

# ATOL: Art Therapy OnLine

## The Others

**Bronwen Gray**

*If health is about adaptation, understanding and acceptance, then the arts may be more potent than anything medicine has to offer (Smith, 2002).*

### **Abstract**

What you are about to read is an autoethnographic study of what it was like to work as an art therapist with urban Maori and Pacific Islanders who live on a housing estate in South Auckland. Given that autoethnography is a postmodern research methodology, you will not find neatly defined sections entitled literature review or hypothesis, or a nice neat answer to a question, because this is not how autoethnography works. Autoethnography blends ethnographic interests with life writing and as such is able to bring together an understanding of personal identity and cultural context (Franzosa, 1992). Rather than relying on more conventional approaches to research, the ultimate story has been deconstructed, the literature is woven through the research, assisting with the triangulation of the picture I paint.

It seeks to expand the gambit of what art therapy can include, and in particular when it is practiced at the margins, acting disruptively, which is the ultimate role of any fringe activity. By starting with my lived experience it reflects on the role that dignity has to play in producing optimum health and wellbeing. With a belief that the personal is always political, it seeks to be what Eyreman & Jamison, (1998 p. 22) refer to as both “truth bearing and knowledge producing.” Located within a human rights framework it recognizes that art therapy is not value free or apolitical, it is in fact the exact opposite, and as such, it should demand that we take action about the injustices we uncover.

Set on a housing estate in South Auckland, with a community that most had forgotten about or were afraid of, it is about the places some of us have to call home.

Would you like to come inside?

**Key words:** Autoethnography, human rights, Maori, Pacific Islanders, housing estates, rituals.

**Story number one: trusting that our embodied experiences produce knowledge**



Figure 1: matchbox one

When I was a child and annoying my mother, she used to give me and my sister a matchbox each and tell us to go and fill it with as many things as possible that we could find lying around the house. The object of the game was to see who could fit the most objects into this tiny space. This simple game, this idea of looking for and working with the discarded or the forgotten - with those objects that were not even noticed enough to consider getting rid of - is one of the principles that underpins my work as an art

therapist today. I have a long history of working in the fringes, with the forgotten and in working with 'the others' (Kapitan, 2012).

I do not remember when I first heard of the term art therapy, but I remember when I first saw it in action. I was six years old. I had only been able to see my dad a couple of times in the last year, we hadn't been allowed to visit him in his hospital room because of the severity of his injuries.

I do not remember much about my dad's accident. Just that the wife of the local police officer came to our school to pick my sister and I up, because mum had gone to visit dad in Switzerland. She said dad wasn't well, so we would have to come and live with her family for a while.

The police officer had told mum to pack her bags and go to Switzerland to say goodbye to her husband before he died.

Everyone tried to keep it very normal and we did not talk about mum or dad, about how long they would be gone or for how long we would live this way. We just talked about school and telly, sharing silly stories while we ate our dinner. Sausages, boiled potatoes, peas and soggy carrots, everything salted. I was not hungry. No one used the word death, although I remember it hung heavily in the air.

There were two beds in a little room separated by a small bedside table, and after the lights had been turned out and we were alone, I crawled into bed with my sister and we clung to each other like scared little kittens. The walls were covered with wallpaper that had huge orange flowers all over it. In their centre they were pure white, and with each

layer of the flower bloom, they graduated through shades of light pastel oranges augmented by beige shadows. In my mind I traced the flowers imagining my finger touching each layer from light to dark, and then back again from big to small until finally I fell asleep.

When dad was well enough to be moved back to England we would go to the hospital and the nurse would open the window and we were allowed to look in at him and tell him that we loved him. Grandma helped me up on to a little ledge and if I stood on my tiptoes and held on tightly to the window frame I could just see in the window. I knew it was him because of his height. My dad is tall. But I could not see any other part of him, just casts and bandages all over his body. Arms and legs suspended in the air and tubes going in and coming out attached to machines that dripped in fluids and beeped at regular intervals. Everything in the room was white, except for the shiny gray lino tiles that looked like they had been cleaned and polished a million times. The smell of disinfectant drifted out the window, strong antiseptic like the kind you had to walk through before you could enter our local public swimming pool. It was sharp on my nose and I could taste it in my mouth and feel it in my lungs. I did not like it. Mum was allowed in for a short visit, so Grandma sat on the grass with us outside the window helping us make daisy chains to wear around our necks and to decorate dad's window sill. At the end of the year my dad spent in hospital he came home with a small mosaiced table under his arm. Tiny neatly laid tiles, 12 tiles down, 24 across: only pink and white. It is the only attempt at making art that I ever saw my dad engage in. I told him how much I liked it. Dad told me how much he hated it. He said, "The doctor said it would help me. I was forced to do it and I hated every painstaking moment of it."

