

ATOL: Art Therapy OnLine

Re: Invention and Realignment of Art Therapy

Dr. Lynn Kapitan

Abstract

As art therapy evolves over generations and geography, its practitioners must learn to negotiate complex professional identities in the context of ever-changing needs and challenges for which there are no maps. The world in which art therapy originated no longer exists; the world we are entering is in constant flux. We are greeted here by unfamiliar ideas and technologies, new science, conflicting social and political agendas, and as-yet unimagined practice arenas. This paper considers a long-standing dialectic in art therapy: the desire for a safe harbor among our own kind and the pressing need to journey into the unknown. It discusses reinvention as a pragmatic practice that awakens the expectation of change. Once awakened, it becomes necessary to recreate paradigms, myths, and frameworks, and to realign with the new and emerging world.

Introduction

Leo Tolstoy once said that there really are only two kinds of stories (although ever since he said this people keep coming up with more): (a) you go on a journey, and (b) a stranger comes to town. In the trajectory of an art therapy career it seems to me that there comes a time when you will have to choose to participate in one or both of these two stories. The world is dynamic and changing all around you, calling for your participation, challenging you to leave your safe

In the “middle” location of the rural U.S. where I lived, pretty much everyone was White, spoke the same language, and told the same stories about their northern European ancestors. Religion came in three flavors: Lutheran, Catholic, or Methodist. There were others who migrated through but they did not stay. Or if they did stay they were invisible. I was 18 years old before I became acquainted with any people of color. My parents, the children of immigrants, had themselves migrated to my little town and struggled for many years with how not to be strangers there.

I tell you all this as context so that you can understand why I chose to leave despite that I was very much tied to my place of origin, which suggests a metaphor for art therapy. My world was safe but suffocating. Becoming an art therapist paralleled my becoming a human being: I had to go on a journey. To the edge of the continent, New York City, 1500 kilometers away, Pratt Institute—and a totally different culture. In 1980 art therapy in the United States was centered primarily in 4 graduate programs on the east coast (Figure 2a); to become an art therapist from anywhere else you had to sojourn or migrate to learn art therapy from the particular people, their ideas and histories, and the culture of their place, which you then brought back home to practice. This same pattern has been replicated all over the world. Gomez Carlier and Salom (2012) offered a fascinating account of being art therapist sojourners who later returned to their home country of Colombia (South America) to organize the 8 art therapists residing there, half of whom trained in the U.S. and half in Europe. The authors described how they had migrated for training and returned home to disseminate what they had learned, after which they assessed the adverse effects of such cultural imposition. Consequently, they had to work to realign art therapy practice with their own histories, culture, and local knowledge while simultaneously synthesizing what they had learned from each other’s training.

Art Therapy Programs, c. 1980



Figure 2a

Fifteen years later, the U.S. map of training programs (Figure 2b) reflected the fact that art therapy had taken root all across the country, intermingling with regional differences in artistic and psychotherapy practices, and local populations in need. Figure 2c shows the map of today, another 15 years later. These maps reflect not just geography but also the movement and generational growth of art therapists, from pioneers to second, third, and even fourth generations that have been founding professional communities across the continent. With the development of doctoral programs we are starting to see the beginnings of an art therapy synthesis across time and space.

Art Therapy Programs, c. 1995



Figure 2b

Art Therapy Programs, c. 2010



Figure 2c

But our narratives have not kept pace with our journeying. Part of the problem in the United States is that because of the country's political and cultural dominance in the world, which shapes perspectives, when U.S. and other art therapists think of the art therapy profession they tend to center it in the singular, founding narrative of the American Art Therapy Association. From that lens—and suppressing one's own historical narratives—art therapists make assumptions about how the world sees their profession. I expect that this dynamic may be true of the British Art Therapy Association as well. As an example, not too long ago in my role as editor of the journal *Art Therapy*, I got a phone call from someone who had just come back from Hong Kong where she had accompanied her husband on a weeklong business trip. While there, she was invited to do an art therapy demonstration in a local school. She asked me whether *Art Therapy* might be interested in publishing a paper about her experience. “And what experience is that?” I asked her. “You know,” she said, “about what it was like to bring art therapy to Hong Kong.” I suggested that, because she was describing a cross-cultural encounter, she should think about what art therapists in Hong Kong who read the journal would learn from her paper. Suddenly she was silent. Then she asked, dumbfounded, “There are art therapists in Hong Kong?” “Yes,” I replied. Art therapy has been practiced in Hong Kong for over 20 years.

