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Art Therapy and Social Action: A Transpersonal Framework

Dan Hocoy, Carpinteria, CA

Abstract

This article introduces a conceptual framework that integrates art therapy and social action. The author uses a transpersonal model of the human psyche and an interdependent paradigm of the self and views personal psychological experiences and external societal structures as entwined in a cocreative, mutually dependent relationship. From this perspective, art therapy and social action become interconnected enterprises ultimately having the same goal: just and peaceful communities derived from individual and collective wholeness. The unique role of image in art therapy and social action is discussed, and homophobia is used as a working example of the reciprocal impact of societal and individual psychic processes. Art therapists should examine their complicity in unjust social arrangements and take a moral stance to work for justice by actively redressing imbalances, within and outside the consulting room. It is suggested that art therapists adopt an action research approach by relinquishing theoretical dogma and cultural assumptions to consider the specific needs and worldview of the individuals being served.

Introduction: How the Twain Meet

The relationship between art therapy and social action is not entirely self-evident. Although conceived from feminist origins and nurtured by progressive political leanings (Junge, 1994), art therapy in contemporary practice (Elkins & Stovall, 2000) still diverges significantly from political activism and direct interventions for social justice. Conversely, social action does not specifically address the psychological and intrapsychic wounds of individuals. So, how exactly does the healing profession of art therapy intersect with the political praxis of social action? Is there a theoretical framework that might undergird a coherent relationship between these enterprises? A review of the literature

indicates that a few theoretical orientations from other disciplines have been used to conceptualize various aspects of art therapy in relation to specific societal structures. For instance, Gussak (2002) applies an interactionist perspective from social psychology to understand the relationship between societal systems, professional regulatory institutions, peer influence, and the daily practice of art therapists. However, as art therapy has struggled to find an adequate theory just to reconcile art and therapy (see Rubin, 1987, for a review), there exists no conceptual model that integrates the work of social action with the practice of art therapy in a comprehensive fashion. Yet, an overarching framework that recognizes this inherent relationship and articulates its concepts, principles, and orientation would be of value.

Hocoy, Kipnis, Lorenz, and Watkins (2003), psychotherapists who have worked in art therapy in one capacity or another, have struggled with this very issue and have developed a general framework for how Western therapeutic practices might be reconciled with social action; the application of this framework to art therapy is presented here. The model draws from the work of depth psychology (Hillman, 1992; Jung, 1960, 1961; Lorenz & Watkins, 2001), action research (Sohng, 1995; Stringer, 1996), liberation psychology (Martin-Baro, 1994), and critical theory (Foucault, 1980; Grabb, 1997; Prilleltensky, 1994, 1997).

The Image and Social Action

One way in which social action and art therapy are linked is through the versatility and power of the image. Social action is ultimately predicated on the relationship between personal and collective suffering, and the image has the unique ability to bring to consciousness the reality of a current *collective* predicament, as well as the *universality* and *timelessness* of an individual's suffering. Moreover, images can concurrently heal personal-collective wounds while demanding a response to injustice.

The image is regarded as having the potential to mediate between the individual and the collective. Cassirer (1955) believed that consciousness is mediated and transformed through symbolic forms, and the image "is one means through which the 'I' comes to grips with the world"

(p. 204). For Carl Jung, the archetypal image, an expression of a universally recurring theme that transcends time and culture (Schaverien, 1992), allows connection to the collective unconscious. An awakening to a shared predicament can be transformative in itself, as well as serve as a basis for social action. For instance, the images of the Mexican muralist movement of the early 1900s, which embody Kuhns's (1983) "enactments in a culture" (p. 53), brought awareness of a collective plight and served as a language of solidarity, empowerment, and revolution for a largely illiterate population.

According to Jung, the image can be transformative in two basic ways: (a) through the healing derived from conscious awareness of a previously denied aspect, and (b) by tapping into the healing potential of the psyche—specifically, the central archetype of the Self (Wallace, 1987). Evidently, these capacities of the image apply on the collective as well as the individual level. With regard to the first transformative process, Schaverien (1992) explains:

> [The image] is the means through which the subjective and objective nature of the patient's experience is mediated. The [image] is no mere handmaiden in the service of psychotherapy; instead it is a formative element in the establishment of a conscious attitude to the contents of the unconscious mind (p. 11). Through the seeing of the image...the patient's relationship to unconscious material begins to change. (p. 21)

In terms of the second transformative process, Wallace (1987) describes the Self as a vast, unbounded healing factor that is accessed through the image and that "compensat[es] for any imbalance that might arise" (p. 114). These healing functions may be manifest in Augusto Boal's (2000) "Theatre of the Oppressed" in which the frozen gestural images of participants (resulting from exercises to address oppression) bring forth creative improvisation from the unconscious and, conceivably, from the Self in addition to *conscienticization* (i.e., collective consciousness).

