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Research Article

# Critical perspectives in the arts therapies: Response/ability across a continuum of practice

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ABSTRACT

This article advances a vision of response/ability in the arts therapies that can respond to the persistence of social exclusion and its impact on mental health, promote diversity, and situate social justice as central to healing. A critical lens, which takes into account how dominant narratives function as a form of social control, is used to analyze and discuss an example of community based art therapy, clinical music therapy, and drama therapy pedagogy. The authors advocate for an epistemological broadening of the body of knowledge in the arts therapies in order to render visible the ways in which arts therapists and educators create spaces of freedom, resistance, experimentation, and empowerment.



## Introduction

The world is faced with a momentous period of instability. An unprecedented number of people displaced by political violence, human rights violations, climate change, and poverty continue to seek refuge yet they have found themselves trapped out in the open (Egeland, 2014; Sajnani, 2016a). We are in a time when there are numerous examples of welcome around the world to absorb these families and share the burden of offering shelter and providing opportunity (Bose, 2016; Harding, Oltermann, & Watt, 2015). However, the dominant narrative has been a familiar one of psychological, cultural, and economic survival against a feared and unwanted Other (Kingsley, 2016; Yee, 2016). This Other, a term popularized though the writing of Levinas (1969), has taken many forms at different points in history in different contexts: as those who suffer from mental illness, women, Black men, people of color, lesbian, gay, and transgendered people, Armenians, Tutsi, Jews, Palestinians, Muslims, Greece, differently abled people, the global poor, and older adults to name a few (Johnson & Sajnani, 2015). Like those displaced today, they have been, at different points in history, seen as a threat to individual or collective identity. Those who are seen as Other are often subject to dehumanizing, criminalizing narratives which are used to promote fear. This fear often leads to having their freedoms constrained, their options reduced, their claims to asylum delegitimized, and can result in death. They are cast adrift in the social imaginary.

This article advances a vision of the arts therapies that can respond to the persistence of social exclusion and its impact on mental health, promote diversity, and situate social justice as central to healing (Sajnani, 2016a, 2016b, 2016c). We are interested in how arts therapists call attention to the dynamics that produce social exclusion and see this approach as contributing to a critical paradigm in the arts therapies. We draw inspiration from similar efforts made by Marxen (2008, 2009, 2011, 2012, 2013a, 2013b, 2017, in press), Sajnani (2004, 2009, 2012a, 2012b, 2012c, 2013, 2015, 2016a, 2016b, 2016c), Sajnani and Kaplan (2012), Sajnani and Nadeau (2006), Zarate (2014, 2016a, 2016b), and our colleagues (Baines, 2013; Baines & Edwards, 2015; Bucciarelli, 2016; Burt, 2012a, 2012b; Cameron, 2014; Curtis, 2012, 2013; Edwards, 2015; Hadley, 2006; Hahna, 2013; Hogan, 2012, 2016; Hogan, 1997; Johnson & Sajnani, 2015; Levine & Levine, 2011; Sajnani & Johnson, 2014; Talwar, 2016; Whitaker, 2005, 2012; Whitehead-Pleaux et al., 2013). We also take, as our starting point, the concept of *response/ability* which Sajnani (2012b) defined as a "a learned skill and an ethic of accountability" that places emphasis on transparency, equity, diversity, contextuality, and mobility across a continuum of practice in order to "enable an embodied, affective, and interpersonal responsiveness to change amidst suffering, against oppression, and as an experience of social justice" (p.186). With these values in mind, we present three perspectives from art,

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music, and drama therapy that lead to a conversation about how the arts therapies might *respond* to current struggles around identity and social justice. Each perspective includes a weaving together of theoretical ideas and practical applications in different contexts. Each is written in the voice of a contributing author to preserve the polyvocality that we believe to be one important expression of a critical approach to practice. We begin with an example of how critical theory serves to illuminate how power and hegemony is exercised in the context of art therapy applied to adolescents within a contemporary art setting, followed by music therapy in a clinical context, and ending with an example of how these values might be expressed in our pedagogy through the lens of one drama therapy training program.

## Eva Marxen: art therapy

In art therapy, the institutional discourses of the *art* and *therapy* fields come together. Art therapists need to undertake a critical analysis of both so as to avoid the unchallenged influence of hegemonic discourses concerning the making and perception of art, as well as the dominant discourse of psychopathology. The purpose is to facilitate a space beyond stereotyping, labelling and dominant subjectifications. The latter term is drawn on the one hand from Foucault's political and ethical understanding of subjectification (1984, 1994): The process of becoming a subject at the time dominated by and coping with existing power mechanisms (political) as well as assuming the responsibility for one's acts including one's form of self-care (ethical). On the other hand, it refers to Rolnik's and Deleuze's reasoning of the "big dominant health" limited to the functional and pragmatic order, enslaving the subject to the "map of the prevailing sense" and thus producing pathologies (Rolnik, 2001, pp. 5–6; Deleuze and Parnet, 1977). According to the Sociology of Deviance and the Labeling Approach all these are mechanisms and social constructions by which the person is reified in her/his supposed given situation by the society (Becker, 1963; Goffman, 1963; for a summary of this approach: Bergalli, 1980; furthermore Foucault, 1975, 1961; Taussig, 1992).