I don't have statistics on how many art therapists there are globally, but the International Networking Group that began 20 years ago reported that it has about 10,000 members in 91 countries (Stoll, 2009). Assuming that one third of all practitioners are likely to hold membership in a professional association, together this would make an estimated 40,000 art therapists in the world. But that number is quite small compared to the global arts in healing movement of which art therapists are one part (Figure 3).



Figure 3 Comparison of Art Therapy Global Group Membership

There are thousands and thousands of arts projects going on all over the world, with a reach that is rapidly and exponentially expanding due to the Internet, the democratization of information, social networking, and the harnessing of political power through connectivity. *Everyone*, it seems, is using the healing power of the arts—from filmmakers to artists to activist environmentalists to humanitarian relief workers to counselors to local non-governmental organizations to ordinary citizens. Does this expansion threaten you? For some it does indeed, as art therapists may sense their professional identities becoming diffuse and decentered.

Decentering the Narrative

Returning to that phone call from the U.S. art therapist who had visited Hong Kong, what is striking about the caller's perspective is its "cultural tunnel vision": *she* was the stranger who came to town—with its colonialist's assumption that what she had learned should be taught to others without consideration for race, ethnicity, or culture (Doby-Copeland, 2006). When we art therapists export art therapy in this way, we are following the lead of psychology, which also is being exported throughout the world. The *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), for example, is commonly used globally to frame perceptions of illness and treatment (Clay, 2012) irrespective of local culture and traditions. It can be argued that much of mainstream psychology is still situated in the search for universals and norms, and for treatment focused on individuals who deviate from those norms (Watkins & Shulman, 2008).

When I talk about decentering the profession, which I regard as a necessary realignment strategy, what I really mean is an *affirmative* deconstructive move away from the center. Such a move is beneficial if it challenges taken-for-granted identity and monologic mental habits that prevent inclusion and real dialogue (Braidotti, 2002). Thus, we might join with other border crossers whose hybrid identities embrace ambiguity, complexity, multiplicity, and connections across differences. Moreover, deconstructing art therapy for these times puts us right smack in the middle of culture, challenging how we define "art," "art therapy," and what it means to "help." In some locations, the term "art therapy" refers to all of the arts; elsewhere, it involves only visual media. Art therapy may be reserved for only certain kinds of practitioners, or may be practiced primarily by traditional healers or folklorists. In the complex, diverse, multicultural and cross-cultural contexts of their practices, art therapists should examine carefully assumptions about what outcomes should be named, desired, or privileged; how are they created and by whom; who is a "client," who is a "therapist," and what is an "intervention," among other questions. Culture has serious implications for the conduct of research as well, including how knowledge claims are framed and who determines which research questions should be pursued.

When you make a "safe harbor" in a professional family of familiars, much like the little town where I grew up, it is not unusual to want to carve out a professional identity by drawing a circle around "us" and "them." The art therapy world I entered in the U.S. in 1980 was configured around the binaries of art and therapy (Figure 4), and over time they became refined but not

much changed. Art therapists in the U.S. still have the same conversations about “Where is the art?” versus “Where is the evidence?” and whether one is more artist or more therapist and vice versa. However, the world around us is not standing still. It is in constant flux.

