, ultimately fostering a stronger sense of identity and resilience among community members” (Cox, 2022). Artworks may also serve to acknowledge significant relationships among community members. In fact, friendship quilts were employed to document and honor these relationships, where individuals forged bonds of mutual admiration and support. By collectively processing deep-rooted trauma, grief, and histories, the sense of trusting community is strengthened in which change could take place (Allen, 2014).

Meaning Making

In the process of collective healing practices, meaning making aptly allows communities to reclaim agency. In face of trauma, “there is no definitive departure from the past, no absolute boundary that separates the here and now from the there and then” (Trinh et al., 2022). However, collective practices bestow individuals to hold the power to influence the narrative, to reshape it, to draft a new conclusion, and to seize control of their life space (France, 2020). This empowerment allows individuals to mend the ruptures in the transmission of traditional values, reviving almost-forgotten skills and knowledge. It is through this process of meaning making

that historical collective art healing practices truly empowers the individuals with holistic integration.

In conclusion, the exploration of historical collective art healing practices reveals a profound human yearning for connection, restoration, and empowerment. These practices, rooted in shared emotional experiences and communal rituals, have consistently yielded significant outcomes. From the restoration of identities and connections to the liberation from oppression through meaning making, these practices have served as conduits for healing and transformation. As we delve deeper into the realm of collective healing, we gain a deeper understanding of the enduring power of human resilience and the capacity for change, growth, and renewal.

Literature Review Conclusion

In our research, we have observed that recognizing past influences through both art and rituals is vital. We have highlighted the transformations that unfold across various collective art practices and acknowledge that “healing is transformative, it’s becoming, it’s blooming, it’s being home and whole within oneself in order to be home and whole within our worlds” (Rezaire, 2019, p.229).

However, our research has also kindled our curiosity about the specific attributes that facilitate such powerful change. Our findings emphasize the significance of both collective symbolic and creative energies and acknowledge their role in the intricate process of collective transformation. It has become evident that with the use of these creative energies and creative practices, an almost sacred, malleable space is born. Within this space, collective pain, suffering, and trauma are not forgotten but acknowledged, examined, and reconstituted. It becomes a space that encourages supportiveness, respect, safety, courage, and creativity, allowing everyone to envision a better world and future together (Trinh, 2022).

Through our research, we have discovered that these symbolic and creative energies share common attributes. These include participation, nature, symbolism, a sense of belonging, the liminal space, spirituality, shared experiences and listening, and the use of both verbal and non-verbal artistic elements collectively. These attributes collectively contribute to the process of collective healing.

Lastly, we look at how these attributes are often erased from contemporary practices which value and emphasize a hierarchical view of self-care. For instance, Sharma et.al (2017) addresses the complexities of self care in an individualized Western context. The authors highlight how self-care has been commodified and linked to productivity as individuals are encouraged to improve themselves for economic gain. Viewing self-care as an isolating western approach that continues to oppress and value a taught form of support. In this specific literature a self-care model is viewed as limiting and one that overlooks systemic issues and perpetuates social inequalities. Furthermore it is crucial to acknowledge that the concept of self-care is frequently intertwined with privilege, thereby devaluing everyday acts of communal care that make many individuals “reluctant to see the everyday practical things they do as care work” (Sharma et.al, 2017, p.148). This realization provides useful insight into the disproportionate view of collective healing and underscores the need to include both self care and collective healing that embrace new ideas of collectivity, placing a renewed emphasis on the attributes that facilitate community and healing.

Through this acknowledgment we seek to find new ways forward, through an exploration of delinking from these systems by offering space for a collective. Fostering new ideas on how to take care of ourselves and others, realign with our creative energy and make space for the rituals that sustain us. In hopes to dialogue between past, present, and future to explore themes,

acknowledge indigenous ancestral wisdom and rituals, examine healing frameworks, and understand art as a collective ritual, as well as various types of healing and their purposes.

Research Approach

Art-Based Reflective Approach and Mixed Methods Survey

In hopes of broadening our understanding of the unique attributes of collective healing, we designed a survey that explored the type and frequency of community groups and the role that art making had in the group connection. This study utilized a mixed survey with qualitative and quantitative questions and an art-based collaborative ethnographic approach employed by the researchers to actively engage in reflexivity throughout the analysis process. We individually and collectively engaged in art responses as a method to examine and self-reflect. Prior to analyzing the survey data, we individually created art responses - seeking clarity on “how we define collective healing.” During the post-survey analysis, we utilized art as a way to self-reflect and analyze the data. This process was done collaboratively, as we aimed to gain insight and use our own art practices to interpret and find meaning into the links, attributes, and essence of collective healing. Our arrival at our approach was supported by our research in decolonial collective healing and collective attributes found in ritualistic art practices. Art has long since facilitated the process of returning to wholeness and community for many cultures; “myths, prayers, songs, chants, sand paintings, music, etc. are used to return... symbolically to the source of tribal energy” (Dufrene, 1991).

Mixed methods research (MMR) is an integrated research method that involves collecting both quantitative (closed-ended) and qualitative (open-ended) data (Creswell, 2015). In this study, the use of MMR helps integrate data and provides a comprehensive understanding of the research question.

The research field of collective healing has many theoretical frameworks and culture-specific case studies but lacks a broader definition and understanding of collective healing from diverse people groups. By gathering the information via survey, we are looking at a broader state of how often and how people are connecting, and whether art-making has a role in connection. Through the data analysis, we analyzed themes and similarities to develop a shared language and understanding of the characteristics of collective art practices and how they contribute to healing.

Art-based research (ABR) is defined as the cultivation of knowledge captured and explored by way of artistic endeavors to facilitate a way of knowing, understanding, and examining an experience that is often difficult to articulate (Sullivan, 2010; McNiff, 2008; Eisner, 1995). Ethnography has origins in anthropology; this method focuses on documenting or representing the daily experiences of individuals with hopes of gaining insight into specific cultural, social, or political dynamics. This approach is qualitative and recognizes that the researchers are not blank slates therefore impossible to maintain a notion of neutrality. However, it aligns with a perspective that views the research as a means to bring about social change, as articulated by Horkheimer (1972). Further, practicing ethnography requires a dedication to reflexivity, acknowledging the influence of values within the study, and continued exploration to determine how interpretations were made and biases considered (Madison, 2012).

In our exploration of collective healing, we recognized the transformative potential of aligning with creative energy. According to Rezaire (2019), an important attribute to healing is “to allow a flow of infinite create energy to move through you” offering an alignment with source in order to foster connection with the self, others, and environment. Understanding the important role of creative energy in connection and ritualistic art practices, we found that

incorporating and supporting alignment with creative energies was best achieved through art-based ethnography.

We will also be including an art-based ethnography approach in our analysis, contributing to a “reflexive” and “interconnected” research approach. The design of this technique aims to facilitate mixing in a structured yet creative manner by centering art as both “process and product” (Watson, 2019). Before and after analyzing the data, the researchers will create response art. The art will support the researchers in examining our own thoughts and reactions. By expanding, enhancing, and illuminating upon the gathered quantitative data, we aim for researcher reflexivity and understand art to be a tool for self knowing (Betts & Deaver, 2019).

Lastly, as we have chosen to combine multiple methods, it is crucial to be mindful of engaging with each differing method thoughtfully to ensure both the purpose of the methods chosen and integration during the research. To do so we followed the technique of methods braiding (Watson, 2020). Methods braiding is a technique utilizing two or more methods across research phases to assist researchers in reflexivity over the duration of research as well as navigate the ‘integration of methods, analysis, and interpretation’ working to encourage multiple research outputs (Watson, 2020). Through the use of a visual metaphor of braiding, each methodology is represented by a strand acting as a symbol and reminder of each. The attention brought to continuing the braid fosters integration, recognizing that every method not only impacts the others but also brings attention to their equal significance throughout various phases of the research process. This is specifically valuable as arts-based research is often absent from the discussion or viewed as separate (Watson, 2020). Our hope is to bring this awareness and utilize this method not to lose sight of the creative energies and modalities crucial to our

research, as well as emphasize the valuable approaches integrated within our research, as we navigate the various methods.

Methods

Definition of Terms

The following terms are utilized throughout our research. Each term is a foundational part of our research study. The definitions of these terms provide clarity to create a shared understanding among researchers and readers.