I have mainly drawn on my decade-long collaboration with the Barcelona Museum of Contemporary Art (MACBA, 2003–2013) in discussing the issues mentioned above in relation to a critical approach in art therapy. During this period and leaning on the museum's policies and activities between 1999 and 2011 I was able to redefine art in political terms and as a social instrument that goes beyond bourgeois, romantic, and expressionist conceptions. Benjamin's and Brecht's ideas regarding the secularization and proletarianization of the arts, as well as their techniques of shock and the distancing effect (*Verfremdung*) have served for this redefinition (see Benjamin, 2003, 1978, 1968; Brecht, 1963; Marxen, 2012, 2011, 2009, 2008).

The aim of the museum was not only to set up exhibitions but also to provide different types of services for a variety of groups and subjects thus creating new ways of socialization between the museum and the city. In the words of the former director of Macba's Public Programs the intention was "to restore forms of subjective appropriation of artistic methods in processes outside the mainstream and outside the museum" going "beyond the idea of visibility whose paradigm is the exhibition" (Ribalta, 2004, p. 9). This necessarily involves removing art from its traditional elitist pedestal and taking it to groups within the community that would not ordinarily visit a contemporary art museum (for the relation between social class and the reception of art as well as aesthetic taste see Bourdieu, 2002, 1979, 1968; Haacke, 1975; Rosler, 2013). These intentions go clearly along with the core ideas of art therapy, and that is the reason why Macba brought together professionals from the fields of psychoanalysis, art therapy, and anthropology in order to generate innovative formulations that were adapted to the use of artistic productions. The work of the art-therapeutic and analytic devices took place with groups in Barcelona that are politically positioned on the margins of society.

Along these lines, it is important to stress the non-exhibition line of these practices. A work of subjectivity should be facilitated outside the mainstream and going "beyond the idea of visibility whose paradigm is the exhibition" (see Ribalta, *id*.). From their very conception, the spaces should be freed from any instrumentalization of the arts, whether this be of a capitalistic or institutional nature: publicity and accumulation of symbolic capital for/of the sponsor in the former case or a public acknowledgment of the institution in the latter. Both usually follow a capitalist logic in the form of the over-valuation of the final, tangible result, as well as its fossilization (Bourdieu and Haacke, 1994; Haacke's artwork *World Poll*, 2015; Holmes, 2006). The subjective process however, requires privacy and intimacy beyond public exposure (Fig. 1).

In this vein, my project was based on the use of art therapy with a psychoanalytic slant and an anthropological understanding. It began in 2003 and consisted of weekly art therapy groups at educational centers with teenagers labeled *at risk of social exclusion*, performing *antisocial and disruptive behavior* as well as *behavioral problems*. The psychoanalytical focus of the project was to create the necessary conditions for subjective work aimed at facilitating the capacity for symbolization, primarily according to Winnicott's potential space which allows the participants to symbolize their life experience (Marxen & Rodríguez, 2012; Marxen, 2012, 2011, 2009, 2008). The key element was to provide the therapeutic holding in line with Winnicott, on an institutional level. Following his ideas, the adolescents' assumed antisocial behavior and their behavioral problems stem from social deprivation and lack of emotional holding in early childhood. Instead of labelling their behavior as pathological, the healthy and creative part should be seen, in the sense of being able to provoke and attract the reactions of adults and the society towards their social exclusion (Winnicott, 1984, 1971). Winnicott's psychoanalytic reasoning and its implementation during the Macba experience does not serve to foster privilege and power, a main critique raised against psychoanalysis when applied in its traditional form (Foucault, 1976; Castel, 1973). The Macba practice based on Winnicott rather underlines a social understanding of the unease, transferring the basic function of holding towards the institution. This institutional holding becomes then available for the socio-economically underprivileged and goes along with key ideas of the Institutional Therapy including its partly Marxist motivation and psychoanalytical basis. Yet, its main representatives worked in context of psychosis and mental illness (see for example Oury, Guattari, & Tosquelles, 1985).

Anthropological comprehension implies a critical analysis of both *therapy* and *art*. The main objective is to create and maintain

**Fig. 1.** Art Therapy Practice, Special School Unit, 2004.

spaces of freedom, as opposed to dynamics of normalizations, functionalism, and dominant subjectifications and to provide responses which differ from those the participants are usually given in their institutional contexts; in the case of the above mentioned adolescents, they were written off by their schools and by society at large as total academic and social failures. In their educational institutions, many teachers and educators have tried to refer them to mental health institutions for treatments and medications according to the supposed Attention Deficit Hyperactivity Disorder (ADHD) but, in this context, the young people's very strong resistance towards mental health treatments should be stressed as a possible intuition of refusing to be institutionalized by the dominant medical discourse. Likewise, it is a fact that by a one-school-term process of art therapy based on Winnicott's holding and without any medication the teenagers' attention does not show any deficit at all (see for the deconstruction of the ADHD and a very critical view on over-medication Horwitz, 2010; Knobel Freud, 2013; Valverde Eizaguirre, 2015).

The art therapy practice should be freed from the dominant discourse of hegemony and its penetration in Gramsci's sense; for example not to accept uncritically the dominant medical discourse and its diagnosis (i.e. the ADHD). The attitude of the art therapist and his/her critical stance towards dominant discourses in art and therapy is paramount. In addition, this includes the serious and radical acceptance of the participants' knowledge and likewise their style of verbal and artistic expression.