Jung (1961) also alludes to a third way that the image can heal: "The images of the unconscious place a great responsibility upon a man. Failure to understand them, or a shirking of ethical responsibility, deprives him of his wholeness and imposes a painful fragmentariness on his life" (p. 193). Jung suggests here that an image may be a representation of an alienated aspect of the psyche and asserts there is a "moral obligation" (p. 187) to understand such messages from the unconscious and to effect reparation. Clearly, then, the image can serve as a call for individual and collective action to address marginalized aspects of human potential. Examples of this may be seen in the photographic images of Sebastiao Salgado (1997, 2000, 2004), which document human plights including struggles for land rights, poverty, displacement, and genocide and implicitly charge the viewer with an obligation to address these instances of injustice. Interestingly, there exists empirical research supporting these dynamics; Kaplan (1994) found evidence of a relationship between the nature of the images one spontaneously produces and the likelihood one will engage in social action.

Art Therapy: Whom Does It Serve?

As with any social institution, art therapy "derives from a specific set of cultural assumptions, values, and constructions" (Hocoy, 2002a, p. 141) and contains within it the biases of the society of which it is a product. Although art therapy may be less culture-bound (see for example, Kalish-Weiss, 1989) than other societal enterprises and often acts in countercultural fashion, it is still inescapably shaped by the viewpoint and socioecopolitical arrangements of the culture from which it originates. The structures that undergird contemporary society developed from a particular set of power relations and tend to privilege some individuals at the expense of others; these structures are usually taken for granted because they have been the consistent ground of our existence and are as invisible as the air we breathe (Greenfield, 1997). Yet these invisible societal arrangements perpetuate a social order that contributes to disparities in status and resources, ruptures in relationship and experience, and disdain for difference and diversity, as well as a host of other inequities.

These shadow elements of society manifest in its institutions and citizens and inescapably reside in the endeavors of art therapy and the psyches of art therapists (Hillman, 1975, 1992). Without examining how the worldview and social order of the dominant culture is embedded in its practices and philosophy, art therapy can unknowingly reinforce structures of domination and contribute to continuing injustices. Even the "healing" traditions can be in service to dominant culture interests, complicit in neocolonial power arrangements, and tools of assimilation and social control (Szasz, 1984). Junge, Alvarez, Kellogg, and Volker (1993) ask:

> As art therapists are we too often helping people adjust to a destructive society? Are we ourselves co-opted by the status quo and, understandably, yearning to be inside, adapt, make do, and continue to cope with a fatally injured mental health system? (p. 150)

For art therapy to be a force of individual and societal liberation rather than an unwitting vehicle of social compliance, art therapy itself must be liberated from the invisible structures and biases inherent in it. Yet,

> A part of our history as art therapists that may impede us is that.... [t]ypically, we are not trained as...social and cultural analysts or critics, but as those who through the art therapy process help people cope and adapt [to unjust systems]. (Junge et al., 1993, p. 150)

Difficult questions need to be asked: Whom or what in society does art therapy privilege or serve? In what ways might a profession in which 87% of its practitioners identify as "Caucasian" (Elkins & Stovall, 2000) be blind to established hierarchies of power, especially ones predicated on race? In what ways might art therapy participate in oppressive perspectives and dynamics of marginalization? Whose definition of health, normality, universality, human nature, self, and psyche informs it? Does it contain within

its practice an examination of its enculturating role as well as processes to mitigate the transmission of ideology and social structure?