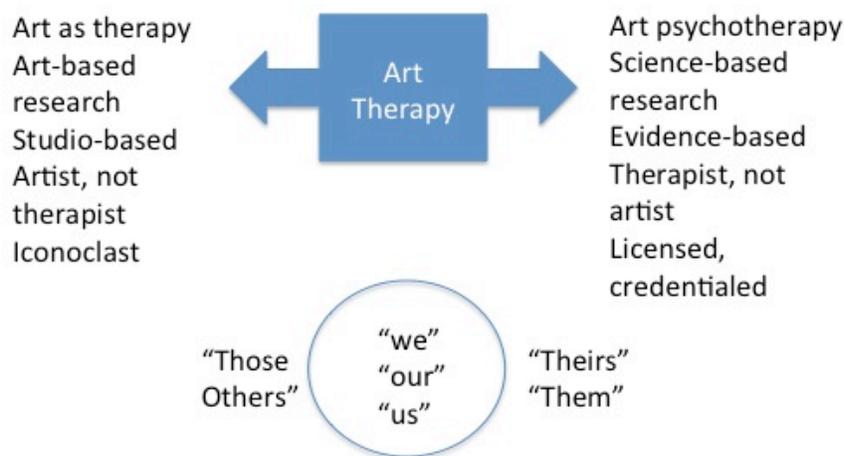


Figure 4 Familiar Art Therapy Binaries

To illustrate, let me briefly describe the constantly evolving professional influences and ideas that have shaped my development (Figure 5). I entered my art therapy training with a background in art education. My graduate studies introduced me to psychodynamic and object relations theories and their applications to the practice of art therapy, which I integrated into school art therapy and, later, into nontraditional educational settings for marginalized youth. Over the years, these theories evolved into post-Freudian, intersubjective, and related frameworks that today I would cluster with relational aesthetics and therapeutic process. As I gained clinical and academic experience, I gravitated toward the art side of art therapy, where I studied in depth the unique properties of the art image in art therapy, as well as art studio spaces and artistic practices that drew upon visual perception, phenomenological, post-Jungian,

archetypal psychology, sacred space, and transpersonal theories. Finally, I entered a third phase of my professional development, when I began to practice more intentionally from a social activist and advocacy paradigm, which required the study of contextual, political, and community conceptions of art therapy, and drew from emancipatory and liberation psychology, critical theory, and art therapy praxis. I have learned to negotiate a rather complex professional identity in the context of ever-changing needs and challenges for which there are no maps. Had I stood still, my understanding of art therapy would not have tolerated such a fluid expansion of needs and effective responses.

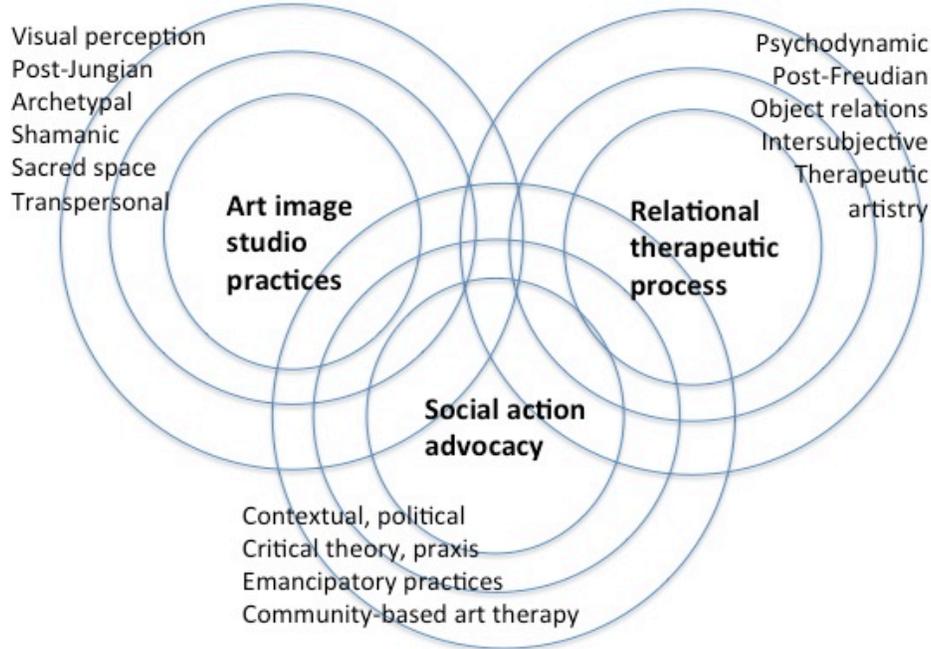


Figure 5 Concept Map of One Art Therapist's Professional Development

So much, in fact, depends upon context, our lens and standpoint. This concern especially plays out in the scholarly discourse of art therapy. When I was writing the textbook *Introduction to Art Therapy Research* (Kapitan, 2010a) one of my first challenges was to sort through a tangled discourse of contested claims and counterclaims to art therapy knowledge creation. I created a

simple diagram with the focal interests of art and therapy on one axis and approaches to knowing, whether scientific and artistic, on the other (Figure 6).