Gramsci had already considered disease as a social-political process, as an incorporation of inequality. Following his reasoning, the body constitutes a terrain of hegemonic conflicts. Consequently, Gramsci's social and political vision was overtly opposed to psychoanalysis. Furthermore and like Goffman (1961) as well as Foucault (1961) , he unmasked psychopathology as a social and political construct intended to limit marginalized people's social action and participation (Gramsci, 1975; Pizza, 2005). With the help of Winnicott and his references to social deprivation, a combination of his psychoanalytical ideas and socio-political etiologies of unease both on a practical/clinical and theoretical level are possible in order to achieve a potential art therapy space critical towards the dominant discourse (see also Loewenthal, 2015; Becker, 2003).

In this potential space of art therapy, participants can feel accepted and comfortable enough to create their narratives in order to deconstruct institutionalized lives and situations of domination. Their agency as a capacity of auto-determination should be strengthened. In (art) therapy this is simultaneously translated into the "notion that the client is the expert on him/herself and that therapists are consultants who co-construct, with the client, the path of wellness" as opposed to "the medical model of diagnosis and cure" that considers the (art) therapist to be the expert to lead to this "cure" (Burt, 2012a).

In line with the ideas of Deleuze and Guattari (1975) on *minor language* located at the edge of the dominating discourse, in the potential art therapy space the participants' narratives can activate their hidden potential beyond the majority thinking and its mechanisms of marginalization and labelling. New horizons and alternatives are thus opened. Negri and Guattari (1996) had already stressed the capacity of marginalized subjectivities to find new ways of articulation and creation. The ideas of these authors coincide with the described art therapy experience: despite the marginalization of the young people, their expressions were much more embodied than ideological. They articulated their lived and embodied experience (also Foucault, 2001; Marxen, 2017). In a similar vein, Gramsci's follower De Martino (2008) had pointed out the potential of resistance of the subaltern in his/her symbolic and artistic creations, such as popular songs, rituals, storytelling, etc.

Using the arts, however, is not enough to facilitate alternatives in therapy or anthropology. Any artistic practice can be a companion and participant of hegemonic discourse, as can other practices, if they have not undergone a process of critical analysis. A critical perspective in art therapy should be ingrained within the social context of art. No artistic practice takes place in an autonomous space. Nor can it offer a neutral experience but rather artistic practices are embedded in the structural logics of society and connected to its governmental, dominant discourse. Only through an epistemological broadening of the body of knowledge, a following critical analysis of the mentioned interconnection of art and society, as well as a posterior awareness of it by the professional are the arts in therapy able to challenge these mechanisms of control and oppression; otherwise they reify them (Marxen, 2013a; Rosler, 2013; Burt, 2012b; Alberro, 2009; Mouffe, 2007; Whitaker, 2005; Bourdieu, 2002; Adorno, 1991; Benjamin, 1978, 1968; Brecht, 1963).

If a critical perspective on art and society is taken, art can unfold its symbolic power grounded on its greater potential of freedom. Compared to verbal language, artistic language is able to condense different tenses in one single work beyond the authority of one concrete signification (Marxen, 2013a; Gadamer, 1997; Deleuze & Guattari, 1972). This enables it to denounce an unease of the present, simultaneously showing and announcing new horizons and possible alternatives for the future (Vattimo, 2005). New ways of inhabiting the world are offered and, finally, artistic expression is able to overcome the verbally established (Butler & Pérez-Oramas, 2014; Marxen, 2013a, 2012; Longoni, 2011; Slack, 2005).

In combination with a critical analysis of art therapy a non-directive approach is essential, allowing the participants to develop their own personal style, artistically and verbally, without being induced by the professional. A "space for spontaneous affects, a way for subjectivity to be improvised" is provided; its flexibility and openness is crucial for the client's discovery, experimentation, and flow of/with his/her desire beyond structural or the therapist's impositions (Whitaker, 2012; pp. 347/351).

Yet, in the mentioned adolescence context in the beginning some structure might be given, for example through the gradual introduction of the art materials without mentioning concrete subjects, starting with techniques which themselves offer more control such as collage. It offers a safe and structured process, controlled and controllable, because of its slowness and its many different stages: looking at materials, deciding which to use, cutting, reorganizing images, pasting, and eventually adding personal statements with other materials. Very seldom do the participants get lost during these phases. At the same time, it offers the possibility of recomposing narratives and a distancing effect towards them. Additionally, collage can alleviate anxieties about producing *acceptable* images, since the images themselves pre-exist which has been seen an advantage for adolescents with a lower tolerance of frustration (Aragon, 2001; Greenspoon Linesch, 1988; Didi-Huberman, 2009; Hyland Moon, 2010; Marxen in Press).

The free flow through meanings facilitated by the images can challenge representational limits, frontiers, and ideological referencing. As a result, "art therapy is a form of social resistance in the way that it defeats branding, homogeneity, and codification" (Whitaker, 2005; p. 64). Following the art-life experience of the Brazilian artists Lygia Clark and Hélio Oiticica, art can then function "as a vehicle for the liberation of the subject, in which he or she could, through the creative experience, reconstitute his or her own subjectivity and reconnect art and reality" (Carvajal, 1999; p. 51).