> History yields many sad examples of movements that began as liberatory and ended as controlling and repressive. At the same time, many schools of psychology [and types of therapy] intending to assist individuals in finding new potentials, stop short of critiquing and engaging the social limitations which make transformation impossible. Thus, often the mental health establishment helps to personalize, marginalize, and medicate what is essentially a protest against a dehumanizing and repressive social milieu. (Lorenz & Watkins, 2001, p. 295)

Homophobia as Working Example

To illustrate the various aspects of the conceptual model presented here, the issue of homophobia is used as a working example. In the case of homophobia, we can observe how societal biases against homosexuals have been institutionalized and transmitted through the various mental health traditions—including the American Psychiatric Association (APA). Until relatively recently, homosexuality was formally designated as "abnormal" and an expression of "psychopathology" (Friedman, 2002). Homosexuality was defined as a type of sociopathic syndrome in the APA's *Diagnostic and Statistical Manual of Mental Disorders* until 1968 (*DSM-II*) and regarded as a sexual deviation or paraphilia until 1980 (*DSM-III*). It was not until 1987 (*DSM-III-R*) that ego-dystonic homosexuality was deleted as a mental disorder. Homophobia remains a pervasive societal problem (Franklin, 2000), and there are still homophobic biases in professional therapeutic communities as Rauchfleisch (2003) and Twomey (2003) have documented in regard to Swiss and British psychoanalysts, respectively.

In this one instance, we can see how the values, assumptions, and ideology that privilege heterosexuals and the traditional nuclear family have been perpetuated, both consciously and unconsciously, even by "therapeutic" professions. By reinforcing oppressive societal structures (e.g., policies about marriage, spousal benefits, adoption, high school sexual education, etc.), institutions of healing have served the interests of the majority voice of heterosexuals while marginalizing a significant portion of humanity. It is clear that any human enterprise, left unexamined, can be complicit in societal injustice and an instrument of the dominant voice.

The Relationship Between Individual Suffering and Societal Structures

Martin-Baro (1994), a proponent of liberation psychology, has been instrumental in making the connection between the suffering or psychopathology witnessed in clients and the cultural and socioecopolitical structures of society. Dominant culture frameworks for normality and psychopathology such as the *DSM* frequently mask the relationship between the symptoms that are expressed by individuals and societal imbalances. These frameworks tend to situate the problem within the individual rather than within the broader collective context, and treat "the pathology of persons as if it were something removed from history and society, and behavioral disorders as if they played themselves out entirely in the individual plane" (Martin-Baro, p. 27). Situations like apartheid demonstrate that societal structures can directly result in diminished psychological well-being (Hocoy, 1999a, 1999b, 2000). Less extreme conditions such as poverty, inadequate housing and education, unemployment, and social discrimination have also been indicated in lower mental health (Kleinman, 1988). Archetypal psychotherapist James Hillman (1992) makes the link between individual and collective illness explicit:

> My practice tells me that I can no longer distinguish clearly between neurosis of self and neurosis of world, psychopathology of self and psychopathology of world. Moreover, it tells me that to place neurosis and psychopathology solely in the personal reality is a delusional repression of what is actually, realistically, being experienced. This further implies that my theories of neurosis and categories of psychopathology must be radically extended if they are not to foster the very pathologies which my job is to ameliorate. (p. 93)

Junge et al. (1993) warn, "All too often [art] therapists heal what is already wounded and do not attend to the milieu which wounds and re-wounds again and more deeply" (p. 149). A more contextualized perspective, consistent with both feminist (Alcoff & Potter, 1993; hooks, 1984) and systems or ecological (Goldenberg & Goldenberg, 1991) approaches, also avoids the additional psychological damage of blaming the victim for the suffering she or he experiences.

The separation of individual psychological states from socioecopolitical realities betrays a certain orientation in worldview, one specific to a cultural paradigm premised on individualism and a particular configuration of the self (Cushman, 1990). The image of human existence as a web in which multiple levels of experience and order intimately interconnect often falls into the blindspot of a worldview for which the unit of social organization and responsibility is confined to that of the singular individual. It may not be an accident that this individualist ideology of human suffering coincides with societal structures that contribute to disparities between, and distress in, individuals. If personal psychological distress were seen as intimately related to particular social arrangements, these arrangements would be actively challenged. An individualist worldview and the distancing of personal suffering from its societal context are instrumental and necessary for engendering acquiescence to the social order. As an example, epidemiological studies indicate that homosexuals have a higher prevalence of depression, panic attacks, generalized anxiety disorder, and general psychological distress than heterosexuals (Cochran, Sullivan, & Mays, 2003). And it is the conclusion of many researchers (Taylor, 2002; Weishut, 2000) that this psychological impairment stems from societal heterosexism. However, if these same mental

health problems were identified as self-generated, deriving from homosexuals themselves, there would be no call for a heterocentric society to make changes in legislation and education that give equal status to homosexuals and relinquish the societal advantages (e.g., tax benefits and status in military, religious, and political organizations) conferred to the heterosexual majority.

