

ATOL: Art Therapy OnLine

Theorizing from the Margins

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Abstract

This article explores the concept of theory building as a collective, interdisciplinary practice that takes place in the art therapy studio as much as it takes place in the academy. Emphasis is given to the importance of the art therapist's engagement in reflexive practice and of including marginalized perspectives in theory development. These understandings of theorizing are grounded in the author's work in community based art studios.

Keywords

Reflexivity, interdisciplinarity, community based art, collectivity, marginalized perspectives

Introduction: What is theory?

Theories are stories about how people make sense of something; they are a process of using experiences, observations, experimentation, and intuition to construct ideas about how something works. Theory building is something art therapists do all the time—when thinking and talking about their work with art therapy participants, colleagues, and professionals from other disciplines; when making choices about how they conduct their art therapy practices; when reflecting on their working process, making changes to it, and evaluating the effectiveness of those changes; when practicing openness to the possibility of being proved wrong; when contemplating the intersections and ruptures between interdisciplinary theories and their own lived experiences as art therapists; as well as when taking the time to systematically organize their thoughts and publish their understanding of how art therapy works—whether they actually use the word *theory* or not.

Just as all knowledge(s) are constructed in the context of relationships, theory building is something people do together. It is interpersonal, interdisciplinary, and contextual. Neither an individual professional nor a profession at large exists within a vacuum; therefore theory is inevitably impacted by the specific historical and political moment. Theory building is, of necessity, a complex, contradictory, richly varied project that both is shaped by and shapes the production and interpretation of knowledge in art therapy.

Theory building from the margins

My theorizing has developed at the intersection of contemporary interdisciplinary theory and my day-to-day work as an art therapist. I have been greatly informed by contemporary perspectives such as feminist theory, critical theory, disability studies, liberation theories, harm reduction theory, and socially engaged art. But my current involvement as a participant/facilitator at community based art studios in Chicago neighborhoods, and my work as a collaborative consultant in East Africa are the

contexts within which I have been able to experience these theories in practice and, as a result, to critically engage with their real world implications.

Conventional understandings of theory equate it with essentialist truths proffered by those with the required academic credentials and followers. This view of theory is problematic because it limits knowledge production and its benefits to an elite group, and marginalizes perspectives and understandings that come from outside that group. The “catch-22” arising from this academic apartheid is that, on the one hand, local and seldom-heard perspectives often can’t be told within dominant theoretical constructions because of the lack of coherence and goodness of fit; but, on the other hand, marginalized perspectives are only widely heard and understood if they are presented within dominant discourses (Krog, 2011) maintained by institutional structures such as professional organizations, peer reviewed publications, and academic conferences.

My aims in relation to collective, multi-perspective and multi-directional theory building in art therapy include:

- Questioning some of the epistemological commitments that form the basis for art therapy theory and practice
- Exploring these taken-for-granted assumptions in order to find out if they hold meaning and relevance in the contexts where art therapists currently work
- Challenging myself (and other art therapists) to keep the position of art central as a means and focus of theory building
- Including, whenever possible, the perspectives of those whose viewpoints are seldom considered in theory building, including the perspectives of art therapy participants

- Engaging reflexively in theory building by continually questioning my social position and making explicit my role, motivations, and relationship to power and privilege (Talwar, 2010).

As a means of discussing these aims further, I share some of the experiences I have had in my current art therapy practice. The following is a brief vignette from *ArtWorks*, a community art studio where there are no intake procedures, no referrals, and no requirements for participation. It is a studio open to anyone. The mission of the studio is to bring together people from the social and economic mainstream and those who are marginalized due to mental, physical, economic, cultural, or social differences, for the purpose of increasing understanding and decreasing stigma. (For a more detailed description of this project, see Moon & Shuman, 2013).