## Rebecca Zarate: music therapy

In music therapy, the social complexities of responding to difference are present and expressed within the improvisation experience. I work clinically with people who experience social

anxiety and approach my work from a critical social lens. This means that I examine the role of anxiety in society and its interpersonal quality and relationship to the presence and meaning of difference. I am interested in how society's treatment of difference is manifested as anxious behaviors in the context of clinical improvisation. Fear of the worst, nervousness, or an inability to relax would be examples of anxious behaviors that are manifested from socially constructed norms. A critical social context identifies social displacement and marginalization as a consequence of these norms. I examine the cultures that are formed as results of these social dynamics that shape what I call *the social architecture of anxiety*. This idea challenges current understanding of and invites a conversation about the meaning of anxiety in our lives (Zarate, 2016a, 2016b). The theoretical foundation of my work is grounded in a social transformation perspective, which is a position that considers the integration and application of social knowledge with the goal to liberate people from social circumstances that cause disempowerment (Calhoun, 1995; de Freitas, 2008).

*Culture of repertoire, cultural projections*

The social and cultural projections that occur within the clinical music improvisation hold a wealth of knowledge and insight if harnessed to full potential. Stige comments that, "culture has not been neglected in the music therapy literature but it has often been presented as an external factor or a given set of stimuli influencing people" (p. 540). As a result of this, an attitude and culture of repertoire has historically been practiced in improvisation from the Eurocentric model of Western music from the U.K (Alvin & Warwick, 1992; Nordoff & Robbins, 1971; Priestly, 1994), and from a Western classical receptive approach (Bonny, 1975). There is a growing theoretical understanding and acknowledgement of the need to critique this, particularly as an attitude towards the work. Hadley (2006), Hadley and Yancy (2012), Hadley (2013a, 2013b), Hahna (2013), Kim & Whitehead-Pleaux (2015), Navaro-Wagner (2015), Stige (2002) and Ruud (2010) are theorists who have clearly stated a need for a socially responsive discourse in music therapy. In aesthetics, Aigen (2007), Abrams (2011), Kenny (1996, 2006), Lee (2003) and Viega (2014) have expressed a need for music-centered theoretical discourses in the U.S. These discussions, rooted in either a critical, social, or musical perspective can influence the theoretical discourse of improvisation into a critical paradigm that has interdisciplinary foundations. As an example, Edwards & MacMahon (2015) are authors who present an idea that critiques possible theoretical and practical considerations of medical ethnomusicology and music therapy and possibilities of new cultures of clinical practice.

Two guiding ideas that specifically inform my practice are Stige's Culture-Centered Music Therapy (CCMT) approach, and Lee's music-centered Aesthetic Music Therapy (AeMT) approach (Lee, 2003, 2016; Stige, 2002, 2016). CCMT contends that *social* and *cultural* are not interchangeable terms with philosophical roots of ecological understanding on the relationship between people and their surroundings. We humans are culture, we create culture, and we need to sometimes, transform culture. Therefore, culture is a pertinent part of the treatment of anxiety and important for music therapists to consider. Lee describes AeMT as, "The development of clinical musicianship and musical science [that] is at the heart of AeMT and includes an understanding of listening, aesthetics, composition, and the balance between musical and clinical forms "(p. 519). He shares that, "by listening clinically and responding with precise musical interventions, the therapist is able to help guide the client through the therapeutic process" (Lee, 2016, p. 522). The perspective that I offer is an approach called *critical social aesthetics* (CSA) which combines critical social theory, music aesthetics, and improvisation-based music therapy.

CSA in music therapy constitutes an overarching inclusive philosophy that honors and respects the presence of difference in society. CSA offers a set of competencies to work with difference as it is expressed within the creative, relational and intersectional environment of improvisation. Drawing on aforementioned influences, this practice directly addresses how music is sensed and perceived and uses the aesthetic experience of music as the theoretical vehicle to enter a deeper cultural meaning. In this way, I hope to generate a shared, transformational learning frame in clinical practice to find meaning of difference through artistic musical improvisation. This critical perspective of improvisation expands the discussion about where narratives of social norms, social hostility and subsequent silencing and marginalizing practices live. It also spotlights how they are transferred between client and therapist. The premise of the approach recognizes that these perceptions and behaviors are present with or without conscious responses by the therapist and if left unattended, could be the reason for misunderstood reasons of resistance, non-compliance, or burn out in therapy. I work musically with themes of *voice* and *difference*. In particular, where voices have been silenced in social contexts. The approach is an expansion of a phenomenological theory of improvisation that I developed, which identifies the multisensory boundary environment and focuses on mapping out specific micro moments of interest within improvisations (Fleetwood, 2010).

## Clinical listening <—> cultural listening as a socially responsive practice (Fig. 2)

Clinical Listening <—> Cultural Listening (CL-CL) is a response to acknowledging cultural difference as it appears as musical images and themes that are voiced and shared through the connection between the client and therapist in improvisation. The method utilizes a set of tools and techniques within the clinical encounter while applying an attitude and understanding of the cultural – relational dynamics within the improvisation environment through the aesthetics lens. CL –CL combines and operationalizes several competencies for the therapist to consider. These competencies are: 1) Intention, which is an understanding of the presence of difference in social structures; 2) Reflexivity, which is the capacity to recognize oneself as an agent who can identify, question, and change one's place in the social structure of the improvisation encounter and therapy process; 3) Perspectives of Listening, which addresses the various ways of listening to the improvisation environment from multiple perspectives such as self, other, client, worldview, environment, social, and cultural; 4) Social/Cultural Projections which is the assumption that there is a perception of a person, for both client and therapist, as a social/cultural being, as they are represented in a musical theme within the music improvisation environment; and 5) Cultural Metaphors, which refer to how objects and images are then produced out of the improvisation causing projections onto a social/cultural idea or topic. Those projections of the idea or topic are transferred onto and into the music in the improvisation environment, moving the original intention towards insight into whichever social/cultural topic has emerged from the music. I present it here as a way to steer towards a deepened critical era of understanding improvisation-based work through the aesthetics lens .