Depth Psychology and the Interdependent Self

Depth psychology (e.g., Jung, 1961) provides a transpersonal framework for how the individual and society may be interrelated. This framework assumes that there exists a *unus mundus* (one world) in which there is no separation between one's inner, psychological experience and the external physical world, but rather that these domains are inextricably interdependent. The conventional division of reality and experience into private and subjective, as distinct from public and objective, is unnecessary. In this view, the dominant voice in society finds expression in the ego (i.e., conscious awareness) of the individual, and the collective egos of society constitute the dominant voice. Those voices that are undesirable in society are pushed into the collective shadow or unconscious, which has its corollary expression in the individual as personal shadow or unconscious; reciprocally, the personal shadows of individuals contribute to the collective shadow. Lichtman (1982) suggests that a societal context of disparity necessitates the psychological repression of elements that are morally disturbing to one's ego and conscience; these elements, which would also be threatening to the status quo, get relegated to the unconscious.

The work of depth psychologist Mary Watkins (1992, 1999, 2000a, 2000b) has been essential in articulating the interdependent nature of human relationship, as well as providing contextualized definitions of selfhood and psyche in which individual and society interpenetrate one another. With this lens, the interdependent relationship between that which is marginalized in the personal psyche and that which is marginalized in society becomes illuminated. It is not coincidental that those aspects of our identity and human potentiality that we as individuals reject in ourselves are also those aspects disdained by the collective. Just as the individual is shaped by societal pressures, society is impacted by the individual's response—which is often one of blind collusion with and passive conformity to injustice. Individual and collective experiences and actions cocreate one another in a reciprocal field.

Therapy: A Microcosm of Society

Art therapists and their clients recapitulate the dynamics of society in the microcosm of the therapeutic relationship; those areas in society that are unbalanced and require redress inevitably emerge in this relationship. Junge et al. (1993) write, "[We art therapists are] co-creators engaged together with our clients in their struggle, which is ultimately also our own" (p. 150). Societal disparities can be either mutually reinforced or actively challenged in this context. Therefore, these authors propose:

> It is time for art therapists to take [a] conceptual leap—an activist leap. To begin, we must recognize ourselves and those with whom we do therapy as deeply interrelated. Next, we must acknowledge that we and our clients are part of larger systems.… And we must see that struggle clearly and engage in it strategically and effectively beyond the boundaries of office walls and the psychic limitations of our own consciousness and denial. (pp. 150-151)

Given the power they possess in the professional relationship, it is incumbent on therapists to address these internalized oppressive dynamics and not to transmit or reinforce them. In the example of homophobia, the therapist needs to address the social imprint of homophobia that marks her or his own psyche and consciously create an alternative space in the therapeutic context that is open to the marginalized voice of homosexuality.

In depth psychology, bringing repressed elements from the unconscious into conscious awareness and integrating them with one's identity is considered both therapeutic and central to the psychological development of the individual (Freud, 1954; Jung, 1961). Of course, this principle has direct implications for the therapist in terms of her or his personal wholeness and professional competency, in addition to being relevant to goal setting for the client. It also suggests that bringing those repressed elements within society into conscious awareness and integrating them with the collective identity are essential to the psychological health and development of the collective whole. In other words, social justice may be essential to the well-being and maturity of society, as well as being necessary for the psychic development of individuals.

Illuminating the Therapist's Shadow

"To the extent that our theory, as well as our practice, is determined by forces of which we are unaware, then it is no more than a verbal externalization of our own intrapsychic issues" (Rubin, 1979, pp. 1-2). Do we silence in our clients the voices of difference that we have been socialized to silence in ourselves? An intentional and comprehensive introspection is a necessary first step in mitigating the unconscious influences in one's therapeutic practice. An effort toward this consciousness must be made or else the unconscious modus operandi assumes control, and our hidden personal agendas and de facto societal set points become engaged.