The table sat in the garden weathering the elements gradually deteriorating over time. When we moved to Australia it got put in the 'to burn' pile and was never mentioned again. It did not assist dad with his re-entry into the real world as a husband, father and

provider, instead it represented his feelings of guilt and inadequacy that his accident had left him with.

My experiences of my dad's engagement with art making as a healing tool tells me that making art in clinical settings does not always help people cope out in the real world or promote wellness. It instilled in me a belief that as therapists, we need to experience and understand how the environment impacts on how a client lives to understand how it contributes to their stresses. It needs to lead to action in order for the client to move to a space where they can again become contributing members of a community (Block, Harris, & Laing, 2005).

As a result of this embodied knowledge, as an art therapist I do not choose to work in clinical settings, rather I like to work with communities on projects that matter to them collectively. As a therapist and artist, I embrace the mission statement of Counsellors For Social Justice, which believes that the focus of our work implies that we use 'social advocacy and activism as a means to address inequitable social, political and economic conditions that impede the academic, career, and personal/social development of individuals and communities' (Ratts, 2009). I suspect that my personal commitment to human rights is also tied to my fathers' accident. Although the accident happened whilst he was at work, he was not offered any compensation. Instead he was sacked, and classified 'a liability' to the firm, a large multinational corporation with an annual profit for shareholders in the billions.

**Story number two: everyone has a story to tell**



Figure 2: matchbox two

I would often ask dad about the accident and sometimes he would tell me what it had been like to die. He said it felt warm and there was a bright white light that he felt he should move towards, but then at the last minute the hole where the light was coming from would close up and he felt like he was being pulled back down to the ground. I thought dad was very lucky to know this and that I was lucky also. I had a great story to tell my friends - as close to an urban myth as you could get. A story about how my dad, the hero, died three times, broke every bone in his body, punctured his lungs but still managed to survive falling out of that window. No one was ever going to top that in the schoolyard, believe you me! But when I probed a little deeper, as a teenager to talk about how it had changed our lives, he would get angry and defensive. He would say,

“It’s none of your business to know these things. It’s not your story. It did not happen to you and you should leave it alone.”

But it did happen to me. It happened to all of us. As a family we shared a critical moment in time together, each creating our own internal narrative that has influenced how we live our lives and I do have a story to tell. I do not purport to tell the same story that any other member of my family might have to tell. Just as I do not purport to tell the story of my work on housing estates as the essential version of the facts. I choose only to represent myself and acknowledge that the individual is always best situated to describe his or her own experiences more accurately than anyone else. Truth will always be pluralistic and relative (Duncan, 2004) and that is why I choose autoethnography as the methodology for this research. I choose this methodology out of deep respect for the people whom I have shared critical moments in time with and as a political statement that commits to human rights principles of freedom of choice, the right to control one’s identity.

Autoethnography is a self-focused form of research, which uses first person dialogue to add insight into either the ethnography of one’s own group or into autobiographical writing that has ethnographic interest (Reed – Danahay, 1997). Sitting within the postmodern paradigm, it blends ethnographic interests with life writing and as such is able to bring together an understanding of personal identity and cultural context (Franzosa, 1992). Its purpose is firstly to acknowledge the validity of the subjectivity of the researcher’s experiences (Foster, 2006), and secondly, as a self-reflective practice, to draw upon those experiences for the purpose of extending the understanding of the issues being considered (Sparkes, 2000).

As a methodology it has, in the past, been criticized for being self indulgent or narcissistic (Atkinson, 1997; Bleakly, 2000; Sparkes, 2000), demonstrating an extraordinary absence of social context, social action, and social interaction (Atkinson, 1997). However, Roth (2005) asserts that when we write about ourselves, we will

always be talking about society collectively, because society only exists in and through our membership.

Pereira (2005) identifies autoethnography as a transformative tool which allows us to examine critically and creatively the ways in which our own moral values impact on our everyday choices and decisions. Whilst still viewed with some distrust within the research community, autoethnography is increasingly being recognised as a valid method for conducting research (Duncan, 2004) and has been welcomed by many within the therapeutic community (Clarke, 2002). No longer is it seen as a method engaged in a purely one sided subjectivity and introspection, but instead becomes a window which throws new light on matters beyond itself (McNiff, 1998).