*Activating the musical metaphors within clinical Listening <—> cultural listening*

There are two key constructs in aesthetics of music that are used within the social/cultural projections competency area of CL-CL. They are a) music metaphor and b) image schemata, both written about by Scruton in his theory of music aesthetics in 1999.

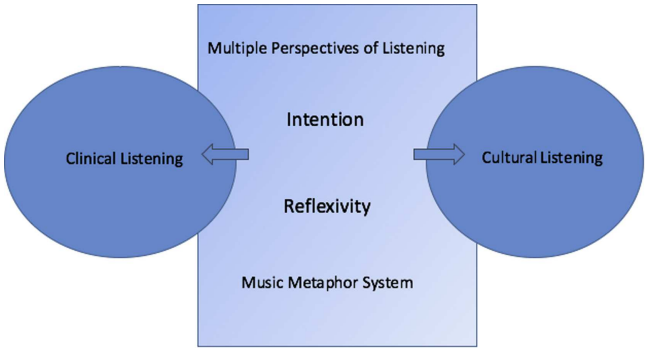


**Fig. 2.** Diagram of the Theoretical Framework of Clinical Listening <—> Cultural Listening.

Both serve to provide a reflexive and inclusive means of analyzing music in a way that activates and accesses bias and presence of difference within the listening experience of music. In a clinical setting with a client who is experiencing fear of the worst happening in social or public settings, I will be working towards the treatment goal of decreasing that anxiety symptom. My objectives will include activating CL-CL as a method to *honor*, *explore* and *uncover* the interpersonal roots of the symptom. The symptom is now framed within an interpersonal topic and anxiety narrative using the competencies of reflexivity, intention, listening levels, and social/cultural projections and metaphors. The client and I will engage from this frame, in the journey into the complex cultural meanings of the 'fear of the worst happening.' Intentional work with the specific anxiety symptom is key for both parties to amplify and resonate with an authentic relational aesthetic experience. This creates a frame of competence, as Wenger (2014) calls it a "model of convening roles" by which to approach the improvisation and set the container for the work with metaphors (p. 143).

### *Music metaphor*

Using Scruton's model, music metaphor, or musical mapping is described as an "object of musical perception" (Scruton, p. 9). When this object of perception is expressed such as the symptom of 'fear of the worst happening', and the client's social story is listened to, the acts of intention and hearing of the sounds in relationship to perception of the symptom are activated. Listening, as he suggests, therefore, is the result of a combination of intention and hearing. Taken a step further in the listening experience, the intentional object of musical perception of the sounds and music produced, and hearing those sounds as music, create an experience of what is called a "double intentionality" of musical metaphor (Scruton, 1999). Through facilitated improvisational techniques, the client is now actively engaged in improvising and interacting within the improvisation about their personal perceptions of not just a clinical symptom, but as a social topic, or even narrative, of fear of the worst happening. Using music psychotherapy techniques influenced from Priestly (1994) and Austin (2008), a dialogue emerges that both client and therapist participate in playing or singing about, to, or as the anxiety symptom (Zarate, 2016a). They can contemplate their story as it resonates with the social experiences of oppression within the music. As the musical metaphor emerges, which is the combination of the object of perception and music created, so do the insights into the social narrative of the symptom. This is a moment where anxiety will most likely be present in the therapist, as they may be activated by their own socialized biases and experiences of oppression and difference. This is a point in which reflexivity is an important competency to bring into the process.

Using this system breaks down the listening experience into a tangible way of analyzing music from a culturally conscious lens by creating musical metaphors. It shapes clinical understanding of the music, a song, or music-scape in that it helps navigate a way into and acknowledge the presence of bias and difference within the musical experience. As music therapists, it focuses us to think and feel reflexively and participate in such ways. The relationship between how we intend to use music and how we hear the music from this perspective shifts the ways of practicing improvisation into a new paradigm of using clinical listening. As the experience deepens through a variety improvisational applications, the music metaphors are finally activated.

### *Image schemata*

The concept of image schemata is founded on the understanding that we have implicit knowledge that our bodies are a containing mechanism (Scruton, 1999). The mechanism of image schemata and technique of clinical listening are important to consider in relationship to one another because it provides a theoretical gateway into the cultural relational space within improvisation. This means that we have the capacity to absorb and integrate information from internal and external stimuli on a multisensory level while working within the sonic environment. In the schemata, the therapist consciously or unconsciously recognizes an image, motif, or a schema – which is a song plus an image or a song that we project those images and schemas onto. For example, the client will be exploring feelings around fear of the worst happening and projecting those feelings as sounds about fear of the worst happening as a socially charged topic. These sounds are, in turn, projected onto other domains beyond ourselves such as music (Scruton, 1999; p. 10). In the co-created musical environment, the social domain becomes the improvised music between therapist and client. How one listens to music would therefore be driven by the projections occurring within the sound-image-schemata system onto the music. The flow of emotions and cognitive responses of both the client's and the therapist's sounds shifts the quality of the music as they explore their own conscious and unconscious experiences of difference and oppression. The music can now be *listened* to as a co-constructed image-schemata musical continuum of intensified and shared cultural relational experiences between therapist and client.