Collective Healing

Collective Healing within this study, is defined as an interconnected process that addresses individual and shared traumas within a community (Rezaire, 2020). It moves outside of the individualistic Western models and emphasizes a collective response to trauma, involving shared experiences and communal support. Collective healing acknowledges the significance of justice, agency, and cultural practices, such as rituals and art, as integral components in fostering connections, processing trauma, and empowering marginalized groups toward a holistic and historic understanding of healing (Thomas, 2021).

Decolonial Healing

Decolonial Healing is described as a transformative process involving unlearning, aligning with creative energy, and practicing active listening, ultimately contributing to collective consciousness and liberation (Rezaire, 2019). This is practiced by unlearning fear-based behaviors and interactions to re-align with our creative energy while learning to listen to our primal sound.

Art Practices

Art Practices include a broad spectrum of everyday living and encompass craft, visual, performance, and narrative forms used historically and contemporarily to address and transform the individual and collective. In this study, art practices are often deeply rooted in cultural rituals and indigenous traditions. These practices offer a platform for processing trauma, reshaping narratives, and empowering marginalized groups.

Ritual

Ritual is defined as diverse communal practices found across cultures that create secure spaces for processing emotions and exploring meaning (Menon, 1993) through active participation, fostering individual and collective bonding. Serving as transformative tools, rituals, whether expressed through art or cultural traditions, play a vital role in realigning with creative energy and facilitating collective healing by integrating individual experiences into a broader narrative. Rituals offer socialization, balance, strength, identity, social bonding, and belonging whether through repetitive acts, art, performances, movement, food, shared space, or symbols (Allen, 2014).

Art as a Ritual

Art as a Ritual is defined by Wasilewska (1992) as a belief tied to action, where the process of artistic expression mirrors the structure of rituals, relying on the interconnection between action and creation. This perspective sees art as offering a communicative space between the known and unknown, fulfilling a need for emotional expression, and serving as a ritual that provides time, space, and a performative element for individuals to convey their feelings while fostering a connection with the past, present, and future.

Meaning-making

Meaning-making within the context of collective healing practices, is the transformative process through which communities reclaim agency in the face of trauma (Trinh et al., 2022). Meaning-making enables individuals to influence and reshape the narrative of their experiences, allowing for a new conclusion and empowering individuals to mend ruptures. It is through this process of meaning-making that historical collective art healing practices truly empower individuals with holistic integration.

Communal Connections

Communal Connections are established and reinforced through shared experiences, reciprocal storytelling, and mutual support. By fostering a web of relationships built on trust, empathy, and support, communal connections not only improve healthcare outcomes but also contribute to a stronger sense of identity and resilience within the community (Trinh et al., 2022; Benjoe, 2017).

Mixed Methods Research (MMR)

Mixed Methods Research (MMR) is an integrated research method that involves collecting both quantitative (closed-ended) and qualitative (open-ended) data (Creswell, 2015). In this study, the use of MMR helps integrate data and provides a comprehensive understanding of the research question.

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the daily experiences of individuals with hopes of gaining insight into specific cultural, social, or political dynamics. This approach is qualitative and recognizes that the researchers are not blank slates therefore impossible to maintain a notion of neutrality. However aligns with a perspective that views the research as a means to bring about social change, as articulated by Horkheimer ([1937] 1972). Further, practicing ethnography requires a dedication to reflexivity, acknowledging the influence of values within the study, and continued exploration to determine how interpretations were made and biases considered (Madison, 2012).

Methods Braiding

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Design of Study

Our study employs a survey study on collective healing with art, as the primary research instrument, inspired by its potential to enhance data robustness, deepen data analysis, and address the need for legitimization in arts-based research (Betts & Deaver, 2019; Watson, 2019). Drawing on literature emphasizing outcomes such as the "restoration of identity, liberation from oppression, cultivation of communal connections, and meaning-making" in collective art

practices, we aligned our study with arts-based research, given its similar emphasis on "meaning-making, empowerment, identity exploration, and emotional expressions" (Betts & Deaver, 2019).

To verify the efficacy of both art making and collective practices as healing agents, our research incorporates a dual-methods approach. Quantitative measures will be gathered through cross-sectional surveys administered on the Qualtrics platform, allowing for a wide geographic reach and rapid data collection. The subsequent qualitative analysis involves the creation of visual artworks by the researchers, utilizing the arts as data to identify common themes contributing to healing attributes. This method braiding technique enhances reflexivity by synergistically integrating methods, analysis, and interpretation (Watson, 2019).

The cross-sectional survey design is chosen for its efficiency in collecting quantitative data from diverse populations across different geographic locations, aligning with our research questions on participants' definitions and experiences of collective healing (Creswell, 2019). Qualtrics is selected as the survey instrument for its customizable options and commitment to data security.

The art-based ethnography approach conducted by the researchers serves as the central method for in-depth data analysis and discovery. Engaging in art making as a form of inquiry allows researchers to generate themes and connections, utilizing artworks as visual references to identify significant themes through symbolic and formal elements (Betts & Deaver, 2019). Ethnography also calls for researcher reflexivity, encouraging an exploration of researchers' own relationships with art practices in a collective context.

Given our dual roles as art therapists and researchers, the choice of arts-based research aims to bridge gaps in the research field. By transcending the quantitative-qualitative binary, we honor artistic knowing, promote creative inquiry, and expand our audience reach (Betts &

Deaver, 2019; Watson, 2019). This emphasis on creative inquiry aligns with the foundational principles of art therapy, acknowledging the diverse identities of both researchers and participants.

Sampling

We utilized various methods of contact within our communities and beyond to select our subjects. We sampled from the general Art Therapy population of students, professionals, and educators as well as the Los Angeles artist population through personal and public contacts. We also recruited, through snowball sampling, from Loyola Marymount University's various networks through our professors, classmates, and the Art Therapy associations affiliated with the University. In addition, we reached out to members of the Art Therapy associations such as AATA and SoCal ATA and Expressive Art Therapies, for potential respondents through their list serves.

Lastly, we reached out to potential subjects from our personal networks through social media and our community boards or centers. Potential bias that may result from our specific selection process may include issues with too small of a sample size that is specific to our geographical region or personal affiliations. Our decision to sample networks that we are connected to or affiliated with, may narrow our sample population, and may lead to a percentage of subjects that the researchers know personally. This may result in inconsistencies within our findings or results that do not fully represent the general population.

Data Collection and Analysis

We gathered data via a survey over a nine-week period. To get a wide range of respondents, we conducted outreach by creating a flier, sending emails, posting to academic and social list services, and leveraging social media. Using the flier and digital materials we created,

we also shared the survey in public spaces like pottery studios, gyms, around campus, and other community spaces. We are a group of five, each with our own networks to connect to as well. Participants were engaged in monitoring their pre and post moods (see Appendix C, and Figures 1 and 2) to help the participant-researchers reflect on the benefits of collective healing experiences specifically related to mood and energy.

We incorporated artmaking in the data analysis process rather than the data gathering. In addition to our survey, we(researchers) created art responses pre and post data analysis. The raw data we obtain from our study was analyzed through an art-based research ethnography and a dual-methods approach to best fit our research. We utilized the Qualtrics software for analysis reports for the quantitative measures. For our qualitative short answer portion of the survey that asks participants to list attributes of collective healing, we will employ the use of a Word Cloud software to collect individuals' data and measure overarching themes through shared words. We kept our survey open for submissions until we gain the needed sample size to be reflective of our general population which will be calculated using the G Power statistical analysis software to be $N > 65$.

Once our survey results were collected and analyzed, we utilized qualitative analysis to interpret and identify overarching themes within our data through the researchers own creative processing and creation of artwork. In order to analyze the art products, we used a collective iterative analysis process to assess thematic elements and incorporated descriptive statistics. This art making process as part of the data analysis process allowed for reflexivity and our own meaning making as researchers and future art therapy clinicians.

Survey questions were based on our central research question: What are the characteristics/attributes of collective art practices and how do they contribute to healing? To

answer this question, researchers formulated survey questions to look at the specific ingredients that make art healing, and how a collective experience, that includes art, is healing. Researchers wanted to better understand exactly what makes art healing, and to see if participant's individual experiences would illuminate themes and practices across cultures and groups. Researchers also chose to measure mood and energy levels at the beginning and end of the survey to identify if just thinking about art, community, and healing, could itself be healing.