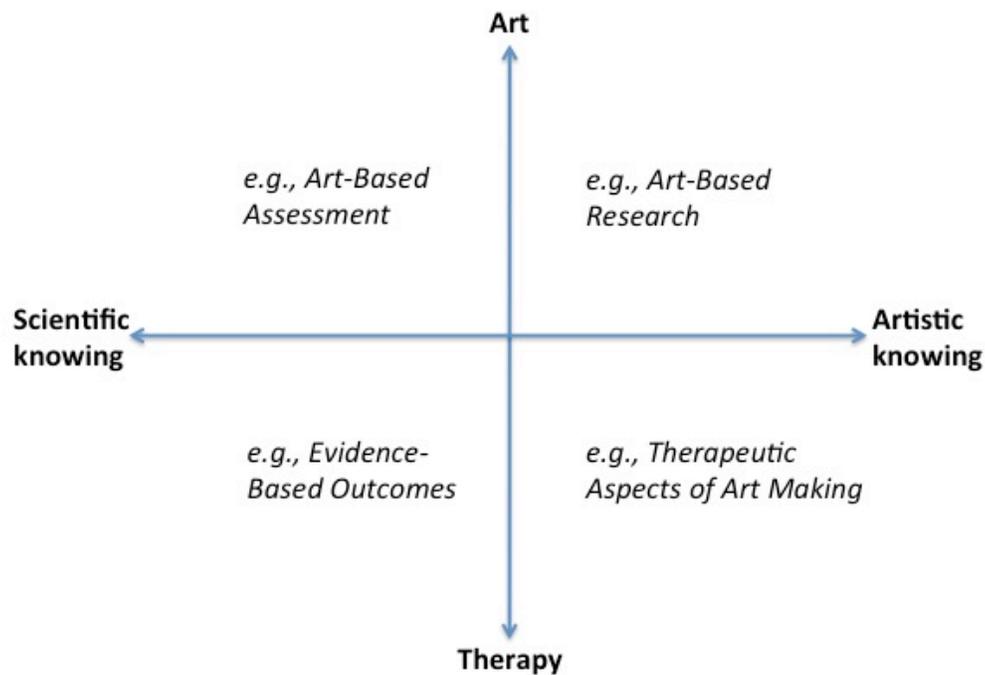


Figure 6 Art Therapy Research and Knowledge Claims

For example, much of the research in the U.S. has been in the upper left quadrant, which I would say is characterized by art-based assessment. Art is used as a structure to collect data for the purposes of prediction and control. The upper right quadrant is also focused on art but via the path of artistic knowing, and here I would argue is where many concepts of art-based research might be located. Research that focuses on the therapeutic aspects of art might be located in the lower right quadrant, whereas evidence-based outcomes research, which is guided primarily by scientific knowing, would be in the lower left. What particularly interests me however, are the standpoints, intersections, and complications of our various knowledge claims. In actual practice this is not a simple linear schema but a dynamic landscape with its diverse currents and collectives of researchers. I like to imagine art therapy knowledge as like a river,

with each of our contributions like stones thrown in that create both depth and a foundational support for the river's constantly moving flow.

A Community of Practice

When we start to get out of the old myths and binaries, we can conceive of art therapy not solely as a profession but perhaps more pragmatically as a complex social landscape that contains many, many communities of practice. A community of practice is a group of people who have a common sense of purpose, and who combine their practices, resources, and perspectives into a shared knowledge base that informs their work (Wenger, 1998). Art therapy has wonderful richness in its practices, boundaries, peripheries, overlaps, connections, and encounters. One might imagine art therapy as a community of practice that has many encampments all along the river—villages and towns with their histories and local characters, and the river itself with its eddies, safe landings, and flotsam. Each location has its own history, focus, systems of accountability, and distinctive approaches.