The contents of a repository that is by definition inaccessible to conscious awareness are not easily identified, but they might be culled through careful and continuous observation. The material that consistently arises out of meditation, personal therapy, journals, artwork, dreams, reveries, and behavioral habits and patterns, as well as our interactions with and feedback from others and the world, might suggest the themes of our personal shadow. Conscious techniques, such as a deconstructionist self-critique (Foucault, 1980) or the systematic examination of embedded biases
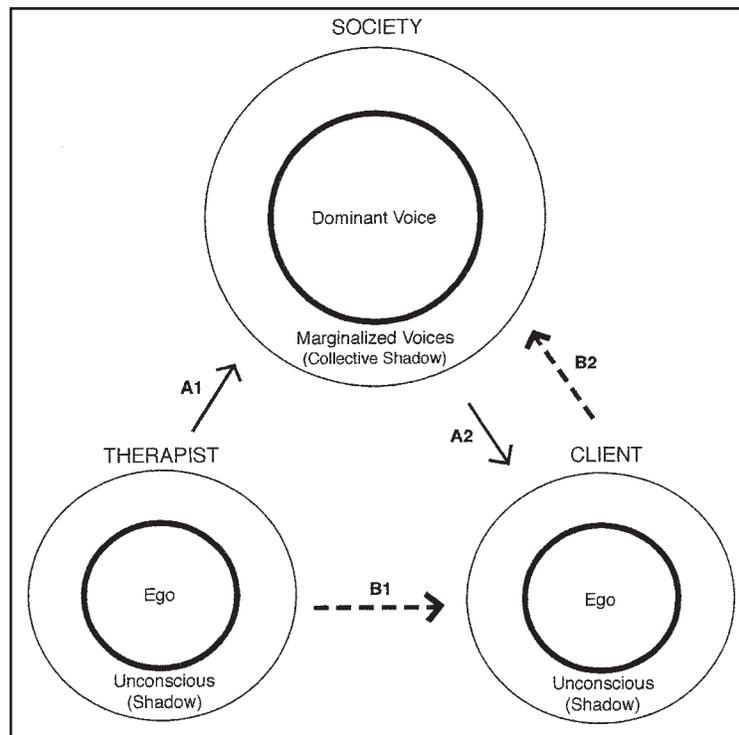
Figure 1 Arcs of Influence

through the creation of a personal "cultural genogram" (Hardy & Laszloffy, 1995), may be useful in elucidating our latent agendas. The simple prescription in the American Psychological Association's Code of Ethics (2002) to "do no harm" may actually require an intrepid and sophisticated exploration of one's shadow, as well as conscious decisions in support of psychic and societal wholeness.

Social Action Praxis: In Therapy and in Society

Within the illusory boundaries of the Western construction of a flesh-enveloped self, the intrinsic interrelatedness of the work of therapy and social action is easily obscured. From a transpersonal and interdependent view of the self, however, doing clinical work that is cognizant of the societal implications *is* social action, and being politically active *is* doing therapy; these activities are understood to be interrelated processes. The lines of division between personal and societal, therapy and social action, disappear through a lens that recognizes the interconnectedness inherent in our human existence.

Figure 1 illustrates how the work of the art therapist in social action and therapeutic practice may not be so different. The arcs of influence indicate that the difference might only be the context of initial impact by the therapist. Arrows A1 and A2 constitute an arc identified more traditionally as the work of social action: in arc A, the therapist directly addresses a societal injustice; this action in turn (and perhaps even simultaneously on some transpersonal or interpsychic level) affects the client and her or his ego-shadow composition. Arrows B1 and B2 constitute an arc identified more traditionally as the work

of art therapy: in arc B, the therapist influences the client who impacts in turn (or simultaneously) the balance of dominant-to-marginalized voices in the collective through her or his own shift. Of course, the therapist is reciprocally influenced by both society and client; however, arrows indicating this have been omitted to display the influence of the therapist.

To illustrate these dynamics with our running example, a therapist who is also a social activist begins by examining the potential for homosexuality in her or his own shadow and by integrating this potentiality in ego consciousness. This movement in the balance of ego-shadow material immediately shifts the balance in the collective, of which the therapist is a member. In addition, once homosexual feelings are accepted by the therapist, she or he might actively campaign for homosexual rights in greater society and work towards bringing homosexuality out of the collective shadow, which further impacts the psychic balance of the client. The shift in the therapist influences consciously and implicitly, actively and passively, everyone with whom she or he has contact. The client, on the other hand, impacts society by a similar shift in consciousness and by any social ripples in the collective created through the client's own social activism.

Figure 1 illustrates that working in the therapeutic context and doing social action work are entwined and that these activities are not incompatible but, in fact, one inevitably necessitates the other. Through this diagram we can also imagine how the therapist might perpetuate societal biases (e.g., homophobia). In this scenario, the therapist internalizes the social transmission of homophobia—which would be represented by arrows of influence from society and client to therapist—and mirrors back homo-

phobia. Uncritical therapists contribute to homophobia by actively and passively suppressing this human potentiality in themselves and in their contact with the world.