Results

The results section presents the findings obtained from survey responses gathered to explore the attributes contributing to collective healing experiences through art making practices. Leveraging the data gathered through Qualtrics surveys, researchers employ the methods braiding approach that includes both quantitative and qualitative analysis. These results shed light on the multifaceted nature of collective healing within group art activities, providing valuable implications for future research and clinical practice in the field of art therapy.

Presentation of Data

In this section, the presentation of quantitative data encompasses a comprehensive overview of the survey responses, highlighting various aspects such as participants' group involvement, frequency of engaging in personal and collective art practices, materials used in their artistic endeavors, and preferred practice locations. By systematically addressing each question from the survey, this presentation lays the groundwork for deeper qualitative analysis in subsequent sections, allowing for a thorough examination of the data and its implications.

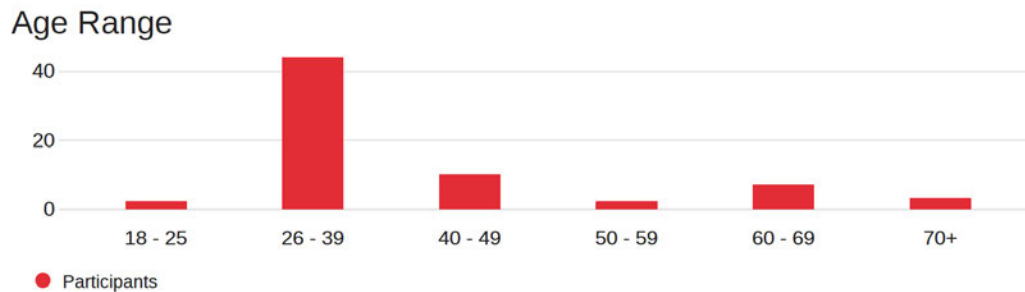
Demographic Data

68 participants completed the survey (N=68), which was available via Qualtrics. The survey included: an introduction to the survey, an informed consent document, 3 demographics

questions, a scale to rate their mood and energy, and 9 multi-part questions related to art and collective healing (see Appendix C).

Figure 1

Age Range of Participants



Age

The age distribution of the participants in the study varied from 18 to over 70 years old. The largest proportion of participants, 65% of the total participants, were within the age range of 26 to 39 years old, totaling 44 individuals. The next largest proportion of participants, individuals aged 40 to 49 made up 15% of the participant pool, totaling 10 individuals. Participants aged 60 to 69 and over 70 accounted for 10% and 4% of the participants, 7 and 3 individuals, respectively. Some limitations of the study are the age range of 18 to 25 years old represented only 3% of the total participants, comprising 2 individuals. Age groups 50 and above, only made up 17% of total study participants. These smaller proportions of participants outside of the 26-49 year age range could suggest a limitation of the convenience survey, having the survey only be online, or possible differences in language around collective healing across generations.

Gender

The study participants represent a diversity of gender identities. Most participants identified as Cis-Female, made up 68% of the total participant pool and totaling 46 individuals. Cis-Male participants made up 18% of the sample, with 12 individuals. Additionally, individuals identifying as Genderqueer/Gender Non-conforming/Non-binary/Third gender comprised 7% of the participants, totaling 5 individuals. Notably, there were no participants who identified as Trans-Male/Trans Man or Trans-Female/Trans Woman. 1 participant preferred not to answer, and two wrote in answers. One participant self-identified as male, and another wrote in an answer unrelated to the question. The participants' genders reflect a predominant representation of cisgender identities, particularly cis-females. The lack of participants identifying as trans is a potential limitation in understanding the experiences or perspectives of transgender individuals within collective healing.

Racial or Cultural Groups

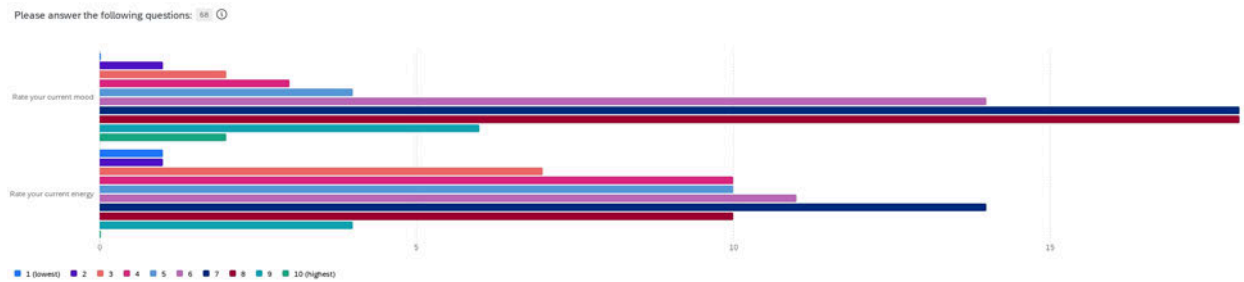
The largest proportion of participants identified as White, making up 54% of the total participant pool and totaling 37 individuals. Latine or Hispanic participants represented 21% of the sample, 14 individuals. Asian participants accounted for 19% of the participants, totaling 13 individuals. Participants identifying as Middle Eastern or North African comprised 6% of the participants, with 4 individuals. Multiracial participants made up 12% of the total, comprising 8 individuals. Notably, there were no participants identifying as American Indian or Alaska Native or Native Hawaiian or Pacific Islander. Moreover, there were no participants who preferred not to answer. However, individuals who preferred to self-describe represented 7% of the participants, totaling 5 individuals. These participants wrote in: Jewish, Jewish, Armenian and white, Filipina American, and Northern European Caucasian (sic).

Mood and Energy

Participants were asked to rate their mood and energy, on a scale from 1-10, two times throughout the survey: in the beginning, and at the end. The average mood and energy scores were calculated. Changes in scores were also calculated. Before the completion of the survey, the average mood score was calculated 6.88 (N=68, SD = 1.61) and the average energy score was 5.79 (N=68, SD = 1.90). After the survey, the average mood score increased to 7.20 (SD = 1.53), while the average energy score increased to 6.32 (SD = 1.94). 50% of participants had an increased average mood and energy. 8.8% of participants saw a decrease in average mood and energy. 41.1% of participants saw a stable average of mood and energy. Regarding each individual participant's mood before and after the survey, 36.76% saw an increase in mood, 5.88% saw a decrease in mood, and 57.35% had no change in mood. Looking at each individual participant's energy before and after the survey, 32.35% saw an increase in energy, 1.47% saw a decrease in energy, and 66.17% had no change in energy. The change in mood from before to after the survey had an average of 0.32 (SD = 0.74), indicating an overall improvement. Similarly, the change in energy had an average of 0.53 (SD = 0.92), showing a positive effect on participants' energy levels. These findings suggest that thinking about groups they are part of, and healing experiences they have had, increased their mood and energy. More research could look further into how thinking about meaningful experiences can improve mood and energy levels.

Figure 2

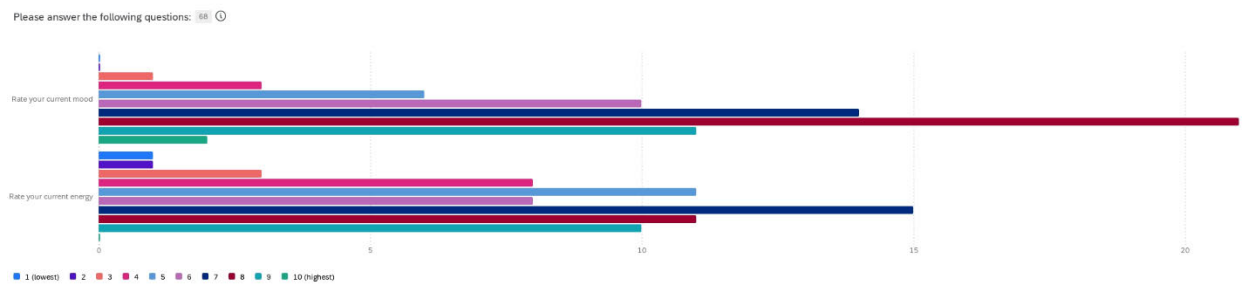
Initial Mood and Energy



Above, Data chart of participants mood and energy levels at the beginning of the survey via Qualtrics.

Figure 3

Post-survey Mood and Energy



Above, Data chart of participants mood and energy levels at the end of the survey via Qualtrics

Group Involvement

When considering connections and involvement in groups, most participants (79%) reported being part of a group, with half identifying their group as related to hobbies, special interests, or clubs. This was followed by religious groups, industry groups, and cultural groups.