I am crouched beside Mother Mattie, showing her how to prepare a piece of fabric for sewing by pinning the right sides together. She is making a pillow for her bedroom. "They want me to be in the choir," she tells me. I adjust the fabric in front of her so the edges are neat. "So, what do you think? Are you going to join?" "Oh, I don't know." Her large brown hand touches mine gently. "You sing?" I look at her and consider how to answer. "Well, I like to sing, and I can sing okay." "Would you sing somethin' for me?" "What do you want me to sing?" "Amazing Grace. Would you sing Amazing Grace for me?" I consider for a moment. I'm not a big fan of singing solo in public. I bargain with her. "How about if you sing with me?" I sit on the chair next to her and I hold the fabric while she begins to pin it together. And we sing softly. "A-a-ma-zing grace, how sweet the sound, tha-at saves a-a-a wretch li-ke me. I-I once wa-as lost, but now am found, wa-as blind, bu-u-u-t now I-I see." Before long, her voice has faded away and I am singing by myself, but not alone. Mother Mattie is clearly with me, engaged in what feels like a call and response. Her eyes are closed and she pats my hand occasionally. Her voice is soft but impassioned as she inserts her responses within my sung lines. "Yes, Oh yes!" "That's what he says." "That's

right” “Um hmmm.” “That’s the way it is.” When the song is over, I glance toward Mother Mattie. She still has her eyes closed and I’m a little worried that she’s going to take the religion thing too far, maybe start evangelizing. But nothing like that happens. Instead, she opens her eyes, pats her pinned together fabric, and begins to scootch her chair out. She looks my way. “Will you help me sew this?” And then, turning around, she calls out, “Doris, you almost done with that machine?”

This brief vignette gives a glimpse into an art therapy practice that deviates from what's considered conventional in the field. In the community studio, the materials used are as often from the realm of crafts as from the fine arts domain, the role of the therapist is more egalitarian than in a conventional setting, and the aims of the studio are associated more with social than individual transformation. While most art therapists may not choose—or end up—working in an open community studio setting, art therapists are currently working in social, cultural, political, and therapeutic landscapes that are vastly different than the ones that existed when the art therapy field was established, or even than ten or fifteen years ago. Yet, the field is still largely theorized, taught and practiced as if those assumptions upon which the field was established are still relevant and valid. Art therapy, like any object of inquiry, “is always a part of many contexts and processes; it is culturally inscribed and historically situated” (Kincheloe, McLaren, & Steinberg, 2011). Arising from a specific historical time and set of circumstances, theory persists beyond that time, yet is expected to continue to be relevant, to enable us to comprehend something that is otherwise beyond comprehension (Elliot & Attridge, 2011). If I were still operating unquestioningly and uncritically from the epistemological commitments or taken-for-granted assumptions upon which this field was founded, I would likely be mystified by the concept of a community studio focused on social transformation. I would have no idea how to function as an art therapist in such a space.

The following three statements are examples of some of the foundational “truths” or dominant beliefs that have held sway over the field of art therapy. Each of them is followed by my “troubling” of the dominant belief through questioning its relevance and meaning in relation to my current practice at ArtWorks.

All art is an expression of the unconscious.

Recently, a man in an ArtWorks community studio at a homeless shelter sewed a water repellent fabric cover to protect his bible, and then added a painted religious symbol and other embellishments to the cover. Was this an expression of the unconscious? Instead, it seemed to me to be an expression of pragmatism (an attempt to protect a prized possession from the risks of a transient lifestyle), of ownership (an act of putting his individualized stamp upon a common object), and of cultural identity (a claiming of his connection to Christianity). Artists the world over make art that expresses varying content, such as social critique, entertainment, beauty, cultural identity, propaganda, engagement in social justice, etc. Does the fact that someone is a participant in art therapy strip them of that same capacity for multiple artistic motivations? If art therapists view art making through an unnecessarily limited lens, is this limited perspective helpful or harmful to those who seek art therapy services?

The primary goal of art making in art therapy is emotional ventilation.

