


Polyphonic bricolage and cultural humility: A framework for reimagining art therapy practice in the Afro-Caribbean context

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Bio

Kim Valldejuli is a board-certified registered art therapist and doctoral candidate in Drexel University's Doctor of Creative Arts Therapies programme. Valldejuli is the president of the Art Therapy Association of Trinidad and Tobago and associate editor for the *International Journal of Art Therapy*. Her research explores traditional healing practices in the Caribbean diaspora and their implications for art therapy practice and pedagogy.

Abstract

This article proposes polyphonic bricolage, a concept introduced by Schmidt (2006), that embraces the dynamic blending of diverse cultural influences as a tool for addressing the psychosocial needs of Afro-Caribbean clients in art therapy. Eurocentric art therapy models often fail to account for the cultural complexities of these communities, resulting in marginalisation and inequitable practices. Polyphonic bricolage offers a lens for understanding the shifting cultural identities of Afro-Caribbean clients, emphasising their fluidity, agency, and identity formation. When integrated with cultural humility, it highlights the art therapist's role in fostering therapeutic alliances and ensuring equitable practice. By cultivating self-reflexivity and flexibility, art therapists can recognise biases and create spaces that honour clients' lived

experiences. This integrated framework encourages culturally responsive interventions that build trust, empower clients, and lead to meaningful therapeutic outcomes. A brief supervision vignette demonstrates how a lack of cultural understanding can cause harm and illustrates the importance of culturally attuned practice. Ultimately, combining polyphonic bricolage with cultural humility provides a pathway for art therapists to engage Afro-Caribbean communities in a more responsive, fair, and empowering way.

Keywords: Polyphonic bricolage, art therapy, Afro-Caribbean, cultural humility, cultural sensitivity, culturally responsive practice, therapeutic alliance

Conceptual foundations: Polyphonic bricolage and cultural humility

This article proposes polyphonic bricolage and cultural humility as an integrated theoretical framework for reimagining art therapy practice in the Caribbean context. Grounded in both decolonial and relational paradigms, as articulated by Chilisa (2020) in her advocacy for Indigenous methodologies that prioritise relational accountability, community participation, and the centring of local knowledges, this framework provides the conceptual lens through which the psychosocial realities of Afro-Caribbean communities and the brief supervision vignette presented later are analysed and interpreted throughout the paper. Polyphonic bricolage emphasises the dynamic blending of cultural voices, histories, and practices, reflecting how Afro-Caribbean identities emerge through processes of adaptation, negotiation, and creativity. Cultural humility complements this by foregrounding reflexivity, openness, and ethical engagement, positioning the therapeutic relationship as an evolving, co-created space rather than a fixed or hierarchical one. Together, these principles offer a responsive and transformative approach that resists static, Eurocentric interpretations of art therapy and instead centres cultural complexity, lived experience, and collective meaning making.

Recognising that Eurocentric frameworks limit the application of art therapy practice in non-Western contexts, this article offers a culturally responsive perspective inspired by firsthand experiences as an Afro-Caribbean art therapist. Recent work by Donald (2025) highlights the rise of community-based and culturally grounded art therapy in the

Caribbean, emphasising the role of creative expression as both a healing and methodological process. Similarly, interdisciplinary scholarship (Kaimal & Arslanbek, 2020) situates artmaking as a bridge between communal resilience and individual transformation. The specific psychosocial forces at work within Afro-Caribbean communities are discussed, including the impacts of family and intergenerational dynamics, the blending of philosophical, spiritual, and healing practices derived from multiple cultural influences, the experiences of stigmatisation that make trust a critical issue, and the sociocultural barriers to accessing therapy (Gallimore et al., 2023; Hickling & Hutchinson, 1999; Robinson et al., 2021; Sutherland et al., 2013).

The polyphonic bricolage and cultural humility framework directly engages the psychosocial forces shaping Afro-Caribbean well-being, thus providing a contextually grounded methodology aligned with Chilisa's (2020) emphasis on knowledge systems that emerge from lived experience and relational ethics. By weaving together these elements, the framework provides a fluid, culturally grounded, and ethically attuned model of art therapy that honours Afro-Caribbean worldviews, fosters creative agency, and promotes both personal and collective healing.

Clinical and personal motivation

As an Afro-Caribbean woman and art therapist, my journey into the field has been profoundly shaped by my identity, cultural background, and professional experiences. I completed my art therapy training in the United Kingdom and began my career working for a children's charity in inner-city London. These early years as a clinician and team leader provided invaluable lessons that continue to inform my practice.