When examining what connected group members to each other when art was not a contributing factor, most participants cited shared interests or activities such as sports, exercise, tabletop games, music, movies, and environmental protection as common facilitators of

connection. Involvement in specific programs such as addiction recovery or environmental protection initiatives was also noted. Overall, the most common response was physical movement or exercise, followed by community/friendship, and then work/networking.

Only six participants provided detailed information about the groups they were involved in. These groups covered a wide range of affiliations and activities, including cultural and religious associations, professional organizations, and charitable endeavors. They were categorized into religious, cultural, artistic, professional, and charitable groups.

An astounding 100% of participants reported that they believe art connects people. An overwhelming majority of participants (99%) also reported that they believe art is healing, with only 1 participant marking no. When asked who is involved in their process, 33% of participants answered within the following categories: family, myself, community, educational groups, and social groups.

Participants Engaged in Art Making Practices

Personal Art Making Practices

Our survey investigated the individuals involved in participants' artistic pursuits, encompassing personal art creation, culturally inherited or communal art practices, and group art making. Participants indicated their artmaking involvement as follows: A significant majority of participants (84%) reported engaging in personal art making practices.

Participation in Group and Cultural Art Practices

Among the respondents, 33% indicated active participation in such activities, suggesting a notable interest in communal artistic endeavors. However, the majority, comprising 66% of participants, reported no involvement in group or cultural art practices.

Participation in Group and Cultural Art Practices that Has Been Handed Down or Learned from Participants' Community or Culture

Furthermore, we explored the specific nature of participants' engagement in group and cultural art practices that have been passed down or acquired from their respective communities or cultures. A significant portion, accounting for 54% of respondents, affirmed their active involvement in such practices, indicating a strong connection to their cultural heritage and communal artistic traditions. Conversely, 45% of participants reported no participation in these culturally inherited or learned art practices, suggesting varying degrees of cultural engagement within the surveyed population.

Frequency of Personal Art Making Practices

Participants reported engaging consistently in personal art practices with frequencies ranging from weekly (42%), monthly (32%), daily (9%), to yearly (4%). Others (14%) reported difficulty pinpointing a consistency in frequency. Participants who participate in art practices alone or in a group which has been handed down or learned from community reported frequencies ranging from, daily (7%), weekly (13%), monthly (23%), yearly (5%), other text submissions included: "Less frequently," "Varies depending on art form," "Every few months." Participants who participate in art making in a group, or art that is part of a cultural practice reported frequencies ranging from, daily (1%), weekly (8%), monthly (14%), yearly (5%), no answer (69%).

Utilized Materials

Materials Used in Personal Art Making Practices

Across the spectrum of art making practices, participants reported utilizing a diverse array of materials to engage in their artistic pursuits. In personal art making, respondents commonly cited materials such as paper, paint, markers, pencils, collage materials, acrylic paint,

clay, watercolor, oil pastels, and digital tools like iPads and digital software. This encompassed both traditional mediums and modern tools, with additional mentions including fabric, embroidery, pens, sketchbooks, ink, canvas, graphite, wood, found objects, photography, and various crafting supplies like beads, yarn, and sewing materials. This expansive range of materials underscores the breadth of personal artistic expression.

Regarding materials passed down or learned from their community or culture, 38% of participants shared their choices, reflecting a rich tapestry of cultural influences on their artistic practices. These included not only tangible items like food, recipes, ingredients, cooking utensils, cookware, and various art supplies such as fiber arts, pens, pencils, ink, paint, memorabilia, journals, and drawing materials, but also more abstract elements like natural elements and mixed media. Interestingly, some participants mentioned unconventional items like soccer balls, casting materials, and cameras, suggesting a diverse range of cultural traditions and practices informing their art making.

Conversely, 25% of participants mentioned materials used in group or cultural art making practices, underscoring the communal nature of artistic expression within cultural contexts. These materials ranged from traditional art supplies like fiber arts, paint, and painting tools to more symbolic items such as instruments, music, bodily elements, and traditional decorations. The inclusion of storytelling items, skulls, spirit animal totems, and bi-lateral writing hints at the deep cultural significance and spiritual connections embedded within these art forms. Additionally, the mention of contemporary mediums like zines, altered books, pens and markers, oil pastels, cameras, aerial silks, flowers, and paper maché suggests a blending of traditional and modern practices within cultural art making settings.

Practice Locations

Practice Locations in Personal Art Making Practices

The majority of participants (56.5%) reported practicing personal art making at home, indicating that home environments are the most common settings for personal artistic expression. A smaller percentage of individuals practice art at work (11.6%) or in studios (7.2%). Other settings mentioned include cafes, nature, and public transportation, highlighting the diverse environments where individuals find inspiration for their creative pursuits.

Participants (38%) who shared where they participate in art practices that have been handed down or learned from their community or culture provided insights into the cultural contexts of their creative endeavors, while 42 participants did not provide a written response. Responses indicated that cultural art making often takes place in familiar and intimate settings, with 28 participants citing "home" as the primary location. Other notable locations include "work", "community events or events", "studio", "church", "synagogue", "friend's homes", "family home", "music group", and "restaurants", suggesting a blending of personal and communal spaces in cultural art practices.

Participants (32%) who engage in group art making or art that is part of a cultural practice shared their preferred locations for artistic expression, while 46 participants did not provide a written response. Though "home" remains a common setting, other environments such as "workshops", "studio", "events", "online", and "congregation" also emerged as significant venues for cultural art making. Additionally, responses like "cultural charity group", "community and friends", "dances", "aerial studio", and "decorate baskets for fundraising" highlight the diverse range of social and cultural contexts in which group art making occurs.

Analysis of Data

In the analysis of data section, researchers delve into a comprehensive exploration of the qualitative responses to address the central research question: What are the characteristics and attributes of collective art practices, and how do they contribute to healing? Additionally, researchers integrate heuristic self-reflexive artwork responses, capturing their pre and post-survey reflections on the data analysis process. This integrated methodology, part of the methods braiding approach, facilitates a nuanced interpretation of findings and meanings regarding the implications of collective healing art practices.

Pre and Post Survey Artwork

Researchers engaged in self-reflexive art work responses pre and post data analysis in hopes of better understanding collective healing. The participant-researchers utilized a Collaborative Art-Based Ethnography approach defined as the cultivation of knowledge captured and explored by way of artistic endeavors to facilitate a way of knowing, understanding, and examining an experience that is often difficult to articulate (Sullivan, 2010; McNiff, 2008; Eisner, 1995). Both art responses were created with the intention of self-reflexivity and to answer the question “How do you define collective healing?” The art supported the participant-researchers in examining their own thoughts and reactions. Prior to data analysis art responses were created individually and then shared collectively, material choice was open-ended. Post data analysis art responses were created and shared collectively and material choice was open-ended.

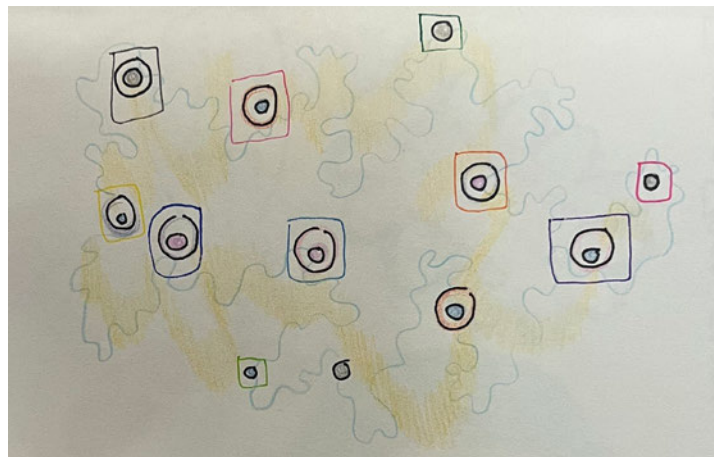
By expanding, enhancing, and illuminating upon the gathered qualitative and quantitative data, participant-researchers continued to engage in reflexivity and used art as a tool for self-knowing (Betts & Deaver, 2019). The subsequent mixed methods analysis involved the creation

spaces, reflecting on how collective healing is shaped by our engagement with these environments.