As a methodology located in postmodern thinking, autoethnography sits on a continuum encompassing analytical, critical, collective and evocative approaches to the research. At one end you have what is referred to as analytic autoethnography and at the other end you have what is referred to as evocative autoethnography (Muncey, 2010), which is where this research sits. All are equally valued branches of the methodology in different circumstances. At the analytical end of the continuum, the research encourages the inclusion of theory and analysis within an auto ethnographic context and encompasses 3 main qualities which are that 1) the researcher is the subject of the research, 2) that this is made explicit in any and all presentations of the research and 3) that the research has an analytical intent.

In contrast at the other end of the continuum, evocative autoethnography relies more heavily on the lived experience to tell stories about wider shared issues, but where the reader is entitled to discover these stories for themselves. Evocative autoethnography advocates for a very personal form of storytelling, which 'brings us into lived experiences in a feeling and embodied way' (Ellis & Bochner, 2006, p. 439). Like other forms of artistic endeavour, whilst the artist may have intention behind the work created, the viewer is also entitled to make their own meaning. The intention in evocative

autoethnographies is, by placing the emphasis on the story rather than on the analysis of the story, to ensure that the research (the personal narrative) is not diluted or negated as valid data (Muncey, 2010).

Adams and Holman-Jones (2008 p. 375) state that

*Autoethnography is an effort to set a scene, tell a story, and create a text that demands attention and participation. It makes witnessing and testifying possible and puts pleasure, difference, and movement into productive conversation.*

Because autoethnography combines ethnographic interests with life writing, the criteria for determining whether the research is good or bad is determined in quite different ways to the traditional criteria used for scientific research (Ellis & Bochner, 2000; 2006).

Ellis (2000 p. 273) states:

*(I want) to feel and think with the story, be immersed in its flow (as in a good novel) and afterwards be unable to stop thinking or feeling what I've experienced and ultimately, be evoked narratively.*

From there, her interests gravitate to the bigger picture – what she has learned from the writing – its goals, claims, achievements and ethical considerations. It is the ethical issues that interest me the most: the ethics of being an art therapist as well as the ethics attached to the business of marginalization. Collectively they speak to human rights.

The therapeutic efficacy of using art as a tool for social change within community settings is a well-established component of the art therapy theory and practice (Gersie, 1995; Golub, 2005; Hocoy, 2005; Kapitan, 2008; Kaplan, 2007; Malchiodi, 2007, Gray 2012). Rossetto (2012) identified that art therapists who work within this paradigm have a world view that values their connectedness to society, which as a result of their interconnectivity implies a responsibility for challenging hegemonic assumptions about

what and whom is valued (Gray, 2012). It acknowledges that the work we engage in is not value free or apolitical, and as such it demands an active commitment that seeks to transform the lives of those members of our community whose value has been discarded.

The others.

Self-esteem and confidence are the most commonly cited benefits by participants in community based arts activity, with particular significance in the alleviation of mental health issues (Matarasso, 1997). Central to self-esteem is dignity, and Richard Horton, editor of *The Lancet*, has noted the potential importance of this as a health and human rights issue (Horton, 2003). Horton argues that dignity is a global issue in healthcare and medical ethics and that health economics must be sensitive to it. Using creativity to enhance social relationships, is also reflected in growing evidence that good relationships and social status are major determinants of health (White, 2006). Johnathan Mann, an official with the World Health Organization actively promoted that health and human rights were linked and that these fields overlapped in their desire to promote health and wellbeing whilst decreasing premature death. He states:

*Injuries to individual and collective dignity may represent a hitherto unrecognized pathogenic force with a destructive capacity towards physical, mental and social well-being at least equal to that of viruses and bacteria (as cited in Gostin, 2001).*



islands separated by water, that in fact, if the water was drained away, we would see that we are one land mass – sharing the one planet. Maori and Pacific Island models of health and wellbeing are also built on principles of connectivity. Through their worldview, equal emphasis is placed on the physical, spiritual, family and mental health of an individual (Durie, 1994; Pulotu-Endermann, 2001). The belief is that if one of the four dimensions is missing or out of balance, a person will not have optimum health (Durie, 1994). When confronted with a problem, Maori and Pacific Islanders do not seek to analyze the separate components or parts but instead work holistically, considering the larger context in which it resides. Healthy thinking for Maori and Pacific Island people is about relationships – they acknowledge their interconnectedness not only with extended family but also with the environment in to which they were born.