In my role, I supervised over twenty-five clinicians and trainee practitioners from disciplines such as social work, psychology, and therapy. Our work primarily supported schools in low socio-economic areas with large migrant populations, many of African and Caribbean heritage. Across these contexts, I witnessed a recurring challenge: a cultural disconnect between clinicians and the clients they served. Misunderstandings and biases, particularly regarding Afro-Caribbean family structures and values, often hinder therapeutic engagement, revealing the need for culturally informed frameworks and deeper cultural humility in practice. Many clinicians admitted feeling unequipped to address the concerns of clients from African and

Caribbean backgrounds, resulting in a disproportionate referral burden on Black therapists and exposing systemic inequities and emotional labour within the organisation.

One vivid example of this occurred during an informal supervision session with a social worker who was mapping a client's family structure using a genogram, a therapeutic diagram used to visually represent relationships and family dynamics across generations (McGoldrick et al., 2008). The client, a young person of Caribbean descent, was living with a relative in the United Kingdom while their parents remained in their home country, a common caregiving structure in transnational Caribbean families shaped by migration and kinship reciprocity (Arnold & Barnes, 2011; Crawford-Brown, 1999). The social worker expressed surprise and dismay as they related the client's complex family caregiving/relational structures. To me, this response reflected a Western perspective that assumes the nuclear family model as normative (Falicov, 2003). However, in contrast, Afro-Caribbean understandings of family are collectivist and relational, grounded in shared caregiving and mutual obligation (Nakhid-Chatoor, 2022; Ramkissoon et al., 2008). This distinction underscores what Sutherland (2011) describes as the tension between Eurocentric individualism and African-centred relationality in mental health frameworks. To me, the social worker's reaction underscored the broader issue: many clinicians struggled to navigate cultural nuances and often approached cases with assumptions rooted in dominant cultural norms. Sharing a similar Caribbean background as the client, I reflected deeply on the discomfort I experienced during the conversation. As an Afro-Caribbean woman and a single mother who had left my daughter in the care of my parents in the Caribbean while I studied in the United Kingdom, I recognised this family dynamic as a common cultural practice. I reflected on the importance of a broader understanding of such practices and how perceptions may stigmatise clients. The Western lens often assumes individual autonomy as the foundation of psychological health, privileging nuclear family systems and rational expression (Falicov, 2003). In contrast, Afro-Caribbean epistemologies emphasise interdependence, collective caregiving, reflect resilience, family adaptability, and the spiritual dimensions of family life (Arnold, 2006; Donald & Brock, 2023; Donald et al., 2024). This divergence reflects broader cultural ontologies that locate healing within community and ancestry rather than solely within the individual psyche.

This experience, and many others like it, fuelled my commitment to advocating for culturally sensitive therapeutic practices. It reinforced the importance of understanding clients' cultural contexts, not just as background information but as integral to effective and empathetic care. My personal and professional motivation stems from a desire to bridge these cultural gaps and to empower clinicians to engage with their clients in ways that honour their lived experiences, cultural values, and unique perspectives. These motivations continue to guide my work as I strive to challenge dominant narratives, deconstruct cultural misunderstandings, and promote equitable therapeutic practices that respect and affirm the identities of Afro-Caribbean and other marginalised populations.

Background

The Caribbean's mental health landscape cannot be understood apart from its historical and socio-political roots. Nicolas and Wheatley (2013) argue that legacies of colonialism shape the region's psychological realities. Colonialism disrupted Indigenous and African systems of healing and selfhood, replacing them with Western psychiatric models that invalidated local expressions of distress (Hickling & Hutchinson, 1999; Sutherland et al., 2013). The resulting fractures in cultural identity and collective memory have contributed to internalised oppression and the underutilisation of mental health services (Ward & Hickling, 2004). Hickling (2012) additionally describes a Caribbean "post-slavery consciousness" marked by collective trauma, mistrust of formal institutions, and resilience sustained through cultural continuity.

Within this context, art therapy and the broader creative arts therapies have been critiqued for their Eurocentric foundations, which often fail to engage non-Western epistemologies or culturally embedded ways of healing (Donald, 2025; Hocoy, 2002; Kapitan, 2023; Park & Ramirez, 2021; Talwar et al., 2004). These models privilege individualism, rationality, and pathology over relational, spiritual, and embodied knowledge (Talwar, 2010). As Hocoy (2002, p. 141) observes, "the most central issue concerns the potential for art therapy to perpetuate Western imperialism", and describes the tendency of Western therapeutic traditions to pathologise, marginalise, and misinterpret cultural expressions.

