

Editorial

“Not Art Therapy”: Revisiting the Therapeutic Studio in the Narrative of the Profession

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When Chicago art therapist Randy Vick met with people involved in community-based studio programs in Europe, almost everyone insisted that they weren't actually doing art therapy. It seemed an odd declaration, given that their goals and expectations were no different from the expressly therapeutic studio programs in the United States that Vick used as a basis for comparison. The Europeans addressed such concerns as self-esteem, vocation and quality of life, social perceptions, and empowerment. “How,” Vick wondered, “is this *not* art therapy?” When pressed to explain, “not art therapy” seemed to mean neither concerned primarily with using art to treat pathology, nor explicitly aligned somewhere on the historical continuum between dynamically-oriented art therapy and “art as therapy.”

My guess is that there are many “not art therapy” programs popping up all over: Art therapists and community workers may be found using art in disaster relief in New Orleans or Sri Lanka, painting murals with street children in Brazil, combining art with tai chi for elders in Peru or Tennessee, visually documenting the effects of trauma on children in Darfur, organizing art exhibitions with incarcerated youth in Minnesota, or establishing a painting studio in a low income housing project in Chicago. When a whole community embraces the idea of art as a healing technology and applies it to suit its own particular needs, a thousand permutations become possible on how art therapy may be defined.

Why, then, does this notion of immutable rules handed down from the earliest days of our history persist (if you do *this* it is art therapy but not if you do *that*)? Some believe art therapists should never do art alongside their clients, while others observe that this rule is counterproductive in many studio settings. Some are taught that good therapists ask open-ended questions of their clients and then must abandon this rule when working in authoritarian cultures. Those who are unfamiliar with computer-generated images simply declare them non-therapeutic and outside the bounds of art therapy. And art therapists remain fascinated with attempts to standardize the interpretation of art imagery—as if a single template could be used to explain the expressions of everyone, despite evident socio-cultural differences. More than anything per-

haps, the continued publication of these art interpretation systems ties art therapy to historical models and authorizes the valid but one-dimensional perception that art therapists primarily are concerned with analyzing art to identify and treat pathology.

Although the therapeutic community is not new and has deep roots in the profession, community-based settings are uniquely positioned to be incubators for new ideas and practices that will define the professional practice of art therapy in the future. Something happens when the narrative of the profession shifts from the individual expert to the living reality and power of the collective. Community studios often gather people who live outside the mainstream with little access to traditional mental health services. Therefore they are oriented differently and much less invested in the traditional structures and concepts assumed by many professionals to be beneficial. When art therapists strive to learn how such groups use art therapy to serve their own distinct needs, applications to mainstream practice are enhanced as well. That's how ideas on the margins enter into the mainstream and infuse it with new sensibilities that help shape and redefine the field as a whole.

Participatory action research (PAR) takes the idea of the community knowledge incubator very seriously and is another arena where insights from Vick's study may be applied. Throughout the world, nonprofit and nongovernmental community organizations are emerging as leaders in collectively organized research whereby ordinary people generate knowledge by addressing common needs arising in their daily lives (Park, 2001). The assumption is that people who have been marginalized within their societies often know the most about what problems exist, how social problems manifest, and how they can be addressed (Dickinson, 2003). One can find PAR in community counseling, violence prevention projects, non-profit organizations, public health advocacy, anti-racist education, adult literacy campaigns, and myriad other projects. In addition to standard methods of scientific inquiry such as questionnaires and interviews, PAR may take the form of “not art therapy research”—as storefront galleries, group dialogues, town hall meetings, political organizing, educational camps or retreats, intercultural exchange programs, women's cooper-

atives, intergenerational day care centers, performance art and video projects, or photo-documentaries.

Art therapists who want to weave the threads of social justice into the narrative of art therapy may want to participate in these democratic, multidisciplinary community research projects. Golub (2005) eloquently described “community” in art therapy as many things, writing that it may be “a hospital or country,” stating:

It is not a homogeneous entity but a complex network of complex individual members, including art therapists. Their group action can be tentative and modest or expansive and organized. Some change begins within the individual who has potential for influencing collective transformation, and some develops collaboratively. [This] approach... is not about reinforcing the unequal power relationship between patient and therapist. Rather, it is about shared power of the community for the benefit of the community. (p. 17)

Writing from the field of school counseling, Rowell (2006) observed that it is perhaps ironic that the lack of a well-established research tradition actually may be a benefit for creating a new narrative that combines knowledge and action, and orients the profession toward an inclusive vision. In such a situation, there is less entrenched thinking to overcome and greater receptivity toward collectively generated research. In art therapy, the tension between the individual artist and the collective to take ownership of the work created likely is another reason why the profession may resist incorporating new knowledge from nontraditional domains. Importantly, action-based participant-observation, on the levels of micro-culture and larger cultural groups and communities, links social reform with empirical science. Community practice immerses the individual art therapist in cultural and social realities that tend to challenge much received knowledge. At the same time, such work offers outstanding research opportunities to generate new knowledge.

In summary, the implications of what “not art therapy” means to the profession are intriguing and worth grappling with. After all, the failure to update and broaden the narrative of the profession beyond its history will hold back important developments coming from different quarters as well as greater access to art therapy among underserved groups. Art therapists can consider the positive impact of these ideas on all forms of practice, including traditional models. Finally, rather than seeing our young research agenda as a deficit, there is an opportunity here to validate these insights with new directions in outcomes research and art-based participatory action research.

In This Issue: A Dialogue on Studio and Community

When members of the Journal Editorial Board read Randy Vick’s study (published in this issue), they were eager for dialogue on the issues it presents to the profession. As a result, I asked Randy to invite two individuals who are invested in studio-based practice to comment on the study from their own perspectives. Pat Allen, well known for promoting the “open studio” model in art therapy, offers dialogue from the art therapist perspective. Robert Lenz, a director of a studio program for artists with special needs, offers the perspective of a fine artist and curator. We invite readers to reflect on the dialogue and consider submitting a viewpoint to *Art Therapy* for a future series that will address “new narratives” on art therapy.

This issue also features a relational study of portrait drawing with autistic children by Nicole Martin, an art therapist and founder of a therapeutic studio for autistic children and their families in Lawrence, Kansas, and an outcomes study from Irene L. S. Got and Sheung-Tak Cheng, who look at the effects of art therapy in a community treatment program for Chinese adults with developmental disabilities. Lisa Hinz describes her views on the balance between passion and caution when teaching beginning art therapists. Australian art therapist Theresa Van Lith presents a phenomenological study of a young woman making the transition from inpatient care to community life in a residential rehabilitation program. We hope that readers will find much in this issue to stimulate their thinking on the broad narratives of the field.

References

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