The potential for therapists to understand and analyze the relationship between projections and culture is ever-present when this lens is turned on. If the field does not embrace cultural reflexivity in improvisation work, the authenticity of the therapeutic experience could be questionable. A critical perspective towards improvisation that offers a critical social approach, method, and competencies of how we sense and perceive music as music therapists can enable us, as Stein (2004) suggests, to go beyond the crust of known culture, and as Akhtar (2013) argues, to explore fear as a social shadow of anxiety about difference. An inclusive philosophy which dismantles the socialized boundaries of difference will hopefully offer a way for clinical music therapy to treat anxiety and contribute to social change. By doing so, the profession can further develop into an era of consciousness about the presence and meaning of difference.

## Nisha Sajnani: drama therapy

In drama therapy, "all the world's a stage" (Shakespeare, trans. 2000, 2.7. 139). Indeed, healing, in the words of drama therapist Phil Jones, "does not take place in a sealed environment" (2010, p.22). Rather, factors such as racism, poverty, homophobia, transphobia, sexism, Islamophobia and other forms of discrimination and inequality combined with how health and other institutional

services (such as justice, housing, social security etc.) are regulated influence what occurs in all spheres of practice including the classroom, community, and the clinic. *Dramatic reality* (Pendzik, 2006) is what allows us to draw on fantasy and illusion to construct and deconstruct imaginary worlds in which dynamics of domination and subjugation, creation and destruction, immersion and dispersion may be more fully explored. Drama and theatre serve to re-sensitize us to ourselves, to each other, and to the possibilities available to us in every social interaction (Boal, 1979). Drama therapy may be used to help those we work with notice those aspects of themselves and others that have been denied, shamed and kept hidden from view, practice being in relationship to others amidst differences (of opinion, position, perspective, location etc.), and imagine, rehearse, and incorporate options for action (Sajnani, 2009).

As an example for practice, I have chosen to focus on the training of drama therapists. In my role as coordinator of a drama therapy program in the U.S., I have organized the curriculum in such a way that students meet the requirements for licensure with the state and registration with the North American Drama Therapy Association. In addition to this, the program is organized around a set competencies comprising academic, theoretical, ethical, clinical, artistic, multicultural, and personal areas of development. I will elucidate how I have attempted to support students' development of multicultural competencies in particular.

Students begin with an immersive experience in a pre-requisite course that surveys the principles and practices of drama therapy. Here, they are given an experiential introduction to a selection of approaches used in the field. This is followed by a course entitled *Theories of Drama Therapy* in the fall semester which allows students to explore in greater depth the history and theoretical frameworks that underpin this profession. Of course, these choices are not neutral. As an educator, I need to consider which theories to privilege and which ones are left out; which histories of *drama*, *psychology*, and *drama therapy* are circulated and which ones are ignored. Jones (2013) emphasized the importance of examining the profession's history beyond individual accounts in the United States or the United Kingdom in order to "deepen a profession's understanding of its development and identity" and to ensure that partial or biased narratives do not become the norm (2013, p.353). I have been curious about how our history and social locations as educators authorize us and how the diversity or lack thereof in our field influences and limits our perspective of the profession-what it is, what it is not, and what it might become.

New voices are rising that contribute to our understanding of drama, theatre, and healing. For example, South African drama therapist, Makanya (2014) articulates a South African perspective on mental health and drama therapy. She imagines approaches that draw on Indigenous knowledge about theatre and healing yet also warns readers about the risks of both essentialism and globalization. She writes:

This dialogue is to facilitate myself, in my practice as a drama therapist, to find a way of using knowledge that South Africans already possess in order for them to have ownership in their own development and healing. The aim is to use methods they already recognize as their own and mobilise their own forces for their own gains. The aim is to put 'cultural identity' at the centre of the development paradigm (p. 303).

Of course, this is complicated because, on one hand, there is value in seeing cultural identity as a noun, as a location that informs experience like one's experience of gender, ethnicity, nationality, ability, sexual orientation, or social class. On the other hand, identity also functions as a verb in that it is active, relational, and performative (Butler, 1990; Goffman, 1959; Hodermarska et al., 2015; Mayor, 2012; Sajnani, 2012a, 2013). For example, Fanon (1963) , in his writing about Black Algerian identity in relationship to the aggression of French colonization, reminds us how abuses of power constrain these acts of becoming. The full arc of "what a person is capable of being and doing", to borrow language from Nussbaum (2000, p. 3), is reduced when people are limited to the roles of the colonizer and colonized, oppressor and oppressed. It is important to both investigate the legacy of these roles and recover where and how we may exceed them. Other cultural variations and arguments for decolonizing approaches may be found in writing about the critical paradigm in drama therapy (Sajnani 2016a) as well as recently published studies such as Williams' (2016) description of drama therapy in the service of disrupting harmful racial stereotypes, Lee Soon's articulation of drama therapy within an Indigenous Hawaiian context (2016) and Sajnani and Gopalakrishna's (in press) examination of Indian performance theory as a basis for drama therapy.