Art therapy models grounded in Eurocentric values and beliefs are ill-suited to Afro-Caribbean contexts, where spirituality, community, and

ancestry are central to well-being. These models frequently overlook collective healing, nonverbal communication, and the significance of kinship and ritual, as well as the symbolic power of traditional materials and motifs (Nakhid-Chatoor, 2022; Westlich, 1994). This exclusion weakens the therapeutic alliance and marginalises the lived realities of clients whose understanding of health is inherently communal (Prince, 2001; Sutherland et al., 2013). Moreover, Eurocentric systems have historically pathologised Indigenous practices, reinforcing stigma and structural inequities within therapeutic spaces (Campinha-Bacote, 2002; Tervalon & Murray-Garcia, 1998). Without awareness, practitioners risk perpetuating colonial hierarchies and fail to address the enduring impacts of structural violence and systemic oppression (Farmer, 2004; Metzl & Hansen, 2014). The omission of traditional belief systems and healing practices from art therapy training further compounds inequities, leaving practitioners underprepared to meet the needs of Afro-Caribbean clients (Moodley & West, 2005).

To counter these limitations, emerging frameworks call for culturally grounded and relational approaches to healing. Donald et al. (2024) emphasise the interconnectedness of spirituality, community, and health. Additionally, the spiritual-therapeutic interplay (SpTI) (Valldejuli & Belnavis Elliott, 2025) integrates creativity, ancestral wisdom, and Afrocentric philosophies such as Sankofa, positioning art therapy as a relational and restorative process. As Valldejuli and Belnavis Elliott (2025, p. 1) note, “Caribbean spirituality challenges Western individualistic models by framing healing as relational and culturally embedded”. This approach aligns with polyphonic bricolage, which emphasises multiplicity, historical recovery, and creative expression as pathways for decolonial healing.

Overall, recent Caribbean scholarship (Donald et al., 2025; Soo Hon, 2021; Valldejuli & Belnavis Elliott, 2023/2025) underscores the urgent need for art therapy models that move beyond Eurocentric frameworks to engage meaningfully with the cultural hybridity and lived realities of Caribbean communities. These studies call for approaches rooted in cultural humility, relationality, and historical consciousness, principles that acknowledge how identity, spirituality, and collective memory shape healing (Donald et al., 2025; Valldejuli & Belnavis Elliott, 2023/2025). Together, they signal a growing recognition that therapeutic practices must not only be inclusive but also responsive to the complex social, historical, and spiritual ecologies of the region. Building on this foundation, the following section explores the

specific psychosocial needs of Afro-Caribbean communities, identifying the cultural and systemic factors that influence access, trust, and pathways to healing within therapeutic contexts.

Specific psychosocial needs of Afro-Caribbean communities

Afro-Caribbean communities experience complex psychosocial realities shaped by histories of enslavement, colonisation, displacement, and ongoing systemic inequities (Farmer, 2004; Fletchman-Smith, 2011; Nettleford, 2000/2004; Taylor, 2001). These legacies have profoundly influenced how health, illness, and healing are understood, privileging relational paradigms over individualistic biomedical models (Forde, 2022; Sutherland et al., 2013). Within Afro-Caribbean worldviews, well-being is often conceived as balance among body, spirit, and community, a holistic orientation that resists Western notions of pathology while centring resilience, collective care, and ancestral continuity (Donald, 2025; Nakhid-Chatoor, 2022; Prince, 2001).

Psychosocial challenges are further shaped by migration, intergenerational trauma, stigma, and systemic inequities (Arnold & Barnes, 2011; Donald et al., 2024; Sutherland et al., 2013). These include family fragmentation through migration, mistrust of Western systems, and the marginalisation of traditional healing knowledge (Arnold, 2006; Arnold & Barnes, 2011; Sutherland et al., 2013). As Soo Hon (2021) demonstrates in her participatory ethnographic research with youth in Trinidad and Tobago, art-based cultural practices offer vital tools for collective expression and psychosocial well-being in communities affected by violence and displacement. Such findings reinforce the importance of integrating culturally resonant creative and communal practices into therapeutic frameworks. Addressing these needs requires therapists to respect family dynamics and intergenerational impacts, honour blended spiritual practices, destigmatise mental illness, and advocate for equitable access to care.