The Art Therapist as Social Activist

Because the work of art therapy always has social repercussions, what makes the art therapist also a social activist is an awareness of the interconnectivity between individual and collective, between a person's suffering and social imbalance, as well as an active commitment to personal and social transformation through advocacy for those aspects of individuals and society that are disenfranchised. In response to such inequities, art therapists engage as activists by addressing their own complicity and taking a conscious and ethical stand in redressing social disparities. This awareness and commitment should not be underestimated; in the fog of individualism that conceals the personal price of the social order, this clarity constitutes a transforming act of empowerment and revolution.

A contextualized analysis, conscientiousness in practice, and clarity in moral purpose move the work of therapy beyond the therapeutic space and beyond the symptomatic manifestations of societal injustice found in individual clients. The art therapist as social activist chooses to give priority to those parts of humanity that are marginalized, give expression to the voiceless, *re*-member the dispossessed, challenge destructive ideologies and myths, minimize power differentials, and seek wholeness in fragmented relationships. The activist-therapist understands that political neutrality and therapeutic passivity serve only the omnipresent forces of oppression and injustice.

Art Therapy Employing an Action Research Approach

Given the diversity of communities in which art therapy may be found, the form a socially conscientious art therapy takes needs to be quite variable to be consistent with the values, beliefs, and healing traditions of the local culture and to avoid acting as an enculturating force (Hocoy, 2002a). An approach art therapy might adopt is one that is akin to action research (Stringer, 1996). This approach does not assume the validity of Euro-American philosophical suppositions or therapeutic methods or even the value of the enterprise for another culture. It also submits that for any given community, "art therapy may not be the best or only intervention" (Hocoy, 2002a, p. 144).

An action research approach, although having a few variations, possesses three consistent elements: power, people, and praxis (Finn, 1994). Action research operates with the awareness that power is central to the construction of reality, interpretation, and psychological experience (Foucault, 1980) and works toward community empowerment through a democratization of knowledge and a critical analysis of societal conventions. It prioritizes the experience of disenfranchised peoples and is in service to their specific needs (Brown, 1985). This approach also assumes that all action necessarily derives from some theoretical

foundation, implicit or otherwise. "We [art therapists, then,] need to be careful...that the theory we espouse does not conceal unrecognized needs or conflicts within ourselves" (Rubin, 1987, pp. 318-319) or harmful political agendas. The praxis of action research explicitly derives from a critical awareness of the personal-political dialectic and the transformation of sociocultural structures through participatory democracy (Sohng, 1995).

Having a sensitivity to potentially oppressive cultural forms, art therapy utilizing an action research approach would be both flexible and self-critical in its implementation while being open to new expressions including culturally syncretic or blended forms that integrate local ideals, structures, and concepts—especially those regarding community visions of wholeness, balance, and health (Hocoy, 2002b). Art therapy need not be a tool of colonization in which an inappropriate foreign practice or image is imposed (Hocoy, 2002a). It can adapt to the particular needs and worldview of the host community rather than remain ideologically aligned to "tradition."

How can art therapy maintain its identity and be so flexible? The theory, practice, and purpose of art therapy can be held lightly and act more as guiding principles than rigid dogma by keeping the interests of the client and local population paramount. Paradoxically, this might ensure the continued influence and longevity of art therapy as it develops in complexity and breadth and becomes more universally applicable. As Rubin (1987) suggests, "Art therapists...need to develop an appropriate set of looking perspectives, so that we can look each time in a way that is truly consonant with the process and/or product in front of us" (p. 318).

Community-Based Art Therapy

Art therapy may have to take place outside of the consulting room *and* outside the traditional "therapeutic frame" and engage according to community norms (Hocoy, 2004). In the community, art therapy and social action would naturally be fused. An example of how art therapy might manifest in a collective context can be found in Boal's (2000) Theatre of the Oppressed where psychodrama is taken out of traditional settings and performed in public venues (e.g., street corners, parks, and workplaces) and in which individuals express their personal oppressions and relate them to political, economic, and other societal conditions while generating new responses. Art therapy in the collective might resemble community psychology (Rappaport, 1987) and involve vernacular expressions of ritual, myth, performance, and spirituality in addition to visual artistic expression and therapeutic facilitation. Contemporary manifestations of what could be considered community-based art therapy include exhibitions of the AIDS quilt (Junge, 1999) and various forms of the community arts movement (Brown, 2002; Timm-Bottos, 1997), which have community residents, including the homeless, creating art as a form of personal transformation, community development, and political expression.