The concept of wonder and playfulness began to dominate my interpretation of collective healing. This led me to incorporate Yoko Ono's "Ceiling Painting," which features the word "YES" on a paper viewed through a magnifying glass, placed beneath a glass sheet and viewed only by climbing a ladder. Ono's piece symbolizes a journey from pain to hope and affirmation, embodying positivity and wonder through its interactive and surprising nature. I positioned this artwork in the upper corner of my collage, using it to deepen the connection to my own experiences and expanding my understanding of collective healing. This integration emphasizes the significance of interaction, exploration, and creativity in the process of collective healing.

Figure 5

Nicki Aviel



I have experienced art as a way to connect to those around me, and a larger sense of connection with the world. I came into this research wanting to better understand if others have had a similar experience, and if we could find what exactly made those moments with art, experiences of healing. My art reflects my sense that while we each live in our own universes,

and have our individual experiences, there are universal things that tie us all together. That as humans we are connected to each other and impacted by each other. This connection to others, and myself, is what I find most healing about collective art making.

Figure 6

EJ Liao



Amidst the disconnected world today, individuals often find themselves exhausted from the incessant navel gazing in pursuit of self-love and self-actualization, as prescribed by Western societal norms. This individualized pursuit begs the question: What kind of societal framework are we inadvertently fostering? As therapists, particularly art therapists, how could we facilitate a paradigm shift in this regard?

During the time of conducting this research, numerous communities worldwide are grappling with collective trauma. In response to fostering healing within my personal therapy work and collective communities, I felt compelled to engage in the practice of loving-kindness meditation, also known as Metta practice in Buddhism. This spiritual practice, symbolized by the lotus depicted in my artwork, serves as a conduit connecting me to a source of energy transcending individual differences, pain, and sorrow. It roots me in ancient wisdom, carrying

forth ancestral knowledge that can be invoked to mend individual identities and facilitate healing across generations.

Figure 7

Brianna Mitjans



The intent of our research was to uncover the foundational principles of collective healing. I found myself thinking of the roots of collective cultures and the pieces that are missing. My art reflects my visual metaphor of the process of creating a collective to survive and thrive. Thoughts of hunter gatherers passing down rituals that withstand time and generations. The abstract shapes represent that possibility to uncover pieces of the puzzle that will lead to new directions in future foundational collective art therapy research.

Figure 8*Taleene Armen*

Art has the unique and wondrous power to bridge individuals and communities across space and time. I feel that the tradition of sharing and passing down art-making practices from generation to generation, or from one culture to another, teaches us the importance of recognising our shared experiences, ultimately bringing us all closer together. In my piece, I chose to depict my own experience witnessing the healing benefits of collective art making within my communities. Fostering collective creative expression and practices woven from those that came before us, separated by time and dispersed by moments of great trauma, can ground and guide us by revealing the threads laid out by their hands, linking us to our past and to what lies beyond.

*Individual Art Responses Post Data Analysis***Figure 9***Collective Art Making*

Upon reviewing the research findings, we were reminded of the profound significance of the "universality" aspect of group therapy, as articulated by Yalom (1990). It is evident that much of the healing process stems from the shared experience of vulnerability, where individuals recognize the interconnectedness of their struggles and strengths. This sense of universality lies in the normalization of one's experiences, the validation found in shared narratives, and the acknowledgment that each participant carries within them the ancestral wisdom encapsulated by author, Bell Hooks' assertion that "self-love cannot flourish in isolation" (Hooks, 2000).

As art therapists who frequently practice in group therapy sessions, our artworks serve as reflection of the intricate tapestry of human experience documented in the survey results, which often finds solace and strength through collective support. Similar to the layers of emotional corrective experiences witnessed within group settings, the layers depicted in the artworks symbolize the inherent fragility of the individual, juxtaposed with the transformative power of communal healing. Much like the adhesive materials of glue and tape, which serve as metaphors for validation and expression, participants in collective healing practices often find themselves uplifted by the collective strength and solidarity, akin to the vibrant transformation of tissue paper into colorful creations.

After reviewing the data, we are affirmed in the sense that art can provide connection and meaning in our lives, and that being connected with others is, on its own, a healing experience. We saw bridging between people and experiences, through art.

Findings and Meanings

In order to uncover the key attributes contributing to individuals' experiences of collective healing, participants were asked a series of targeted questions. These questions are: How does art contribute to the group? Consider a time when you experienced a healing art experience in a group. What components made your experience healing? What are three words to describe what made the experience healing? These questions collectively explore the attributes of art practices and their healing effects within a group context. They aim to understand art's contribution in promoting well-being, connection, and emotional healing among individuals engaged in a shared creative experience. This inquiry was designed to complement insights gleaned from the existing literature, which identified the restoration of individual and cultural identity, liberation from oppression, cultivation of communal connections, and meaning making

as central elements of collective healing (Trinh et al., 2022; Dufrene, 1991; Benjoe, 2017; Mossolova, 2020; Ahammed, 2019; Allen, 2014).

Through data analysis three overarching themes emerged: shared collective experience, validation and space for emotional expression, and art as a conduit of healing. These three themes were recurrent throughout the responses and emerged from participants' responses to three specific questions, driven by a curiosity about the attributes and experiences involving art and community. The results gathered not only provided parallel alignment with significant deviation from those gathered during literature review but also shed light on the profound impact of creative expression in fostering well-being, cultivating interpersonal connections, and promoting emotional healing within collective settings. This insight offers valuable guidance for future researchers and art therapists, emphasizing the importance of incorporating collective healing elements into their practice and theoretical frameworks.

Participants articulated the healing aspects of their collective art making experience in three words, while also reflecting on the attributes that contributed to their previous experiences of collective healing through art. Our research found the word used most frequently was Connection or Connectedness (12.73%), followed by Calm/Calming, Expression, and Creativity. We will further expand on these important main themes and their deeper meanings in our findings section below. All descriptive words the participants chose, with each one's frequency indicated by the size of the word, are represented in the subsequent word cloud.

which is established and reinforced through communal connection, reciprocal storytelling, and mutual support (Trinh et al., 2022; Benjoe, 2017).

Participants' use of mediums in group settings widely varied including visual arts (such as card making, sewing, collage, and photography), performing arts (including music, dance, and costumes), culinary arts, and art therapy. Additionally, there were categories related to environmental awareness, where art is used to promote awareness and engagement, as well as community and cultural expression. Participants' responses support the researchers findings that art practices include a broad spectrum of everyday living and encompass craft, visual, performance, and narrative forms used historically and contemporarily to address and transform the individual and collective.

In essence, it is crucial to recognize the diversity in art practices and materials, which often stem from shared interests and identity driving group engagement. The findings show how these diverse artistic practices play a similar role as rituals in bringing individuals together, allowing them to share experiences and strengthen their bonds within the group.

Moreover, in response to the inquiry about the components contributing to participants' healing experiences, 69% emphasized connection and community as pivotal factors. They highlighted the significance of bonding, community support, and shared experiences during group art activities. Within the overarching theme of connection, participants noted how communal support aided them in navigating both personal and collective grief, including coping with the isolation brought on by the Covid-19 pandemic and processing individual losses, such as the death of a mother. Many participants stressed the importance of finding solidarity among group members who shared similar identities. Groups that facilitated healing experiences

encompassed a diverse range, including those for crime survivors, undocumented immigrants, mixed status families, college students coping with stress, and teenage process groups.

Additionally, participants emphasized the value of intergenerational knowledge exchange and bonding with elders. They attributed the sense of safety and validation experienced within the group dynamic to empowering them to explore new avenues. These findings underscore the vital role of connection in fostering community resilience and cultural restoration, aligning with previous literature on the subject (Trinh et al., 2022; Benjoe, 2017; Allen, 2014).