Family dynamics and intergenerational impacts

Family structures in the Afro-Caribbean diaspora are shaped by dynamic cultural, economic, and migratory influences. Jamaican social worker and professor Claudette Crawford-Brown (1999) coined the term “barrel children” to describe those raised by extended family while parents migrated for work, challenging stigma and highlighting their unique struggles (Noel,

2017). Such caregiving reflects resilience and adaptability but can also create emotional challenges, including attachment issues and feelings of abandonment (Arnold & Barnes, 2011; Noel, 2017). These complexities are often misinterpreted within dominant cultural frameworks (McLean et al., 2003).

Migration profoundly shapes intergenerational relationships. Arnold (2006) found that Caribbean women separated from their mothers in childhood and later reunited in the United Kingdom often faced disrupted attachments and difficulties with trust and belonging. Donald et al. (2024) similarly note that these cycles of separation and resilience influence the psychosocial functioning of Caribbean families, with creative and spiritual resilience playing key roles in rebuilding connections and self-worth.

The Caribbean concept of family is expansive, extending beyond blood ties to include non-relatives and community members (Ramkissoo et al., 2008). Family structures range from nuclear and single-parent families to extended, blended, and 'shifting' families shaped by migration. Processes of immigration, acculturation, and reunification contribute to significant mental health strain as individuals navigate displacement, adaptation, and disrupted familial bonds (Arnold & Barnes, 2011; Sharpe & Shafe, 2016).

To effectively support Afro-Caribbean families, art therapy must adopt a sociocultural lens that honours the fluidity of these family forms and recognises communal caregiving as a cultural strength rather than a deficit. Culturally responsive interventions that integrate storytelling, symbolic artmaking, and intergenerational dialogue can help restore belonging, process loss, and affirm the enduring resilience embedded in Afro-Caribbean kinship systems.

Blended practices within the Caribbean

Beyond the complexities of family dynamics, the blending of diverse cultural elements also significantly shapes the mental health and well-being of Afro-Caribbean communities (Hope et al., 2020; Robinson et al., 2021; Williams et al., 2007). Afro-Caribbean identities emerge from a synthesis of African, European, and Indigenous influences, an evolving cultural hybridity born out of colonisation, displacement, and resilience (Nettleford, 2000/2004; Oluwapelumi, 2022; Taylor, 2001). This blending, referred to here as blended practices, encompasses the creative integration of spiritual, artistic, and

healing traditions drawn from multiple heritages. Examples include the fusion of Christianity with African cosmologies, resulting in distinctive systems such as Obeah, Revivalism, and Vodou (Meyer, 2025; Olmos & Paravisini-Gebert, 2001; Sutherland et al., 2013). These hybrid systems reflect the adaptability and creativity of Afro-Caribbean people, who reimagined inherited traditions to form empowering and meaningful practices that resist erasure and affirm identity (Nettleford, 2000/2004; Oluwapelumi, 2022; Taylor, 2001).

Within this cosmology, spirituality is inseparable from health, identity, and collective well-being. Practices such as herbal medicine, drumming, storytelling, and ancestral reverence rituals, often expressed through rituals, prayer, and symbolic artmaking, embody relational ways of restoring balance and connection (Meyer, 2025; Nakhid-Chatoor, 2022; Sutherland et al., 2013). As Meyer (2025) notes, rituals and art forms in Tobago continue to function as acts of faith and heritage preservation, blurring boundaries between spirituality, community, and performance. The integration of African spiritual systems with Christianity reflects a dynamic negotiation between resistance and adaptation (Olmos & Paravisini-Gebert, 2001; Nicolas & Wheatley, 2013), nurturing cohesion and serving as cultural affirmation amid histories of oppression and displacement (Powerful, 2021). As Sutherland et al. (2013) and Valldejuli and Belnavis Elliott (2025) observe, such practices represent “spiritual agency”, the capacity to heal through relational and ancestral engagement. Within this worldview, artmaking becomes both remembrance and resistance, a means of reweaving fractured histories through creativity. As Valldejuli and Belnavis Elliott (2025, p. 9) note, “By centring spirituality and cultural knowledge, art therapy can become a more inclusive, impactful, and transformative practice”. In art therapy, this perspective invites the integration of ancestral reverence rituals to promote cultural continuity, empowerment, and communal healing.

Caribbean spirituality thus embodies a negotiation of faith and survival, where ritual and art sustain both identity and psychological balance. Through the creative arts, these expressions transcend the therapeutic frame, transforming trauma into acts of resistance and meaning-making, honouring the collective soul of the Afro-Caribbean experience.