Implicit in art therapy as action research is an understanding of selfhood in which multiple levels of experience
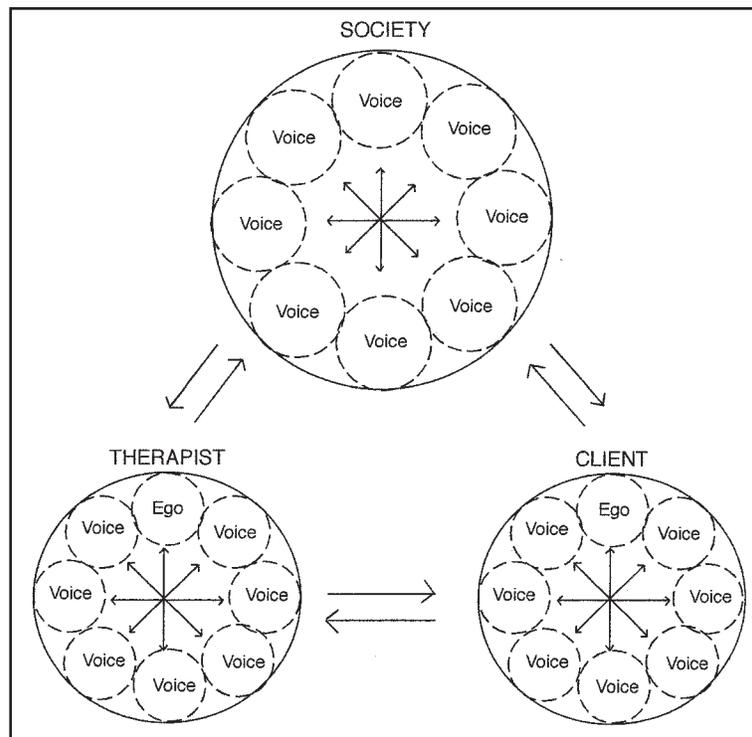
Figure 2 Desired State

are interdependent; that is, the psychological-political, ecological-economic, cultural-social, corporeal, and spiritual are entwined and interpenetrating. Given this view of personhood, art therapists would benefit from an openness to a multidisciplinary approach in which the knowledge and techniques of other disciplines are sought and the work of art therapy is executed with an awareness of the wider complexity of which its practice is only part. Because art therapy takes place within a web of multidimensional interdependence, its ability to effect social reconciliation and transformation is optimized when it acts creatively in complementarity with other forces of change.

Telos: Just and Peaceful Communities

The perpetual social evolution towards liberating suppressed aspects of humanity would seem to be an emergent process in which goals are in flux, transient, and resistant to definition. However, art therapy as social action might have one invariable *telos* or endpoint in mind—that of achieving just and peaceful human communities. Despite the many convolutions that may emerge in a liberatory process, peace and justice would seem to be enduring goals regardless of how society might be configured.

Figure 2 depicts the desired *state,* as in both "condition" and "republic." One of the features of this idealized state is a society in which there exists no monolithic, dominant voice that is impregnable to alternative voices; but rather, there exists a communal space where multiple voices, equal in status, are continually in dialogue and permeable to reciprocal influence. As a result of a balanced, equitable society, individuals who are both shaped by and constitute society are similarly balanced; their egos are in dia-

logue with other voices, which are open to reciprocal influence by one another as well. The ego here is decentered and open to transformation by voices with which it does not ordinarily identify. Individuals in this ideal state would help to create and reinforce a structure of equality; the societal set-point and its attendant inertia would favor a fair distribution of resources and power. The emptiness of the center provides a metaphoric space for other potentialities to emerge and be expressed. In this dialogical space, heterosexuality, for instance, would not be dominant or central but one of the many voices in the multiplicity of human experiences and potentials. Heterosexuals, homosexuals, bisexuals, intersexuals, and the transgendered in society, and their respective elements in the psyche, would be of equal status and open to mutual influence as well as yet unexpressed and emergent sexualities.

Clearly, this desired state is more a utopian ideal than an attainable reality. However, it does provide a direction and a viable process. And who knows? The full possibilities for human creativity and development are still to be discovered. Who knows what synergies could develop once the process of acknowledging previously suppressed elements begins. The very diversity of human potential rejected by current societal structures may very well serve as the foundation to society's redemption and maturation.