At ArtWorks, participants engage in artistic activities in response to their unique interests, ideas, skills, and experiences, rather than in response to a therapeutic directive or intervention. They write, knit, paint, whittle, sew, sing, build, assemble, photograph, edit, embellish, and so on. It seems absurd to me to assume that all these activities, born naturally from a desire to create within the context of a supportive

community, are expressions of the unconscious. I see no reason to doubt the motivations participants in the studio claim: to improve a skill or develop a new one, to make a gift, to experience a sense of belonging, to release tension, to receive praise or constructive critique, to experience pleasure, to make something they can sell, to develop relationships, to have fun, to be subversive, to deepen cultural connections, to embellish the body, to feel good about themselves, etc.... as well as to express emotions or deepen self-awareness.

Therapy is private and confidential.

Sometimes, privacy and confidentiality are essential to the therapy experience. But are they always necessary, or even helpful? In my experiences as a participant/facilitator of community studios over the past six years, I have frequently witnessed people openly acknowledge, discuss, and engage in problem-solving in relation to their personal problems, emotional distress, and illness symptoms. They frequently do this not in hushed side conversations, but in an open, matter-of-fact way, with no effort to hide their experiences and struggles. It has made me question the notions of confidentiality and privacy, and how a profession oriented to these notions may undermine communities' natural ways of solving problems. Does this taken-for-granted assumption about therapy isolate people from naturally occurring healing practices, individualize problems that may be better understood within social and cultural contexts, and reinforce the stigmatization of vulnerable and marginalized populations? I'm not ready to say that art therapists must eliminate private, confidential therapy encounters from their repertoire, but I am questioning the value of the uncritical application of these concepts in all situations, regardless of social, cultural, historical, and political differences, and in ignorance of naturally occurring collective arts and wellness practices.

Reflexivity: Questioning social positionality

As has been stated, questioning dominant beliefs in the field of art therapy is a necessary pursuit if the profession is to stay vital, relevant, and ethically grounded. There are complex relationships between power, knowledge, and the ideas, attitudes, perceptions, and beliefs that are embedded in art therapy. Dominant discourses in the field subtly shape education, theory, and practice, and constrain alternative voices and perspectives. Certain versions of what is considered ‘fact’ or ‘reality’ become dominant not because of their objective truth, but because they have come to be upheld as acceptable by those in positions of power. Conversely, other understandings, practices, and interpretations of experience are denied, trivialized, or marginalized (Freedman and Combs, 1996).

One important aspect of critically engaging with theory is reflexivity, the questioning of one’s own social position in relation to dominant beliefs in the field, particularly as they play out in practice. What are the values that underlay these beliefs, and who benefits from their being upheld? Whose voices and perspectives are undermined or ignored as a result? How does the support or trivialization of certain perspectives and beliefs affect the therapist’s own position of power and privilege? What are the art therapist’s motivations and agendas for reinforcing or challenging widely held beliefs about the field?

As part of a collective of seven art therapists, I was recently involved in a decision to close one of our ArtWorks sites. We made this decision while seated around a table in the private practice studio of one member of our collective. It was a difficult and complicated decision, but it centered on our inability to fulfill our mission at that site. We had been unsuccessful in attracting women, children, and youth, as well as middle class and housed neighborhood residents to the basement level site of a men’s shelter in a sketchy neighborhood. It was not until days later, when we were at the site and telling the participants in the studio that we would soon be pulling out, that I realized why I was so uncomfortable with the decision. One of the participants, Eddie, said, “I wish I would

have known you wanted to get more people in here. I have connections to a lot of places in the neighborhood. I could have gotten the word out." Whether Eddie's outreach really could have made a significant difference to attendance remains unknown. But what became clear to me was that we—a collective of women, mostly white and middle class, all housed, all living outside the neighborhood—had made a decision about closing the studio without any input from the men—mostly of color, all poor and homeless—whose lives would be directly affected by the decision. Despite our stated mission to cultivate community and our aims to diminish the usual power differential between art therapists and art therapy participants, we slipped back into making a decision *about* rather than *with* our co-participants in the studio. We have been critically reflecting on this decision, discussing issues of "sustainability, shared responsibility, true egalitarianism, and the possibility of creating new and different leadership structures" (J. Perkal, personal communications, November 11, 2013). This critical reflection is difficult, but important work. It shapes our practice as it evolves our theory, and vice versa.