Stigmatisation and the importance of trust

Mental health stigmatisation poses a significant barrier for Afro-Caribbean communities, often rooted in mistrust of Western mental health systems and cultural taboos surrounding mental illness (Campinha-Bacote, 2002; Sutherland et al., 2013). This mistrust is exacerbated by the deterministic and reductionist frameworks of Western medicine and psychology, which frequently pathologise culturally accepted expressions of distress and dismiss religious and spiritual beliefs as invalid or irrelevant (Sutherland, 2011; Sutherland et al., 2013). Additionally, stigma and misinformation surrounding mental health, stemming from historical practices of institutionalisation, further alienate individuals seeking care. The lack of culturally valid psychological assessment tools also contributes to this issue, frequently leading to misdiagnosis and delayed treatment (Robinson et al., 2021). Such perspectives not only marginalise but actively stigmatise and discriminate against Indigenous healing practices, further alienating individuals seeking care (Bridges, 2011; Fadiman, 2012; Sutherland et al., 2013).

This systemic dismissal of the lived experiences and knowledge of people from non-dominant backgrounds compounds the challenges faced by Afro-Caribbeans in accessing equitable mental health care. Furthermore, many mental health providers fail to establish trust and reciprocity in therapeutic relationships, often due to a lack of cultural humility (Tervalon & Murray-Garcia, 1998). In Afro-Caribbean contexts, where therapeutic relationships are viewed as extensions of community bonds, trust-building is essential (Belnavis & Soo Hon, 2015; Valldejuli & Belnavis Elliott, 2023). Therapists can overcome these barriers by using culturally sensitive practices that emphasise collaboration, empathy, and respect for clients' cultural and spiritual values (Talwar, 2010), fostering a strong therapeutic alliance and better outcomes.

Barriers to access

Socio-economic disparities, inadequate mental health infrastructure, and the prohibitive costs of therapy create significant barriers to mental health care access in the Caribbean, where treatment is often regarded as a privilege reserved for the wealthy (Robinson et al., 2021). The shortage of culturally responsive mental health providers, exacerbated by the brain drain phenomenon (where qualified professionals migrate), further limits access, particularly in rural areas where infrastructure and facilities are inadequate.

Compounding these issues is the inadequate allocation of government health budgets to mental health services, making affordability a significant obstacle for many individuals (Robinson et al., 2021).

A significant barrier to access arises when interventions are neither affordable nor culturally relevant, not aligning with the lived realities of Afro-Caribbean clients. The absence of culturally specific materials and methods in art therapy, such as the integration of traditional art forms, limits resonance and diminishes the therapeutic alliance (Kaimal & Arslanbek, 2020; Valldējuli & Vollman, 2022). Integrating polyphonic bricolage and cultural humility into practice not only diversifies methods but also advocates for equitable access and localised training that reflects regional epistemologies.

Polyphonic bricolage and cultural humility: A framework to address the needs of Caribbean clients

Polyphonic bricolage, as defined by Schmidt (2008, p. 2), describes culture and religion in the Caribbean as dynamic processes marked by “discontinuities, repetitions, and contradictions”. Rather than static or monolithic, Caribbean traditions continually adapt to historical and contemporary realities, blending African, Indigenous, European, and other influences (Glazier, 1985; McNeal, 2011; Sutherland et al., 2013; Taylor, 2001). As a concept, polyphonic bricolage emphasises the agency and creativity of communities in shaping their identities and practices through this ongoing integration. Polyphonic bricolage offers a lens for viewing Caribbean adaptations as intentional and empowering, rather than fragmented or deficient. The region’s cultural resilience is exemplified by its capacity to draw from varied sources to create meaningful practices (Schmidt, 2008). By foregrounding community agency, these practices reflect an enduring adaptability that continues to shape identity, spirituality, and healing across the Caribbean. Therefore, polyphonic bricolage not only fosters collaboration but also challenges the unequal power dynamics sustained by dominant narratives. In doing so, polyphonic bricolage highlights cultural complexities often overlooked by Western approaches. Recognising these dynamics is essential for developing resonant care. Western approaches can often operate in dichotomies, such as mind versus body, self versus community, and reason versus spirituality, and these ways of thinking privilege individualism and rationalism over relational and holistic ways of knowing (Talwar, 2010), not accounting for the multiplicity

of voices and experiences within Afro-Caribbean communities (Sutherland, 2011). Schmidt (2006) highlights that cultural and religious processes in the Caribbean are not fixed but involve the continual rearrangement and reinterpretation of elements, with meanings shifting based on the context and needs of the people. This adaptability underscores the importance of a nuanced framework that accommodates diversity and contradiction within cultures, avoiding the reductive tendency to homogenise experiences.