Limitations of the Framework

The framework presented here is intended to be a philosophical starting point, a provisional lattice to orient discourse; there are clearly limitations to it. For one thing, the framework itself is a product of a specific historical and social location and derives from a particular worldview and

set of assumptions. Implicit in the model are Western assumptions of social progress and evolution as well as a degree of utopian idealism. In addition, the lens employed is primarily one of a psychological nature, which although useful in important ways, is also very limiting; it reveals certain human dimensions while concealing others. A spiritual, nature-based, or Marxist outlook would elucidate very different perspectives. The format of the ideas presented is also constrained by academic and scholarly commitments. The rhetoric used relies on a certain degree of education, abstract thinking, and understanding of the written form, which privileges those with a certain level of literacy as well as a particular way of being in the world. This commitment to rational thought requires an understanding removed from the realms of matter, spirit, performance, image, music, intuition, and the unconscious, enabling only a specific type of knowing.

What is proposed here is a basic theory and vision for integrating social action and art therapy; more elaboration on the practical work of integrating these enterprises in the real world seems necessary. The application of this framework is likely to be more complicated than the theory presented may suggest. Although convenient, the example of homophobia, intended to ground the theory, is an issue about which an art therapist undertaking social action may already have clarity. It is easier to identify either systemic biases of the past or contemporary structures already known as potentially marginalizing. Although homosexuality is an issue about which there is still considerable resistance (Franklin, 2000), the real challenge may be in identifying elements that are not yet recognized as necessitating advocacy. For instance, it is less clear as to how to address individuals who find bestiality or pedophilia desirable. How do we ultimately discern between justified cultural disdain and monocultural discrimination against nontraditional sexualities? Related to this challenge is the cultural divergence of moral positions regarding any single issue. What if there exists a proscription against homosexuality in the particular culture in which the art therapist works? Is it not then a cultural imposition to promote an openness toward homosexuality in a community for which it is considered a sin? One can imagine endless complications that can arise in practice. The directive to create a dialogical space may be insufficient when a clear direction is required.

Another major assumption of the model is that of *unus mundus* (one world), that individual psychological experiences and societal structures and events interrelate and cocreate one another. Although there is evidence that societal structures can have an impact on personal psychological experience (Hocoy, 1999b) and recent scientific research suggesting that mental processes (meditation, intentions) can have an impact on physical events (Benson, 1997; Dossey, 1999), there remains considerable debate about these matters.

The primary defense of the model is that moral certitude may never be absolute, that the multiplicity of thought and experience is endless and evolving, and that there may not be one or any final understanding on any issue. The model's working principle is to continually invite dialogue and to be open to expansion and complexity through critique and new discoveries. The model cannot remove itself from its social location but can merely recognize its limits and entertain other perspectives. Similarly, Robbins (cited in Rubin, 1987) suggests that:

> [Art therapy] theory, then, becomes something that is very much organic and part of you and is not used as a defense to interfere with your experience of your patients. In fact, with each therapeutic encounter, we rediscover the theory with fresh eyes. (p. 14)

Implications for Art Therapists

Art therapy is in a process of developmental evolution in which its "individuation does not shut [the therapist] out from the world, but gathers the world to [the therapist]" (Jung, 1960, p. 432). Despite its limitations, the model presented calls for new paradigms in art therapy, ones that integrate individual and collective transformation through seeing, healing, and activism. Robbins (1985) asserts, "[Art therapists] require a complex theory of treatment that integrates *psychodynamics* and *aesthetics* [emphasis added]" (p. 68); perhaps, it is time now to heed Jung's (1961) "moral obligation" (p. 187) and add *social justice* to the list as well.

The interdependence of therapy and social action has some direct implications for us as art therapists:

1. We need to come to terms with our own unconscious or shadow material lest we inflict marginalized aspects of our psyches on the psyches of our clients and others with whom we have contact and, thereby, perpetuate injustices in the greater society.

2. We must come to realize that our *other* therapeutic work is in redressing social disparities in our communities and the world at large by empowering the disenfranchised and advocating for dialogue and equity at every opportunity.

3. We have to cultivate a perpetual awareness of the interconnectivity of life and understand these truths: *No matter how much therapy we do and how self-enlightened we are, there is no possibility to end psychological suffering until we work on the social disparities that result in intrapsychic trauma, and no matter how much political activism and community service we do, there is no possibility for social justice until we come to terms with the forces of marginalization within our own psyches.*

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