Evidence suggests that as kinaesthetic learners, Pacific Islanders (including Maori) express their history, stories and values symbolically rather than placing an emphasis on writing. Communication through emotions is important and more meaningful than the exchange of words, for example, to show how you feel, rather than talking about your feelings, is regarded as healthy (Ministry of Health – Manatū Hauora, 2014). Pacific Islanders (including Maori) are also social learners preferring to work on projects collectively rather than individually (Gray, 2012).

With the emphasis on building self-esteem and confidence, recognising and operating within the worldview of who in New Zealand society are often treated as ‘the others’, becomes of increased significance. In this instance, the generalized ‘other’ refers to less powerful groups that form part of our society, whose position results in them needing to be feared and oppressed as a result of differing belief systems, which is often referred to as ethnocentric monoculturalism (Talwar, Lyer, & Doby - Copeland, 2004). Research shows that in communities where a person’s cultural values are not reflected back to them results in higher levels of self loathing (Gray, 2012), which translates into higher rates of suicide and suicide related behaviour (Else, Andrade, & Nahulu, 2007).

**Story number four: Working in South Auckland – the deficit approach**



Fig 4: matchbox four

It is my first day on the Rata Vine housing estate and I drive around the streets. It is the summer holidays and kids lie on car bonnets, like sleepy cats - doing nothing - probably told to give mum a break and play outside, if a parent is home at all. This is South Auckland – the largest pacific island city in the world, which also contains the largest

percentage of government owned housing in the country (Housing New Zealand, 2009). On the housing estate, where I work, 96% of the community identify as Urban Maori or Pacific Islanders (Bullen, et al., 2008), all dislocated. The estate rates ten out of ten on the New Zealand deprivation index (Crampton, Salmond, & Kirkpatrick, 2000), and as a socio-economically depressed area, the residents live in cramped conditions and are at greater risk of developing avoidable health conditions (Bullen, et al., 2008; Mc Nicholas, Lennon, Crampton, & Howden - Chapman, 2000) or of being diagnosed with mental health disorders (Gray, 2012; Greene, 2000).

Sitting isolated from all public services and facilities, the one piece of public open space is a park, located on top of a hill. It has an old basketball hoop on a concrete slab that is heavily graffitied and covered in broken glass. A few rocks have been placed to the side for people to sit on. A gang of teenage boys wearing black jeans and hoodies huddle together flicking cigarette butts across the court. The police know them all and most have charges waiting to be heard in court. The only other infrastructure is a milk bar and a public phone, which has had all the glass kicked out of it. The surrounding houses all sit on a flood plain, water regularly pools under houses, leading to homes that encourage respiratory and other health problems (Bullen, et al., 2008; Pilotto, Douglass, Atterwell, & Wilson, 1997). Thick black mould regularly grows on the inside walls of the houses as a result of the dampness. The only way to stop its spread is to keep windows open but the trade-off is that then the houses are cold and drafty and easily broken into. In the original builds electric wall heaters were placed in the hallways more often than not close to front doors rather than in the living spaces. They heat small pockets of the houses that no one ever uses. Where recent upgrades have been done, new reverse cycle heating has been placed in the living rooms, but the residents learn not to use them – the lack of insulation in the houses makes them expensive to run and puts them even further in debt. Overcrowding is commonplace. Culturally Maori and Pacific Islanders have large families, often producing six to ten children (De Raad & Walton, 2008) and it is not uncommon to have three generations of whanau (family) living under the one roof. (Bullen, et al., 2008). In all of the houses I visit, garages had been

converted into bedrooms and in some instances house entire families. Substandard housing, such as these have been linked to poor mental health (Greene, 2000; Kearnes, Smith, & Abbott, 1991), as tenants are reluctant to invite neighbors into their homes, which results in social isolation and to a community that 'lacks cohesion, trust, a sense of belonging and therefore well-being' (Kearnes, 2004). Individuals from socioeconomically depressed areas are proportionately over represented in the justice system (Latu & Lucas, 2008), and the estates are perceived as a wider social and political problem, largely because of the crime-generated power that operates from out of them (McCulloch, 2000).