In a community of practice one can have multiple identities or memberships in different sub-communities with different folks. Imagine, if you will, that your practice takes place in one location along this river (Figure 7a). Clearly, what you take as knowledge and how you think and practice is the product of many interactions in the terrain. We can complicate this understanding even further by locating the art therapy landscape in the 21st century and overlaying the fluid realities of the Internet, open access journal content, global networking, online learning, Google, topical websites, client online communities, informal and social networking, bloggers, and myriad other influences (Figure 7b). Taking these complexities in account cannot help but change how we think and talk about our profession, or at least I hope so.

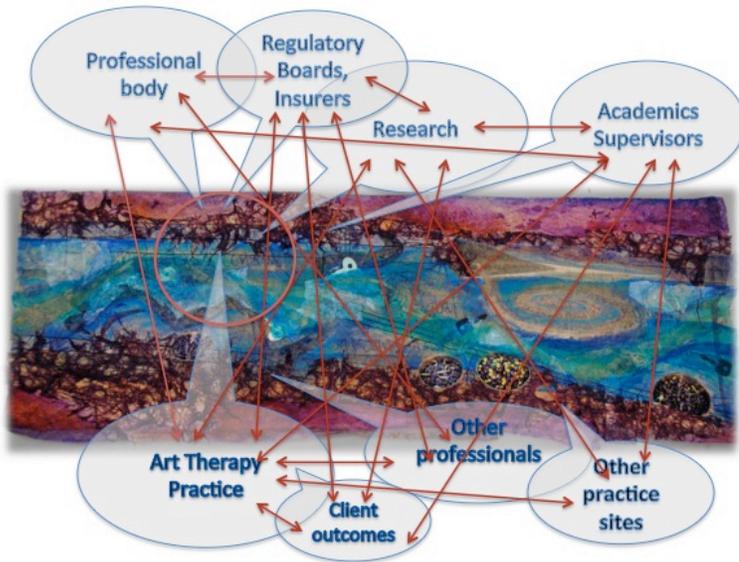


Figure 7a Complex Relationships Within a Community of Practice (Artwork by Angela Lyonsmith)

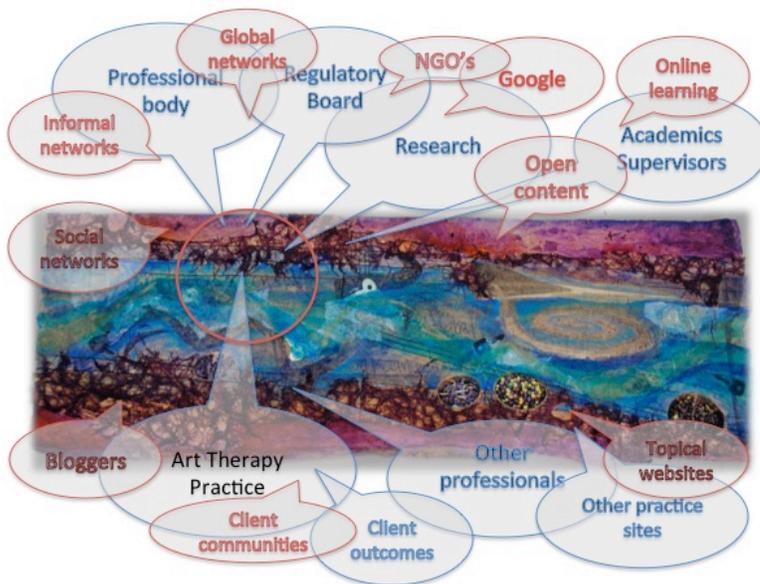


Figure 7b Complex Relationships Within a Community of Practice (Artwork by Angela Lyonsmith)

In the United States one reason why it is imperative to realign the profession is due to strong economic forces that are shaping an entire generation of art therapists. A brief summary of the public policy changes that I've lived through as a therapist and art therapy educator might illuminate this point. Art therapy came into being as a profession partly as an outgrowth of the human potential movement of the 1960s and 70s, which also ushered in civil rights, women's rights, and disabilities rights movements. De-institutionalization of mental health care followed in the 1970s, which led to increased government regulation and, in turn, a strengthening of professional standards in the 1980s. By the 1990s, the high costs of health care had shifted much of the U.S. mental health care system from the government to private insurers. This put pressure on art therapists in the 2000s to demonstrate the effectiveness of their practices. Within the past decade there has been a move to restrict access to professional training, funding, and research as other, larger and better-organized professions compete for limited funds.