Wider implications

I also address my relationship to issues of power and privilege as they relate to the theorizing of difference on a larger scale. For example, one of my interests is challenging dominant narratives in the social construction of mental health and mental illness. It pains me to witness the stigmatizing effect this cultural division has on those who have been diagnosed with mental illness, as well as the limiting impact it has on all people in relation to the potential for emotional depth, fluency, and authenticity.

From a postmodern perspective, a key to theory building is deconstructing dominant ideologies to uncover underlying assumptions and values. This happens through asking questions that challenge established assumptions. For example, one might ask, at what point does the discomfort and struggle of coping with daily life become a disease? What is the relationship between sanity and adherence to social norms or political ideology?

Why are certain methods of acting out in response to hurt acceptable, such as waging war, being emotionally detached, or yelling at children, even though these actions are dangerous to self or others ... while staying in bed all day, trembling, or even laughing loudly in public can be deemed unacceptable when enacted by someone identified as mentally ill (Foner 1995)? Why is the diminished capacity to think or concentrate that is associated with depression a sign of mental illness, while difficulty distinguishing between one's own interests and those of others associated with arrogance is not a sign of mental illness?

Furthermore, socially sanctioned evidence of so-called mental health is not necessarily affirming of personal, interpersonal, and systemic health. Constructions of normality, at least in dominant U.S. culture, say that as an adult woman I am supposed to be rational, logical, dispassionate, calm, mature, self-controlled, goal-directed, pleasant, cheerful, emotionally strong and physically weak; emotionally fluent without being overly emotional; coy, flirtatious, and, conversely, sexually reserved; independent and, conversely, dependent; and have a fixed sexuality and identity. I must not be illogical, angry, rude, weepy, indignant, pushy, irrational, sad, out of control, passionate, agitated, immature, disorganized, aimless, unpleasant, distracted, weak, disheveled, highly emotional, emotionally constricted, prudish, slutty, independent, dependent, child-like, animalistic, fluid in my sexuality, or flexible in my identity. These constraints placed on emotional expression remind me that I too have been theorized. All people need to be liberated from the paradigm of mental wellness that marginalizes emotional states associated with mental illness (Nicki 2001).

Conclusion

Theorizing in the field is a collective responsibility. Together, art therapists make sense of the field and determine how it will be shaped and what will constrain it now and in the future. This is an ongoing process, made vital by the collective willingness to critically examine our practices, learn from our mistakes, and revision art therapy in

consideration of the current historical, social, and political context. Critical to this process of theorizing is a reflexive practice that considers one's social position relative to power and privilege, and the inclusion of the often marginalized perspectives of those most directly impacted by the work of art therapy.

Biography

Cathy Moon is an associate professor in the Art Therapy Department at the School of the Art Institute of Chicago. She is the author of *Studio Art Therapy: Cultivating the Artist Identity in the Art Therapist* and editor of *Materials and Media in Art Therapy: Critical Understandings of Diverse Artistic Vocabularies*. She has practiced art therapy for over 30 years, working in settings ranging from an inpatient psychiatric hospital to a community-based studio. Her current practice is focused on co-developing a community studio in Chicago and therapeutic art programs for children in East Africa. A painter and mixed media artist, writer, and curator, her professional publications and presentations in art therapy have focused on the unique contributions of an artistic perspective in therapeutic practice, and on critical theory and disability studies as they relate to mental illness.

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