### **Story number five: multiple narratives – the asset based approach**



Fig 5: matchbox five

But this is just one view of life on a housing estate, and the story I want to tell is one of hope, about a community that worked together and used their creativity to take a stand against local violence. And this is possible, because postmodernity has challenged the belief of certainty that only one truth can exist; but rather it is more likely that multiple stories are occurring in the same moment of time (Gray, 2011). Whilst postmodernity as a context for Art Therapy may be a relatively new player, (Alter-Muri, 1998; Byrne, 1995; Hocoy, 2005; Hogan, 1997; Kapitan & Newhouse, 2000; Riley, 1996; Riley, 1997; Riley & Malchiodi, 1994; Semekoski, 1998; Talwar, 2010), its concepts are not. Recognizing the right of multiple narratives to be present at any one time is consistent with core family therapy theories (Gray, 2011).

As an act of sheer single mindedness, a small group of residents door knock every home on the estate and surveyed the residents about what their concerns were about the neighborhood. The highest-ranking concern was activities for the children followed by concerns for safety. International research indicates that in poverty-stricken neighborhoods, after school hours represent a period of significant risk, because it provides opportunities for children to engage in illegal activities, have unprotected sex, use illegal substances and experience greater vulnerability to negative peer pressure (Carnegie Taskforce on Adolescent Development, 1992). In South Auckland it is when the gangs recruit. Killer Bees, Black Power, Mongrel Mob – you name them they're all out here, riding through the streets on motor bikes, their guns and machetes clearly visible. For those who have lived on the estate for a while, the gangs pose little threat: they have all intermarried, but for the teenagers the opportunity to be initiated is always present – the kids wear their colours openly and call themselves the baby gangstas. They run drugs, act as lookouts when the shop is regularly robbed and break into each other's houses, stealing what little property their parents may have.

I've been working with the residents for a while, creating communal sculptures and organizing community events that bring them together to celebrate their uniqueness.



Figure 6: Rata vine community fence project



Fig 7: Rata Vine mosaic project

But it is winter now and the opportunities to work collectively diminish, as there are no indoor community spaces in the neighborhood. Make your problem your solution - that's what I tell myself. So I talk to the residents about having a lantern parade – a parade through the streets at dusk as a way of symbolically talking about safety in the area. Lantern parades have traditionally been used as part of cultural and religious ceremonies (Vaughn & Canfield, 2010). However, they are also becoming popular in western culture and are used ritualistically to address political concerns (Kershaw, 1992).

As (Warner, 2001) states, a ritual takes a form of action and has to do with relationships between self and others, or among a group of individuals or a community. Rituals allow us to take back our power and see how events in our lives have come together to form meaning. They form part of the art therapy spectrum, as Jung recognized their existence in both his own and his clients' dreams and art making (Malchiodi, 2003).

The intention is to create an opportunity for the residents to experience their collective strength and to actively acknowledge their basic human right to be in control of decisions that impact on their lives. As a form of empowerment it gives the residents the opportunity to tell the wider community – policy makers and others in positions of power – about what matters to them. These individuals hold powerful resources, which they use to construe meaning, which they then allocate depending on the meanings they have made. Staff from the local council tell me they have had money allocated in their budget that is dedicated to be spent in this area. It's been sitting there for years, but no one has ever visited the estate or asked the residents what they need. They just keep rolling the money over from year to year, driving right past the estate wondering what happens there.

I work with the local school that the kids attend and with the help of the teaching staff, and a small group of residents every child creates their own unique lantern. Community workshops are also held. I go home each night covered in glue, my fingers aching from bending wires. I have no idea who or how many residents will take part, as it is voluntary for staff from the school and it will be cold and dark. Alcohol is the drug of choice amongst adults on the estate, and I am not sure how many will stay sober enough to bring the kids to the event. I shouldn't have worried, those kids who know their parents can't make it meet me after school offering to help with odd jobs. Their parents don't notice, their kids will just come home a little later tonight. I know that the baby gangstas will be attending – as I have done a deal with their parole officer to have their involvement in the event as safety marshals counted towards their community service hours.