In therapeutic contexts, not recognising this complexity can alienate clients and limit their ability to express their authentic realities. For instance, as illustrated in a brief supervision vignette: a social worker's confusion or lack of cultural understanding may inadvertently pressure clients to conform to perceived norms, suppressing their cultural and spiritual truths. Polyphonic bricolage offers a way to counteract such dynamics by fostering cultural humility, encouraging clinicians to embrace the diversity and fluidity of clients' backgrounds and beliefs.

Integrating cultural humility and polyphonic bricolage in art therapy

Cultural humility and polyphonic bricolage together offer a transformative, decolonial framework for art therapy practice in the Afro-Caribbean context. Cultural humility, as described by Stepney (2023), emphasises self-reflection, critical dialogue, and an ongoing awareness of power dynamics within therapeutic relationships. The intrapersonal dimension of cultural humility invites therapists to examine their own cultural identities, while its interpersonal aspect fosters authentic engagement with clients' lived experiences. As Foronda et al. (2016, p. 213) define it, cultural humility is "a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique", leading to mutual respect, empowerment, and lifelong learning (Foronda, 2020; Yeager & Bauer-Wu, 2013). Unlike cultural competence models that treat culture as a static body of knowledge, cultural humility recognises learning as an ongoing process and cautions against stereotyping through cultural generalisations (Campinha-Bacote, 2002; Kleinman & Benson, 2006).

Polyphonic bricolage complements cultural humility by recognising culture as dynamic, multifaceted, and relational. Drawing on Schmidt's (2008) assertion that Caribbean identities are formed through "ongoing

conversations” among diverse voices, polyphonic bricolage enables art therapists to respond sensitively to clients’ multiple cultural influences while honouring both individual and collective experiences. Within this framework, artmaking becomes a dialogic process where materials, symbols, and stories embody ancestral memory, spiritual continuity, and cultural resilience (Donald, 2025; Soo Hon, 2021). Together, these frameworks bridge the personal and collective dimensions of healing by positioning art therapy as both reflective and co-creative.

Table 1 illustrates how polyphonic bricolage and cultural humility can address the psychosocial needs of Afro-Caribbean communities, such as family dynamics, spiritual blending, stigma, and access to care by fostering culturally grounded and relationally sensitive practices.

Table 1: Specific needs of Afro-Caribbean communities

Specific needs of Afro-Caribbean communities	Impact of polyphonic bricolage	Impact of cultural humility
Respecting family dynamics and considering intergenerational impacts	Acknowledges and integrates diverse family structures and practices (e.g., barrel children) into therapy, promoting understanding and healing	Encourages therapists to reflect on their own biases and assumptions about family dynamics, fostering respect for diverse practices
Honouring blended philosophical, spiritual, and healing practices within the Caribbean	Recognises and values the blending of diverse cultural and spiritual traditions, fostering a holistic understanding of clients’ identities and practices	Promotes openness to, and respect for, clients’ unique blend of cultural and spiritual practices, avoiding judgement or imposition of dominant cultural norms
Destigmatisation and the cultivation of trust	Creates a safe space for clients to explore their experiences without fear of judgement or pathologisation, fostering trust and openness	Encourages therapists to acknowledge and address power imbalances, fostering trust and collaboration in the therapeutic relationship
Removing barriers to access and promoting equity in care	Adapts art therapy practices to be more accessible and affordable, incorporating culturally relevant materials and methods that resonate with clients’ experiences	Encourages therapists to advocate for equitable access to mental health services and to continually develop culturally responsive, community-centred care

Table 1 outlines the psychosocial needs of Afro-Caribbean communities. The integration of polyphonic bricolage and cultural humility provides a cohesive framework for translating these cultural and relational insights into therapeutic practice. Integrating concepts from Valldejuli (2025), the Afro-Caribbean art therapy approach (ACATA), Arnold and Barnes (2011), Donald et al. (2025), Sutherland et al. (2013), and Soo Hon (2021), the diagram illustrates interrelated psychosocial forces: family and intergenerational dynamics, blended practices, stigma, and access barriers that shape Afro-Caribbean experiences of therapy.

Figure 1 shows an integrative figure of the polyphonic bricolage and cultural humility framework.