At the same time that the U.S. health care system is in crisis, the cost of higher education is spiraling out of reach and burdening new professionals with a lifetime of debt (Hiltonsmith, 2013). A master's degree in art therapy can easily cost EU\$47,000 or two years' salary for an entry professional. Is it any wonder that our field lacks diversity? Additionally, the areas of greatest need for services are not located where the jobs are. For example, according to the U.S. Department of Health and Human Services (2013) there are 3,800 geographic areas in the United States that face shortages of mental health providers. These tend to be located in rural and under-populated states and counties, Native American reservations, and lower socioeconomic areas of the rural South. In contrast mental health providers tend to live in urban and suburban middle class environments. Given these realities, one can well understand the identity questions facing this generation: How can I afford to go into art therapy as my livelihood? How much of my identity as an art therapist must be given over to a regulatory system that exists to maintain the privileges of the powerful? How can I afford to practice in non-traditional locations or outside the status quo that can support me and my family?

In the United States these realities have forced reinvention and have brought forward the country's traditional entrepreneurial and market-oriented approaches. Many art therapists are offering their services on contract across a variety of for-profit, non-profit, private pay, and alternative settings, alongside wraparound programs in community agencies and more

traditional practices. We also are seeing a cultural shift as diverse populations are replacing expensive, formal health care with health-promoting alternatives in new locations and environments (Kapitan, 2009). Fine art is moving beyond the narrow confines of the curatorial system at the same time that mental health care is moving into community and cultural institutions like museums and galleries. There are many new locations and paradigms evolving that are reinventing art therapy.

New Paradigms and Conceptions of Practice

What is in the new terrain that is shaping your practice, your identity? In my own situation I have been reinventing and realigning myself for the past 12 years by new work taking place in Latin America and service in community development organizations in schools and shelters, on the streets, and outdoor communal gathering places. Where once I might have focused on a person's emotional or behavioral functioning, I have witnessed firsthand that such a focus is inadequate when the origins of suffering lie in poverty, systemic oppression, and other social ills. The emancipatory framework of Martín-Baró greatly influences my art therapy practice with partners in Nicaragua that envisions community art therapy on the macro level and extends the traditional mind-body concept of mental health far into societal structure. Martín-Baró (1996) wrote that there can be "healthy, free and creative minds" only to the extent that people enjoy a "free, dynamic, and just social body" (p. 121). In this respect mental health is a matter of social justice. Human dignity, equality, autonomy, education, nutrition, participation, and non-discrimination are all integral to the attainment of mental health (Tarantola, et al., 2008). This perspective is becoming more widely accepted as infringement on human rights is increasingly understood to negatively shape a person's development, and social and mental wellbeing. Emerging theories from the intersection between humanitarian and mental health communities of practice offer many access points for art therapy.

Having studied art therapy as practiced on both micro and macro levels in diverse communities, I have come to think of its effectiveness as similar to an antibiotic—as a catalyst that interferes with whatever is challenging a person's immune system, mobilizing the person's capacity to restore health and build resiliency (Kapitan, 2010b). On the micro level art therapy evokes an emotional state that alters brain circuitry by destabilizing rigid or habitual neural pathways. On the macro level, art therapy is a catalyst for establishing healthy "social circuitry" in the life spaces and social immune systems of communities. The community itself occupies the location

of the “client,” containing what is needed to ward off and build resiliency against the negative effects of trauma and stress.

And what about you? How are you navigating this complex terrain of art therapy? Perhaps re-invention and realignment is possible only when your professional identity is fairly secure to being with and you have developed a strong community of support. How might you develop the resiliency and creativity required? According to Wenger (1998), there are three key methods that can be used to identify with a community of practice: (a) through one’s own engagement, (b) by imagining the places and positions of others, and (c) by realigning or positioning oneself with particular discourses. Each of these modes calls attention to your standpoint or position on the landscape, your trajectory through it, and the ways you hold multi-membership or identities. You can foster professional identity by going deeper, making art, engaging in art therapy, and determining to make a difference through your efforts. Via the second mode, by imagining others, you can begin to see a possible future, to cross boundaries, and to entertain new perspectives. The third mode of realigning serves to build a career trajectory through the art therapy landscape, to locate and relocate yourself as required.