Healing Aspects of Shared Collective Experience

When asked “How art contributes to the group?” only 20% of participants directly labeled it as such through responses like "dance as medicine," "integrative health," and "art contributes as therapy through art making and facilitating.” It's important to note that the benefits of shared collective experiences also provide healing aspects. Shared collective experiences not only improve healthcare outcomes but also contribute to a stronger sense of identity and resilience within the community (Trinh et al., 2022; Benjoe, 2017). Aspects of healing through connection and like experiences prevalent in the survey. Participants (20) identified that art contributes to their “trauma survivor group, and art is used to process feelings.” Collective practices bestow individuals to hold the power to influence the narrative, to reshape it, to draft a new conclusion, and to seize control of their life space (France, 2020). Recognizing shared collective experiences as a healing mechanism and a source of resilience, it's crucial to highlight how participants value shared experiences. For instance, participant (32) expressed this sentiment by stating that art contributes through "shared experience collectivism." The connection of collective and healing accentuates the researchers' exploration of decolonial healing. Decolonial healing is described as a transformative process involving unlearning,

aligning with creative energy, and practicing active listening, ultimately contributing to collective consciousness and liberation (Rezaire, 2019). This is practiced by unlearning fear-based behaviors and interactions to re-align with our creative energy while learning to listen to our primal sound. One participant identified that art contributes to moving away from fear explained that art “keeps us accountable to creatively express in spite of fears as an artist.” Further harnessing creative energy and learning to listen to our primal sound (Rezaire, 2019) supports the exploration and vital need for expression which our findings indicate as the second most predominant theme. The themes of shared collective experience and expression open up space to explore new ways to practice these attributes that facilitate healing. Our findings emphasize the significance of both shared collective experiences and creative energies and acknowledge their role in the intricate process of collective transformation.

Validation and Space for Emotional Expression

In the findings, it became evident that “validation and space for emotional expression” emerged as a predominant theme, with 64% of participants highlighting its pivotal role in their healing experiences during group art activities. This underscores the profound significance of emotional expression, validation, and the sense of being witnessed and supported within the group dynamic. Participants expressed gratitude for the rare opportunity to “be heard and seen without judgment,” emphasizing the transformative power of art in “being heard and seen without judgment” in a group setting, further emphasizing the power of art making in facilitating healing by “the individual telling the story and the listener who bears witness to that testimony” (Benjoe, 2017). Central to this process were key elements such as trust, vulnerability, and compassion, which facilitated the exchange of personal narratives within the group setting. Moreover, participants emphasized the importance of the group providing a safe and supportive

environment, which encouraged them to unveil their vulnerabilities, including sharing traumatic experiences such as witnessing a parent's arrest. Additionally, many highlighted the instrumental role of art in enabling validation and space for emotional expression, citing experiences such as participating in dance or painting classes during the Covid-19 pandemic as avenues for visualizing, expressing, and understanding emotions in an intuitive manner.

Art as Conduit of Identity and Healing

“Art as Conduit of Identity and Healing” emerged as an influential theme when analyzing how participants viewed art as contributing to a group. When participants were asked about the contribution of art to a group, their responses consistently highlighted how art fosters expression and channels creative energy, enriching both individual and collective experiences. For instance, participants expressed sentiments like "it's their reason for existence," "art contributes to individual insight," and "expression between myself and others." These responses underscore the significance of expression and the role of art and creative energy in fostering connections within group dynamics. Additionally, researchers observed a recurring theme of expression, prompting reflection on the concept of creative energy. As Rezaire suggests, healing often involves allowing a flow of infinite creative energy, which enables alignment with oneself, others, and the environment, emphasizing the transformative power of artistic expression.

Art as a Conduit of Identity

Participant responses closely linked expression and identity, both on individual and collective levels, and highlighted the diverse mediums and forms of engagement encompassed by the researchers' understanding of art practices. The qualitative survey results underscored the potential interconnectedness of expression and identity, revealing that participants' responses often aligned with both themes. Analysis of the data on how art contributes to the group showed

that 79% of responses pertained to the theme of expression, while 76% related to identity. For instance, examples of how art contributes to the group under the theme of expression and identity included "costume making," "singing in my church group," "visual art in the Chicane/x experience," "we are all artists that work with data," and "through a art exhibition showcasing art representing our experience." The participants' responses underscore how art serves as a means of expressing and portraying experiences that mirror one's sense of self. These findings closely align with research that identifies art practices and rituals as pathways for facilitating both expression and identity. Art as a ritual is defined by Wasilewska (1992) as a belief tied to action, where the process of artistic expression mirrors the structure of rituals, relying on the interconnection between action and creation. This perspective sees art as offering a communicative space between the known and unknown, fulfilling a need for emotional expression, and serving as a ritual that provides time, space, and a performative element for individuals to convey their feelings while fostering a connection with the past, present, and future. When connecting the findings, specifically the theme of expression and our research related to rituals, the correlation between the two highlights that art practices facilitate creative expression and emotional validation which foster connection to understanding ourselves through looking at our experiences. Further, rituals are used to offer socialization, balance, strength, identity, social bonding, and belonging whether through repetitive acts, art, performances, movement, food, shared space, or symbols (Allen, 2014).

Art as a Conduit of Healing

Participants who identified art making and creativity as integral to their healing experiences expressed a diverse range of reasons for its therapeutic efficacy. For some, the act of creating art itself was transformative, with even simple doodling serving to organize their

thoughts and alleviate psychological stress. Others emphasized the inherent relaxation, inspiration, and freedom of expression afforded by engaging in artistic endeavors, highlighting the unique avenues for participants to “access and express experiences through non-verbal methods (Anderson et al., 1998).” These responses underscored the healing component in creating art for art’s sake. Moreover, several participants noted the element of spirituality inherent in their art practices, describing how their creative acts facilitated a sense of mindful presence and connection to creative spirit. Many credited art and creativity as catalysts for healing within group settings, recounting transformative experiences ranging from painting and musical collaborations to dance, meditation, and participation in open studio sessions.

Other Notable Findings

Meaning Making/Process

The data suggests a diverse range of activities and practices associated with meaning-making through art and art process. When participants were asked "How does art contribute to the group?" 37% (fourteen participants) notably identified the materials and medium used in art as significant factors, shedding light on the pivotal role of the creative process in fostering collective healing. These encompassed creative processes such as cooking, stamping, collage, and costume making, alongside expressive activities like dance, making art for fun, and engaging with music, literature, and performance. Additionally, there was a focus on historical elements such as historic blueprints/rendering, alongside more contemporary practices like card making and photography. Participant 18 emphasized the importance of materials in effecting change, mentioning, “using recycled materials to create art and promote awareness of reuse, repurpose, recycle.” This response underscores the significance of the creative process in imbuing meaning. Interestingly, only 18% (7 participants) directly identified meaning-making as a key factor in

how art contributes to the collective. Additionally, participant 20 identified meaning through the process stating art contributes to “trauma survivor group, art is used to process feelings.”

Meaning-making within the context of collective healing practices, is the transformative process through which communities reclaim agency in the face of trauma (Trinh et al., 2022). Meaning-making enables individuals to influence and reshape the narrative of their experiences, allowing for a new conclusion and empowering individuals to mend ruptures. It is through this process of meaning-making that historical collective art healing practices truly empower individuals with holistic integration. Overall, the data underscores the diverse ways in which art fosters meaning-making enriching the collective experience.

Discussion

It is evident through the research that symbolic and creative energies share common attributes. These include participation, nature, symbolism, a sense of belonging, the liminal space, spirituality, shared experiences and listening, and the use of both verbal and non-verbal artistic elements collectively. These attributes collectively contribute to the process of collective healing. Additionally, it is important to look at the historical use of rituals. Rituals are used to offer socialization, balance, strength, identity, social bonding, and belonging whether through repetitive acts, art, performances, movement, food, shared space, or symbols (Allen, 2014). In the modern context, contemporary art therapists can learn from these traditional practices by recognizing the similarities between their roles in today's society and the roles of spiritual shamans, storytellers, and healers from the past. The current field of art therapy can utilize these concepts specifically in the use of art therapy groups which can “be regarded as ritual events that challenge personal preconceptions and isolation” leading to greater connection and decreased feelings of alienation. Like collective indigenous practices, group art making can support

communities through “public enactment, declaration, and validation” within a social context (Haslam, 1997). Further in our findings we noted that art served as a tool and aligned with Wasilewska’s interpretation of art as a ritual. Serving as transformative tools, rituals, whether expressed through art or cultural traditions, play a vital role in realigning with creative energy and facilitating collective healing by integrating individual experiences into a broader narrative.

Lastly, it is important to recognize that these attributes are often erased from contemporary practices which value and emphasize a hierarchical view of self-care. For instance, Sharma et.al (2017) addresses the complexities of self-care in an individualized Western context. The authors highlight how self-care has been commodified and linked to productivity as individuals are encouraged to improve themselves for economic gain. Viewing self-care as an isolating western approach that continues to oppress and value a taught form of support. In this specific literature a self-care model is viewed as limiting and one that overlooks systemic issues and perpetuates social inequalities. Furthermore, it is crucial to acknowledge that the concept of self-care is frequently intertwined with privilege, thereby devaluing everyday acts of communal care that make many individuals “reluctant to see the everyday practical things they do as care work” (Sharma et.al, 2017, p.148). This realization provides useful insight into the disproportionate view of collective healing and underscores the need to include both self care and collective healing that embrace new ideas of collectivity, placing a renewed emphasis on the attributes that facilitate community and healing.