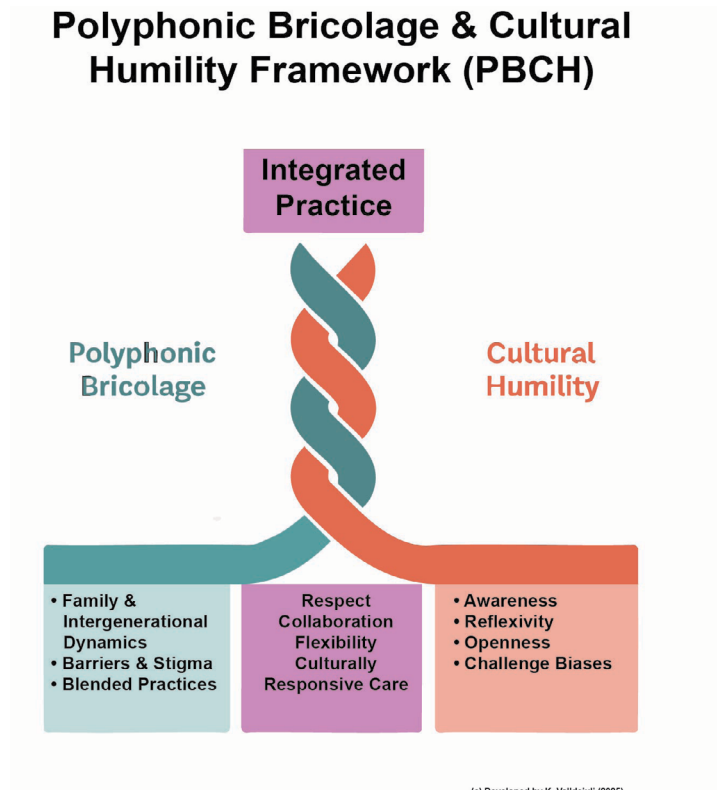


Figure 1: Polyphonic bricolage and cultural humility framework in art therapy (Valldejuli, 2025)

Figure 1 was illustrated by Kim Valldejuli and depicts the polyphonic bricolage and cultural humility framework as an interconnected model integrating polyphonic bricolage and cultural humility in art therapy. The overlapping strands symbolise the dynamic co-creation of knowledge, honouring Afro-Caribbean worldviews and specific psychosocial needs. This synthesis bridges individual and collective dimensions of healing by positioning art therapy as both a reflective and co-creative process. Through polyphonic bricolage, therapists engage multiple cultural voices and symbolic traditions, while cultural humility ensures that these engagements remain grounded in respect, openness, and self-reflexivity.

Together, the concepts in Figure 1 respond directly to the complexities highlighted in Table 1, such as family dynamics, blended spiritual practices, stigma, and access, and offer a flexible and decolonial structure that honours Afro-Caribbean epistemologies. The resulting framework supports art therapists in creating culturally resonant spaces where healing is not imposed but collaboratively constructed through ancestral attunement, relational awareness, and creative expression.

Polyphonic bricolage emphasises flexibility and responsiveness, enabling therapists to sensitively engage clients' multiple cultural influences while honouring both individual and collective experiences. Cultural humility, as described by Jackson and Tervalon (2020), requires active listening, self-reflection, and empathy for clients' lived realities. By valuing clients' perspectives and adapting practices to align with cultural contexts, art therapists foster authenticity, reciprocity, and mutual growth (Greene-Moton & Minkler, 2020; Valldejuli & Vollman, 2022).

When these approaches intersect, therapists cultivate practices rooted in reflexivity, co-creation, and cultural attunement. Through art engagement, clients reconstruct fragmented narratives and reimagine connection to ancestry and community. Cultural humility deepens this process by positioning the therapist as a learner who honours the spiritual, historical, and communal meanings embedded in creative expression (Napoli, 2019). As Valldejuli (2025, p. 3) articulates, "The Afro-Caribbean art therapy approach of ACATA offers a critical intervention by resisting the medicalisation of cultural responses to historical violence and instead centring ancestral memory, collective healing, and cultural restoration through art".

Together, these approaches create a client-centred space that resists dominant narratives and affirms cultural identity. Kapitan (2023) highlights the importance of working within “liminal spaces”, where creative processes allow identity transformation and expanded consciousness, particularly significant for marginalised communities shaped by cultural blending. By embracing polyphonic bricolage and cultural humility, art therapy transcends rigid cultural frameworks and becomes a culturally responsive and inclusive practice. Clients can feel seen, heard, and empowered.