The *Theories* course offers many opportunities to explore current and emerging drama therapy theory and practice as a response to the "anxious experience of otherness" (Sajnani, 2013; p. 382); Sajnani, 2016b) that can result from colonization, racism, sexism, classism, and homophobia amongst other forms of social exclusion and social control. For example, Landy's (1996) prescription of a flexible and balanced role system may be recruited to analyze unwanted and chosen social roles. Boal's ideas about "cops in the head" and the related exercise in which the internalized voices of social oppression (i.e. cops on the street) are given form by members of a group makes it possible to address the often invisible social forces that influence well-being (1995, p. 40). I also draw on the theory and practice of Developmental Transformations (or DvT), a highly relational, improvisational form of drama therapy, to help students practice bringing attention to difference. Johnson (2009), the originator of this approach defines it as "the continuous transformation of embodied, encounters, in a playspace" and its stated aim is to reduce the fear of instability (Johnson & Sajnani, 2015; p. 58). I understand instability to mean the moment to moment differences we perceive in our bodies, in our interactions with others, and in the world around us. In this practice, two or more people freely improvise sounds, movements, roles, and scenes that arise in the moment in a mutually co-created playspace. A core practice in this approach is what Johnson refers to as "the recursive cycle" which is comprised of "noticing, feeling, animating, and expressing" (2015, p.13). The entire practice is reliant on noticing momentary differences in oneself, in the other, in one's context, noticing the feelings that arise, letting these find form within us and giving these expression in the here and now. Identities, social roles, and desires may all emerge in the playspace and become revealed as social constructions – repetitive performances that have, in Butler's (1990) words, *congealed* over time restricting one's experience of being present with themselves or another. Regardless of whether students choose to use the full practice of DvT or not in their professional practice, I have found it to be a useful technique in the classroom because it helps them to attune to themselves – especially those aspects of themselves and others that they are less comfortable with, to translate what they notice into co-created dramatic forms, and to increase their capacities to tolerate ambiguity and multiple points of view.

In the same fall semester, all students take a course entitled *Examining Power, Privilege, and Oppression in Clinical Practice* (PPO) in which they are taught to reflect on the influence of their own histories, intersecting identities, and worldview on how they understand health, illness and care. They also develop skills in researching significant events and forms of social discrimination that may play a role in the lives of their clients. In PPO, students are introduced to queer, feminist, and critical disability scholarship and begin to question, some for the first time, what they have been taught to understand as normal and abnormal and to identify and notice the ideas have informed how their profession is regu-

**Fig. 3.** Lives That Matter, Lesley University. Photo Credit: Mark Tewes.

lated in the United States. Students are encouraged to bring this critical lens to their other courses such as human development, psychopathology, and courses in their area of specialization (Fig. 3).

In the Spring semester, students take a course entitled *Performance and Practice: Art, Education, and Therapy* in which they explore theories and practices associated with therapeutic theatre. In 2015, students studied verbatim, documentary, and ethnographic approaches to theatre making. They chose to document their own stories interspersed with interviews with family members and news stories about racially motivated violence and prejudicial behavior in America. The resulting performance was entitled *Lives That Matter: Power, Difference, and Co-Existence in America.*

This was workshopped in the class and then performed as part of a larger Speak Out! series organized by the institution to support conversations about interpersonal and systemic racism, diversity, and inclusion. Students reflected on the power of confronting their own implicit biases, performing their own stories, being witnessed, and being present as audience members shared their own stories. Here is an excerpt of an email sent after the performance by a student who was in the audience:

The performers pulled stories straight from their lives, from the headlines, as well as words from their own families and friends on these issues. They did not come to a conclusion or have a specific message, but rather presented multiple perspectives in the context of real, recent events. They also opened up discussion with the audience with the purpose of encouraging dialogue and comfort with holding multiple views. . .many different people were opening up about their own stories, views, and questions. It was an amazing thing to watch and participate in. (personal communication, March 25, 2015)

These reflections confirm what others in the field have noticed about the therapeutic benefit of creating and being witnessed in performance (Bailey, 2009; Emunah, 1994, 2015; Furman, 1988; Grainger, 1996; Sajnani, 2013). Namely, that the performance of personal and social stories offer opportunities to organize and elevate difficult experiences. It also offers therapeutic benefits to the audience. From a critical perspective, this performance, and the performances that have followed, embody what postmodern theorist Lyotard (1984) referred to as *les petits recits* which are localized narratives that serve to interrupt dominant narratives. Without these interruptions, Lyotard reminds us that dominant narratives are repeated, reinforced, and become reflected in policy, practice, and everyday human behavior to the point where they are assumed to be factual and normative. Towards the end of the program, in a course entitled *Research and Evaluation*, students are taught about traditional approaches to qualitative, quantitative, and arts based research. They are also taught to think critically about who participates in the construction and valuation of knowledge, to question different ways of justifying evidence, grapple with the nuances of consent, question whose interests are served by the research, and to consider the ethical responsibilities of scholars to and within the communities in which they conduct research.