Thus, professional identity is not a thing but a dynamic that arises from how people live in their landscapes of practice. How we inhabit art therapy is material to the sort of professional we become and the identities we have. Whenever we discuss the narratives of the field, what we are doing is negotiating and presenting different parts of the landscape to each other and persuading others of its importance.

Recommended Practices for Re-Invention

When it is time to reinvent yourself, there are two kinds of stories: you must go on a journey by leaving the safe harbor and venturing into the unknown, through different perspectives and ideas, and boundary crossings. Or you can embrace the stranger who comes to your town. By “stranger” I mean those unexpected events and developments in your life that push you to reinvent yourself. How have unplanned events influenced your career? How did you enable each event to influence you? Did you react with discouragement and inaction? Or by feeling challenged? Art therapists can learn to manage their sense of dislocation when faced with these challenges.

In my experience, some practitioners adapt well and others find no success at all. What might differentiate the successfully adaptive from those who are not? I propose that five skills are particularly helpful in this regard: (a) curiosity, which means openness to the disrupting experience and an attitude that is willing to explore new learning opportunities; (b) persistence through the exertion of effort despite sure knowledge that there may be setbacks and disappointments; (c) flexibility, which means adapting to changing attitudes and circumstances; (d) optimism, in which one views new opportunities as potential for possible and attainable goals; and (e) risk taking, which means taking action in the face of uncertain outcomes.

Collectively as a “community of practice,” we might consider what it would take to reinvent ourselves and the profession of art therapy. To begin with, we certainly could advance as a profession if we were more diverse and thought in ways that critically reflect on art therapy’s theories, practices, narratives (Talwar, 2010). I also think it would help if we felt more secure and worked to accept the demands of creative transformation. Thirdly, we need to become more skilled in co-creating partnerships with other professionals and public policy forums that serve our collective goals. Fourthly, it would help if we listened to one another more often and gave space to “other voices” and their real contributions, and in so doing begin to more graciously decenter the narrative. This in turn might invite more diverse groups of people, from practitioners to clients, to participate in art therapy. We also need to challenge the use of outdated language, concepts, identities, and stereotypes. We would be well served if we stopped whining and stopped demanding that the world come to us or deal with us only on our own terms. And finally, I would recommend that we discover better ways to grow and make a commitment to disseminate our work so that its benefits can multiply throughout the world.

One concept that has served me very well in embracing creative transformation is something I learned from my colleagues in Nicaragua. As I have written elsewhere (Kapitan, Litell, & Torres, 2012), art therapy awakens new ways of thinking and learning that things can change. We awaken to creating the world anew with each act of critical consciousness. Thus, we must forget what we know, discover what we need, and begin to realign ourselves with the world that calls for our participation. I have come to believe that we are the materials of art therapy: to shape and be shaped where needed to express and help others act on their needs. We can thrive like the art materials we work with: to be maximally malleable, responsive, and suitable for cultural expression, as well as collectively shared.

Conclusion

I end these remarks with my favorite poem from Claribel Alegría, a Nicaraguan poet who captures the spirit of what I hope to have conveyed to you in this presentation. (Full disclosure: I changed one word, that of “poet” in the original to “art therapist” here). It goes like this:

I, art therapist by trade, condemned so many times to be a crow, would never change places with the Venus de Milo; while she reigns in the Louvre and dies of boredom and collects dust, I discover the sun each morning, and amid valleys and volcanoes and the debris of war, I catch site of the promised land. (Alegría, 1994, p. 246)

May it be so.

Biography

Lynn Kapitan, PhD, ATR-BC, Mount Mary University, Milwaukee, WI, USA, is the director of the first professional doctorate in art therapy in the United States, a past president of the American Art Therapy Association, author of *Introduction to Art Therapy Research* (Routledge, 2010), and Executive Editor of *Art Therapy: Journal of the American Art Therapy Association*. She has worked with diverse groups and people over the years in alternative settings and currently practices cross-cultural community art therapy, primarily as a pro bono research consultant for non-governmental agencies in Latin America. Correspondence concerning this paper can be addressed to the author at kapitanl@mtmary.edu

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