Literature on collective healing is limited and typically focused on one specific population or practice. The researchers sought to understand collective healing more broadly, and thus chose to survey a range of participants to see how, cross-culturally, people understand the experience of collective healing. The lack of literature on larger cross-cultural understandings

of collective healing leaves room for future research. Researchers can work to uncover if there is a workable definition of collective healing that encapsulates many understandings of collective healing, or if experiences vary too much to fit under one definition.

Although the qualitative and quantitative data shines light on the contributions of collective art practices primarily shared collective experience, emotional expression/validation, creative expression, and identity it does not touch on the depth of the individuals experiences and their personal narratives of the transformation or healing aspects. The research highlights the importance and potential uses of art practices in group settings but leaves room to explore aspects related to liminal space and collective effervescence. The research underscores the transformative nature of healing, describing it as a process of becoming, blooming, and feeling at home and whole within oneself and one's world (Rezaire, 2019, p.229).

Limitations of Study

Despite efforts to capture diverse perspectives, this study encountered limitations related to participant demographics, researcher bias, and design of the study. The data, collected from 68 responses, predominantly represented individuals aged 26 to 39 years old, reflecting a generation deeply influenced by the advent of the internet and social media. This societal shift may have implications for decreased in-person social interaction and increased experiences of loneliness (Twenge et al., 2019). The age range of 18 to 25 years old represented only 3% of the total participants, comprising 2 individuals. Age groups 50 and above, only made up 17% of total study participants. These smaller proportions of participants outside of the 26-49 year age range could suggest a limitation of the convenience survey, having the survey only be online, or possible differences in language around collective healing across generations. Additionally, the participants' genders were predominantly cisgender identities, particularly cis-females. The lack

of participants identifying as trans is a potential limitation in understanding the experiences or perspectives of transgender individuals within collective healing. Concerning race and ethnicity, 54% of participants identified themselves as White, 21% Latine or Hispanic, 19% Asian, 6% Middle Eastern or North African, 12% as Multiracial. Notably, there were no participants identifying as American Indian or Alaska Native or Native Hawaiian or Pacific Islander. The limits of the diversity of the population surveyed could have skewed our results or left blind spots.

An increased diversity of age, gender, and racial or cultural identities could provide greater insight into how different generations view collective healing, how gender impacts the likelihood of having an experience of collective healing, or how different races and cultures understand collective healing. A larger and more diverse sample size could draw parallels or differences between different demographics to define collective healing more concretely.

Moreover, researchers' dual roles as art therapists and artists may introduce bias, as personal experiences and professional practices shape perceptions of art's healing potential. Additionally, the study was conducted partially under the influence of Western psychology frameworks, which emphasizes individual trauma treatment over collective trauma. This emphasis, combined with the US-centric nature of the participants and researchers, underscores the need for a paradigm shift towards recognizing and legitimizing collective grief and trauma within diverse cultural contexts. This shift requires an understanding of “collective lived experience that is deeply rooted in the sociocultural and political realities of systemic injustice, oppression, violence, and the continuing legacies of colonialism” within each community (Cho, 2023).

The approach could present limitations and not allow for in-depth conversations or interviews specifically focused on the experience of collective healing and the attributes that facilitate such a powerful change. Through more in-depth explorations, researchers could inquire about participants' felt experiences and their interpretations of those experiences. This would allow for a deeper understanding of how, with the use of creative energies and practices, an almost sacred and malleable space is born. Within this transformative space, collective pain, suffering, and trauma are not overlooked but rather acknowledged, examined, and reconstituted. It becomes a nurturing environment that fosters supportiveness, respect, safety, courage, and creativity, enabling everyone to collectively envision a better world and future together (Trinh, 2022). Additionally, interviews could facilitate a more in depth understanding of Durkheim's concept of "collective effervescence" the shared emotional experience that individuals undergo when participating in communal rites and rituals. He eloquently described the transformative power of cultivating a "shared reality" that enriches participants' sense of social belonging and self-transcendence (Pizarro et al., 2022).

In conclusion, while this study offers valuable insights into collective healing art practices, its limitations must be acknowledged. The participant demographics were skewed, potentially limiting the generalizability of the findings. Future research should aim for greater diversity to provide a more comprehensive understanding. Additionally, the researchers' dual roles as art therapists and artists may introduce bias, and reliance on Western psychology frameworks may overlook cultural nuances. Incorporating broader perspectives and cultural frameworks in future studies is crucial. Moreover, while the data shed light on key aspects of collective healing, such as shared collective experience and creative expression, it did not fully explore concepts like liminal space and collective effervescence. More in-depth interviews could

provide richer insights into these concepts. Overall, while this study lays a foundation, there is much more to explore in this transformative space.

Conclusions

The genesis of the research study, collective art healing into contemporary art therapy, was ignited by the researchers' personal connections to healing in communities. The process of our findings was communally researched, dissected, studied, explored, and gathered. Utilization of connecting with communities was the inauguration to collecting and absorbing knowledge about the essential components of collective healing. Shared collective experience, creativity, and expression were cross-culturally universal themes. The results of the study gained foundational knowledge for future studies on collective healing and artmaking. The implications of the study revealed challenges surrounding the subject such as limited availability to non-western healing pedagogy. Moving forward, by conducting in-depth interviews to explore the nuanced attributes underlying each individual's healing experience, researchers may lay the groundwork for grounded theory research. This qualitative approach will enable a deeper understanding of the role of art therapy in fostering collective healing efforts. Furthermore, researchers may consider undertaking a comparative effectiveness study to assess the efficacy of different art therapy modalities in comparison to open studio processing. This investigation aims to discern whether the act of art making alone engenders healing, as participants noted experiencing calmness and release through artistic expression, or if the guidance of an art therapist enhances the therapeutic process. Such endeavors would advance our comprehension of the mechanisms driving healing in art therapy settings and inform future interventions.

The perspective gained through this research revealed a better comprehension of collective healing, which will impact our role as clinicians and researchers to support our clients

and communities from a culturally inclusive approach. This research is the first step of many towards expanding the field of collective healing and art therapy.

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APPENDIX A: IRB Approval Letter

From: "Paterson, Julie" <Julianne.Paterson@lmu.edu>
Date: January 23, 2024 at 11:02:19 AM PST
To: "Green, Joyce" <Joyce.Green@lmu.edu>
Cc: "Heller, Steve" <Steve.Heller@lmu.edu>, "Paterson, Julie" <Julianne.Paterson@lmu.edu>
Subject: IRB Approval/Green

Dear Professor Green,

Thank you for submitting your IRB application for your protocol titled **Integrating Collective Art Healing Practices into Contemporary Art Therapy**. All documents have been received and reviewed, and I am pleased to inform you that your study has been approved as exempt.

The effective date of your approval is **January 23, 2024**. Please note that if there are any changes to your protocol, you are required to submit an addendum application to the IRB.

For any further communication regarding your approved study, please reference your **new IRB protocol number: LMU IRB 2024 SP 09-R**.

Best wishes for a successful research project.

Sincerely,

Julie Paterson

Julianne Paterson
Research Compliance Specialist
1 LMU Drive, University Hall, Suite #1878
Los Angeles, CA 90045
Telephone: (310) 258-5465
Email: Julianne.Paterson@lmu.edu



APPENDIX B: Research Consent Form**Introduction**

This research investigates the characteristics of collective art practices and their role in promoting healing. The survey encompasses demographic inquiries and explores personal art-making practices in communal settings. It is designed with an estimated completion time of 15-20 minutes, and participants can save and resume their responses as needed.

Informed Consent

Informed Consent Form

TITLE: Integrating Collective Art Healing Practices into Contemporary Art Therapy

INVESTIGATOR: Taleene Armen, Nicki Aviel, EJ Liao, Brianna Mitjans, Mandy Schuster, Loyola Marymount University, Department of Marital and Family Therapy

research materials and consent forms will be stored in an electronic database using encryption to maintain confidentiality. When the research study ends, any identifying information will be removed from the data, or it will be destroyed. All of the information you provide will be kept confidential.