This map of our curricular sequence exemplifies how critical perspectives, including an analysis of the historical, cultural, social, economic, and political factors that influence the provision and practice of drama therapy, might be woven throughout the course of training.

## Discussion

We began with the concept of *response/ability* understood as both a *skill* in that we draw on the arts to facilitate an aesthetic responsiveness to suffering and an *ethical responsibility* as individuals, communities, and as professionals to recognize and respond to the ways in which social injustice influences lives. The examples that we provided, drawn from community, clinical, and educational contexts, point us towards several perspectives and practices that may move us closer to a vision of the arts therapies that is informed by social justice, interrupts the dynamics which perpetuate harmful *othering,* and promotes diversity as necessary to health and wellbeing.

First of all, each of us thought it necessary to acknowledge how dominant narratives function as a form of social control. The implication here is that, in addition to contending with a person's personal history, it is important to consider how social, economic, and/or political violence in the form of racism, homophobia, or poverty for example, contributes to expressions of distress in the

form of anxiety or otherwise. This point is reinforced by the guidelines concerning culturally responsive care offered by the American Art Therapy Association (2013) as well as the North American Drama Therapy Association (Sajnani et al., 2015).

Secondly, it was evident from our examples of practice that arts therapists practice in a range of contexts outside traditional clinical environments. In fact, our conversations called into question the professionalization of care and the neoliberal values that position therapists as providers and participants as clients or consumers. In many ways, we are caught in a tension where we need to inhabit and account for our identities as arts therapists while also calling the norms that get attached to this identity into question. One example of this occurring is when we seek to justify our practice within a medical paradigm alone. Our skills with supporting personal and social change through a nuanced understanding of aesthetic and relational processes are valuable across contexts though our roles as mental health professionals (i.e *therapists*) might need to be less pronounced. Talwar (2016) gets at this in her recent editorial for the journal of the American Art Therapy Association in which she asks the question, "is there a need to redefine art therapy?" (p. 116).

Thirdly, we found it necessary to approach our field from an interdisciplinary and transdisciplinary perspective in order to bring ideas from communities of inquiry invested in analyzing how the practice of power shapes lives into conversation with the practice of our specific specializations. Co-authoring this paper across the divides of art, music, and drama therapy was itself an interdisciplinary act that led to new insights and fostered collaboration. This polyvocality allowed us to see where our ideas overlapped and where they diverged. What we shared in common across contexts was the need to use our aesthetic skills to practice noticing what is listened to and what is not listened to, what is seen and what is not seen, what is appreciated in the therapeutic encounter and what is ignored. In short, we need to be aware of our own cultural repertoire as it influences our cultural projections within the shared cultural-relational space in our art-making practices.

A transdisciplinary focus "embraces diversity, flexibility, and innovation while offering a sense of autonomy, inclusion, and collaboration for the field" (Bucciarelli, 2016). We brought feminism, cultural studies, social science, and political philosophy into conversation with psychological theory and theory in the arts therapies to highlight options for growth and change. Critical reflections by Deleuze and Guattari (1975, 1972), Negri and Guattari (1996), Gramsci (1975), Goffman (1963, 1961), Foucault (2001, 1994, 1984, 1976, 1975, 1961), and Lyotard (1984) offered us a way of understanding our practices as a form of resistance to constraining forces. This stance has allowed for a constant epistemological broadening of our professional body of knowledge and to feel confident about our contributions as therapists and educators to creating spaces of freedom, resistance, experimentation, and empowerment.

The radical acceptance of the participants' knowledge and their style of verbal and artistic expression in all the creative arts therapies is crucial and a non-directive approach is, for the most part, essential as a means for the development of personal styles and narratives. If we want to create a space for another's story to unfold, we need to cultivate environments where their artistic expression is truly welcome and not shaped to meet the needs of the therapist or the public. We want to avoid the commodification of the arts therapies where what is produced also needs to meet the needs of the market (i.e to entertain and amuse) and refuse the instrumentalization of the arts. However, there are also exceptions to this. For example, exhibition or performance, as in the case of therapeutic theatre in drama therapy and the example that Sajnani provided, is understood as a means of interrupting stereotypes, challenging stigma, and challenging public perception. Of course, in these cases, it is paramount that the audience is chosen by participants (Bailey, 2009; Sajnani 2012c).

Art, because it is symbolic, can hold multiple meanings at once. The relation to images is kinetic. Art deals with fluid, dynamic representations and facilitates lateral shifts. This leads to an enlargement and change of the psychic space beyond boundaries which can open up alternatives and new possibilities. In this way, we can see how art therapy, along with other arts therapies, can then work as a form of social action against branding (Whitaker, 2005). Yet, this is only possible through a critical analysis of art and therapy and how both institutions are linked to hegemony in order to challenge and not to reify it.

Together, these ideas and practices have the potential to translate well into the work of noticing and negotiating the spaces between the surface of the artistic expression, emotional investments, and the interests behind them. In order to achieve this, we need to continue to remove the arts from their traditional elitist pedestals and take them to as many groups as possible in the community. In the same vein, we must be vigilant of how and when barriers to accessing the arts therapies are created. In the final instance, arts therapists working from within a critical framework can aim their poetic points into institutions and institutionalized lives in all three areas of practice. Our hope is that our collaboration inspires more conversations and efforts at realizing and acting upon our responsibilities as artists, researchers, educators, therapists, and global stewards.

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