As Donald (2025, p. 2) asserts, “Community art therapy offers a participatory, multimodal approach that resonates with longstanding Caribbean traditions of storytelling, music, visual symbolism, and spiritual practice”. Integrating these perspectives, both frameworks are enhanced through arts engagement that honours Afro-Caribbean heritage through rhythmic painting, textile work, natural pigments, or ritual-based imagery embodying the communal, spiritual, and ancestral nature of healing described in spiritual-therapeutic interplay (Valldejuli & Belnavis Elliott, 2025). In this way, art therapy becomes a site of remembrance and restoration, where ancestral wisdom informs contemporary practice and cultural identity is affirmed through creative expression.

Implications for practice

This article offers an urgently needed reconceptualisation of art therapy practice through a decolonial lens, grounded in the lived realities of Afro-Caribbean communities. While cultural humility and cultural competence have been part of clinical discourse for decades, this work advances the conversation by integrating polyphonic bricolage as a dynamic, culturally affirming framework that resists static or tokenistic approaches. Unlike traditional models that focus on acquiring knowledge about other cultures, polyphonic bricolage and cultural humility invite therapists into an evolving, participatory, and reflexive relationship with culture, one that centres complexity, co-creation, and lived experience (Valldejuli & Belnavis Elliott, 2025).

This polyphonic bricolage and cultural humility approach explicitly challenges the dominance of Eurocentric paradigms in art therapy by honouring Indigenous knowledge systems, spiritual traditions, and aesthetic expressions rooted in Afro-Caribbean worldviews. It foregrounds the

therapeutic alliance not as a neutral or standardised construct, but as a culturally situated, ethical relationship that requires deep attunement to historical trauma, identity negotiation, and the legacies of colonialism (Meyer, 2025; Powerful, 2021; Taylor, 2021). When therapists engage in continuous reflexivity, practice cultural humility, and embrace pluralistic forms of expression—that is, diverse artistic, spiritual, and cultural ways of communicating—they co-create spaces of healing that are responsive, ethical, and transformative.

Furthermore, this work expands the role of art materials, imagery, and storytelling within art therapy by proposing that blended cultural and spiritual practices are not peripheral, but rather are central to therapeutic effectiveness. Within polyphonic bricolage, artmaking becomes a dialogic process where multiple cultural voices, materials, and symbols are brought into conversation through creative expression. Cultural humility deepens this engagement by inviting therapists to approach art processes with openness and reciprocity, allowing clients' aesthetic choices, traditional symbols, and spiritual practices to guide the creative encounter. Through culturally grounded materials such as natural pigments, textiles, ritual objects, and movement-based art forms, clients articulate narratives of resilience, belonging, and ancestral continuity that transcend verbal interpretation (Donald & Brock, 2023; Donald, 2025; Hope et al., 2020; Nakhid-Chatoor, 2022). The use of imagery, rhythm, and storytelling facilitates the expression of experiences that often cannot be captured by Western verbal or diagnostic frameworks. In this way, the arts themselves function as a culturally responsive and decolonial methodology embodying respect, relationality, and the multiplicity of Afro-Caribbean worldviews (Donald, 2025). These arts-based interventions foster psychological integration, spiritual alignment, and collective meaning-making, demonstrating how art therapy can serve as both a creative and cultural bridge for healing within diasporic communities.

Conclusion

This article argued for a decolonial reimagining of art therapy practice integrated within a polyphonic bricolage and cultural humility framework. The approach challenges dominant Eurocentric models by centring Afro-Caribbean spiritual traditions, ancestral wisdom, and relational worldviews. Grounded in historical consciousness and creative adaptability, polyphonic

bricolage offers a flexible structure for incorporating culturally resonant practices, while cultural humility emphasises the therapist's ongoing ethical responsibility to honour clients' lived experiences. Together, polyphonic bricolage and cultural humility reposition the therapeutic alliance as a culturally situated, co-created process rooted in trust, reciprocity, and mutual respect. Within this framework, artmaking becomes a site of resistance against colonial narratives that have pathologised Indigenous and African-based healing traditions. Artmaking also becomes a space of remembrance where ancestral symbols, rituals, and creative expression recover suppressed histories and becomes a process of restoration through which identity, dignity, and community connection are reimagined and affirmed. By engaging with art materials, imagery, and storytelling that reflect clients' cultural worlds, therapists help transform therapy into an act of cultural reclamation and collective healing. The key takeaway is that culturally affirming art therapy practices do not simply accommodate diversity; they transform the field by expanding its epistemological foundations and embracing healing traditions long silenced by colonial legacies. In doing so, the arts themselves create spaces of resistance, remembrance, and restoration where creativity becomes both witness and catalyst for decolonial transformation.

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