RIGHT TO WITHDRAW: Your participation in this study is voluntary. You may withdraw your consent to participate at any time without penalty. Your withdrawal will not influence any other services to which you may be otherwise entitled, your class standing or relationship with Loyola Marymount University.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request. Please reach out to the research team at lmuresearch2024@gmail.com.

VOLUNTARY CONSENT: I have read the above statements and understand what is being asked of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason, without penalty. If the study design or use of the information is changed I will be informed and my consent reobtained. On these terms, I certify that I am willing to participate in this research project.

I have read the above statements and understand what is being asked of me. I certify that I am 18 years old or older. I also understand that my participation is voluntary and that I am free to

ADVISOR: Joyce Y Green, PhD, LMFT, ATR-BC, Loyola Marymount University, Department of Marital and Family Therapy

PURPOSE: You are being asked to participate in a research project that seeks to investigate the characteristics and attributes of collective art practices, and how they contribute to healing. You will be asked to complete an online survey using Qualtrics that will take approximately 15-20 minutes for completion.

RISKS: There are no apparent risks to this study and participants will be informed that you can withdraw from the study at any point with no obligation to continue or participate.

BENEFITS: There are no personal benefits to the participants. However, your participation in the study will provide an understanding of art making and the connection between art making and collective healing.

INCENTIVES: You will receive no gifts/incentives for this study. Participation in the project will require no monetary cost to you.

CONFIDENTIALITY: Your name will not be collected due to confidentiality purposes. Demographic information will be collected in order to better understand the participants. Your identifying information will never be used in any public dissemination of these data (publications, presentations, etc.). All

withdraw my consent at any time, for any reason, without penalty. If the study design or use of the information is changed I will be informed and my consent re-obtained. On these terms, I certify that I am willing to participate in this research project. I understand that if I have any further questions, comments or concerns about the study or the informed consent process, I may contact Dr. Steve Heller, Institutional Review Board, Loyola Marymount University, 1 LMU Drive, Los Angeles, CA 90045-2659 or by email at irb@lmu.edu. By clicking the "Next" button to enter the survey, I indicate my willingness to voluntarily take part in this study.

APPENDIX C: Research Survey



Introduction

This research investigates the characteristics of collective art practices and their role in promoting healing. The survey encompasses demographic inquiries and explores personal art-making practices in communal settings. It is designed with an estimated completion time of 15-20 minutes, and participants can save and resume their responses as needed.

Informed Consent

Informed Consent Form

TITLE: Integrating Collective Art Healing Practices into Contemporary Art Therapy

INVESTIGATOR: Taleene Armen, Nicki Aviel, EJ Liao, Brianna Mitjans, Mandy Schuster, Loyola Marymount University, Department of Marital and Family Therapy

research materials and consent forms will be stored in an electronic database using encryption to maintain confidentiality. When the research study ends, any identifying information will be removed from the data, or it will be destroyed. All of the information you provide will be kept confidential.

RIGHT TO WITHDRAW: Your participation in this study is voluntary. You may withdraw your consent to participate at any time without penalty. Your withdrawal will not influence any other services to which you may be otherwise entitled, your class standing or relationship with Loyola Marymount University.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request. Please reach out to the research team at lmuresearch2024@gmail.com.

VOLUNTARY CONSENT: I have read the above statements and understand what is being asked of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason, without penalty. If the study design or use of the information is changed I will be informed and my consent reobtained. On these terms, I certify that I am willing to participate in this research project.

I have read the above statements and understand what is being asked of me. I certify that I am 18 years old or older. I also understand that my participation is voluntary and that I am free to

ADVISOR: Joyce Y Green, PhD, LMFT, ATR-BC, Loyola Marymount University, Department of Marital and Family Therapy

PURPOSE: You are being asked to participate in a research project that seeks to investigate the characteristics and attributes of collective art practices, and how they contribute to healing. You will be asked to complete an online survey using Qualtrics that will take approximately 15-20 minutes for completion.

RISKS: There are no apparent risks to this study and participants will be informed that you can withdraw from the study at any point with no obligation to continue or participate.

BENEFITS: There are no personal benefits to the participants. However, your participation in the study will provide an understanding of art making and the connection between art making and collective healing.

INCENTIVES: You will receive no gifts/incentives for this study. Participation in the project will require no monetary cost to you.

CONFIDENTIALITY: Your name will not be collected due to confidentiality purposes. Demographic information will be collected in order to better understand the participants. Your identifying information will never be used in any public dissemination of these data (publications, presentations, etc.). All

withdraw my consent at any time, for any reason, without penalty. If the study design or use of the information is changed I will be informed and my consent re-obtained. On these terms, I certify that I am willing to participate in this research project. I understand that if I have any further questions, comments or concerns about the study or the informed consent process, I may contact Dr. Steve Heller, Institutional Review Board, Loyola Marymount University, 1 LMU Drive, Los Angeles, CA 90045-2659 or by email at irb@lmu.edu. By clicking the "Next" button to enter the survey, I indicate my willingness to voluntarily take part in this study.

Demographic

The next 3 questions will gather information about your demographic:

Please indicate your age range:

- 18 - 25
- 26 - 39
- 40 - 49
- 50 - 59
- 60 - 69

70+

Which gender do you most identify with?

- Cis-Male
- Cis-Female
- Gender queer/ Gender Non-conforming / Non-binary / third gender
- Trans-male/Trans Man
- Trans-female/Trans Woman
- Prefer not to answer
- prefer to self-describe (Please use the space below)

Which racial or cultural group(s) do you identify with? Select all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Latinx or Hispanic
- Asian
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- Multiracial
- Prefer not to answer
- prefer to self-describe (Please use the space below)

Other

Please list the groups you are part of.

Does art play a part in any of the groups that you're a part of?

- Yes
- No

How does art contribute to the group? Please briefly describe.

If no, what connects you to the other group members? Please briefly describe.

Main Questionnaire

Please answer the following questions:

	1 (lowest)	2	3	4	5	6	7	8	9	10 (highest)
Rate your current mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate your current energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following section will inquire about your involvement and experiences in art practices, which encompasses a broad spectrum of everyday living. For instance, craft, visual, performance, and narrative forms used historically and contemporarily:

Are you part of any groups? Check all that apply.

- No
- Hobby or Special Interests (Ex/ running, backgammon clubs, etc.)
- Cultural
- Religious
- Industry groups

Do you practice any personal art making on your own?

- Yes
- No

How often do you practice any personal art making on your own?

- Daily
- Weekly
- Monthly
- Yearly
- Other (Please use the text box to write in response)

Where do you practice art making on your own?

What materials do you use for the art making on your own?

Do you participate in art practices, either alone or in a group, that has been handed down or learned from your community or culture? (could be considered a cultural practice like weaving, cooking, drumming, etc.)

- Yes
- No

How often do you participate in art practices, either alone or in a group, that has been handed down or learned from your community or culture?

- Daily
- Weekly
- Monthly
- Yearly

Other (Please use the text box to write in response)

Where do you participate in art practices that have been handed down or learned from your community or culture?

Who is involved?

What materials are used?

The following 4 questions will inquire about your personal connection to art as a healing medium:

Do you consider art practices to be healing?

- Yes
- No

What materials do you use to participate in art practices that have been handed down or learned from your community or culture?

Do you do any art making in a group, or art that is part of a cultural practice?

- Yes
- No

How often do you practice art making in a group, or art that is part of a cultural practice?

- Daily
- Weekly
- Monthly
- Yearly

Other (Please use the text box to write in response)

Where do you practice art making in a group, or art that is part of a cultural practice?

Do you believe art has the power to connect people?

- Yes
- No

Consider a time when you experienced a healing art experience in a group. Explain what components made your experience healing?

What are three words to describe what made the experience healing?

Is there anything else about collective healing or art practices that you would like for the researchers to know?

Please answer the following questions:

	1 (lowest)	2	3	4	5	6	7	8	9	10 (highest)
Rate your current mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate your current energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Powered by Qualtrics

APPENDIX D: Flier

**YOU'RE INVITED TO
PARTICIPATE IN**

**ART + COLLECTIVE
HEALING RESEARCH**

Graduate students from LMU's Art Therapy program are researching art making practices and collective healing.

Participate by filling out a quick survey via the QR code below



Conducted under the direction of Dr. Joyce Yip Green, Ph.D., LMFT, ATR-BC