I have arranged for the local catering college to make enough soup and bread rolls to feed those who march; the community police (Maori and Pacifica wardens), local councilors and the police have agreed to walk with the families and in an absolute gift of a spectacle they stop traffic on the four-lane highway that separates the estate from the rest of the world, sirens blazing, glow banners waived to stop cars asking them to respectfully wait until everyone has crossed the road. The plan is to march and chant and to fire our lanterns with glow sticks. I am stressed at the unknown nature of the event. After a sleepless night it turns into a 15 hour day – once it begins no one wants to leave. The noise is deafening, the streets electric - 450 people marched that night, taking their place on the streets, celebrating together. Faces I have never seen before walk the streets together – they leave their patches at home. A moment of warmth and light in a place they call home. The parade sought to raise the issue of safety above the “everyday to the archetypal or heroic so we could see more easily the relationships and the patterns that connect people and positions could be seen more easily” (Sarkissian, 2010), reaffirming the community's desire to keep their community free from stigma, fear and intimidation (Sarkissian, 2010).

As a result of the celebration, The Maori and Pacifika wardens now walk the streets of the housing estate as part of their evening activities. The local police started working with Whanau to include them in processes of restorative justice; and for just one night I know that 450 members of that community went to bed with full bellies.

## Conclusion



Figure 8: Matchbox six

Postmodernity offers us the freedom to engage in improvised strategies, which cultivate dedication, reflexivity and creativity (Taylor, 2005). It seeks to empower individuals and communities to be proactive in decisions that affect their lives challenging the right of

organizations to impose roles, rules and procedures upon them (Taylor, 2005). Although I share some common features with this community, I am not a resident. I walk a fine line when it comes to making offers to the community but as part of a commitment to human rights, the lantern parade is couched as an act of co-creation. I offer a process that provides an avenue for the community to express collectively their lived reality. Together they allow for change to take place.

Autoethnography, which is a form of postmodern research, allows us to use our creativity and our embodied knowledge to examine assumptions about facts that we have been presented with, giving us the ability to consider how we might make better professional choices in the work we undertake. Much has been written about human rights, predominantly as a legal construct, however, the concept of human rights is not complicated. It is a reciprocal arrangement that acknowledges every person's right to be treated with dignity and for them to be in control of their own destiny. This is because human rights only exist if we accept that we are part of a community with others (Ife, 2010).

Human rights, including the right to cultural expression, adequate shelter, freedom from fear and a right to wellness are the birthright of every individual and as such they place on us an obligation to act ethically to ensure they are enacted (United Nations, 2004). However I now believe that poverty is not only about adequate housing, access to education or about having money in the bank. Rather it is about generations of loss of dignity. In accepting that, as an art therapist, I work within a human rights framework, I am not able to 'turn my back on the need for social/political action because it is a natural part of the process' (Lewis, Lewis, Daniels & DeAndrea, 2011 p. 206). Working with communities and revealing how political systems affect them are two aspects of the same task (Lewis et al, 2011) – that is to heal cultural wounds (Vellet, 2012).

Art making, including storytelling, is considered to be a universal human behavior, which has always been a part of our personal and interpersonal communication (Malchiodi, 2007). As such, it is a basic human right. So it makes sense that art therapy would be an ideal modality for working with marginalized communities to assist them in finding ways to exercise their own human rights. For me as an art therapist, this means working where the client has the most ability to affect change in their life – in their own lived environment.

*It's important for us to understand the power of our words, and the act of sharing the work that we do in terms of civil and human rights. There's tremendous power and empowerment in sharing these stories. When we share these stories and talk about our lessons learned or our struggles, that creates community (Gardner, 2013).*

As McNiff notes; advances in civilization and healing have always been 'tied to the transformation of tragedy, loss, crisis, and the endless injustices and pathological conditions of life through acts of creative imagination' (McNiff, 2011 p. 83).

In the twenty first century two-thirds of the world still live in environments where all they want is to live a life where there is freedom from fear. For those of us lucky enough to live otherwise, our task is not to fear our freedom.

## **Biography**

Bronwen is a freelance artist, art therapist and educator who has worked in a multitude of creative settings and is happy working with many different media. For five years she was the Director of the Masters of Arts Therapy program offered at Whitecliffe College of Art and Design in Auckland New Zealand, and was previously the head of Faculty in Art Therapy at the Phoenix Institute in Melbourne Australia. Bronwen's work has been

recognized as international best practice and has been exhibited and discussed in international forums in the United States, England, Portugal, Finland, Sweden, Australia, New Zealand and Mexico. Her most recent works, *Unreserved* and *Homeless myths and memories*, which are digital story telling projects have been accepted into the permanent collection of the Australian Centre for the Moving Image in Melbourne.

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