

Social Action Art Therapy

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Abstract

This paper explores intersections among art, action, and community. It describes sociopolitical aspects of the author's art therapy work with survivors of repressive regimes living in Brazil, China, and Denmark and considers ways that unique historical and social processes influenced her conceptualization and practice of social action art therapy.

Introduction

We used to call it by other names. When I began my doctoral studies in 1974, the catch phrases were not “social action” or “participatory action research,” but rather “critical consciousness” (*conscientização*) and “liberation education”—language inspired by Brazilian literacy educator and radical reformer Paulo Freire (1970, 1973), whose theory of community development guided my academic department and who, during his exile, was one of our beloved professors.

Just as the experience of art therapy predates the naming of our profession, so the philosophies and applications of social action are older than the current label. We work in neither temporal nor theoretical isolation. Our private, local, and immediate art therapy work is contextualized in community, philosophy, and history. The choices and meanings we make as clinicians are influenced by every experience of personal and collective history that we bring to the moment, beginning with our earliest family messages that both empower and obligate us.

For me, a granddaughter growing up in the home of one of the early figures of the American Radical Movement, my first and ubiquitous imprinting about being in the world was political (Golub, 1996). Social justice was the articulated goal. Each subsequent involvement in my journey toward growing social awareness—the Free School movement of the 1960s and the Indian Self-Determination and *Conscientização* of the 1970s—refined ways that I understood social transformation and would practice art therapy in communities during the late 1980s when the work described in this article took place.

Social action, by definition, happens in community, the product of historical forces. It occurs not only on a continuum of time and history but also of place. Community is many things: a classroom, hospital ward, or country. It is not a homogeneous entity but a complex network of complex individual members, including art therapists. Their

group action can be tentative and modest or expansive and organized. Some change begins within the individual who has potential for influencing collective transformation, and some develops collaboratively. The approach that I call “social action art therapy” is not about individual psychodynamics or psychopathology. It is not about reinforcing the unequal power relationship between patient and therapist. Rather, it is about shared power of the community for the benefit of the community.

In my view, social action art therapy is ideally a participatory, collaborative process that emphasizes artmaking as a vehicle by which communities name and understand their realities, identify their needs and strengths, and transform their lives in ways that contribute to individual and collective well-being and social justice. But the culture, historical processes, sociopolitical context, community dynamics, and individual configurations determine if and when this is appropriate and if and how the art therapist should intervene. Art for the sake of therapy is isolated and incomplete. Art simply as a vehicle for social good at the expense of the individual risks becoming propaganda. Social action for the sake of action or ideology is misguided.

The following examples from Brazil, China, and Denmark explore some of my attempts to be both responsive and responsible in vastly diverse communities at different moments of their history. I purposely have not weighted the descriptions with art therapy vignettes; to do so would redirect readers back to the myopic confines of a single discipline. A social action perspective requires speaking beyond. Therefore, each example includes an account of some sociopolitical and cultural factors that is necessary for understanding why I did what I did.

Brazil

Partners of the Americas, a private voluntary agency under the partial auspices of IBM (International Business Machines), sponsored grassroots person-to-person exchanges, including the one in which I participated in 1987. States in the U.S. were paired with countries or regions of Latin America and the Caribbean. Within those liaisons, cities also partnered. Individuals submitted proposals, communities determined needs, North and South negotiated, local Partners' committees approved, and only then did headquarters in Washington authorize travel. I worked with the Ohio-Paraná Committee and with two partner towns.

My principal goal, based on the suggestion of a previous traveler, was to introduce expressive arts therapies to interested community members and staff of social service agencies through workshops, presentations, and case con-

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sultations. Three agencies initially indicated interest. I prepared for the Brazilian work in ways that I do for other international consulting. For example, I review or intensively study the language. I learn as much as I can about the local community and workshop participants, the relationship between participants and consumers of their services, the relationship between participants and sponsoring and funding agencies, the sociopolitical contexts of the work, traditional and current roles of art and healing, potential risks of self-expression, and the ramifications of engaging with an outsider. In this case, I was assisted by a prior knowledge of Portuguese and by fairly extensive experience living and working in Latin America.

Military rule had returned to Brazil in 1964, imposing censorship, repression, and torture. The union movement was suppressed, as were students, intellectuals, artists, the press, and the Left. At the same time, Brazil experienced great economic growth. But although the overall economy grew, so did the gap between rich and poor. By the mid-1970s, some moderation appeared in the military leadership, and in the late 1970s, strikes suggested growing resistance among the people. However, it was not until 1985 that the country went from a military to a civilian government, and it was 1989 before Brazil had its first popular presidential election in 29 years.

Paulo Freire (1970), whose “pedagogy of the oppressed” by means of *conscientização* had been fundamental to my community-facilitator work in the mid- to late-1970s, was expelled from his homeland in 1964 within months of the right-wing coup. In Brazil, his books were banned. Communities could not organize. Nevertheless, Freire was remembered and respected by leftist intellectuals. By 1987, people in the interior of Paraná state had some residual fear about organizing; however, they told me they felt safe enough to engage in dialogue for social change. Freire’s ideas were indigenous to Brazilian culture. Incorporating Freirean methods in my work, in this place at this time, was appropriate and welcomed.

Many before Freire, Socrates to Dewey, had emphasized the centrality of the learner. Freire, who had worked in the slums of Recife, focused on the oppressed learner. He believed that all human beings, no matter how oppressed, have the capacity to look critically at their reality and collectively solve their problems (“An Approach,” 1975; Freire, 1970; Smith, n.d., 1976; Smith & Alschuler, 1976). They understand the complexities and contradictions of their lives, how their lives relate to the larger social system and their role in that relationship, and how they can act collaboratively to transform the system’s injustices. Freire called this dialogical process by which people become liberated and more fully human “*conscientização*.”

Conscientização, or critical consciousness, was Freire’s name for both the process and its product, the highest of three levels of consciousness. He subdivided each of these three developmental stages of consciousness into three stages of questioning. “Naming” asks: What are the most dehumanizing problems in our lives? Should they be this way? How should they be? “Reflecting” considers: Why do these problems exist? Who or what is to blame? What is

our role in the situation? “Acting” explores: What can be done to change this situation? What should be done? What have we done or will we do?

A pedagogy of the oppressed does not mean transmitting information and skills. There is no expert and no single answer. People come together with equally valid perceptions. They continually act and reflect and, in so doing, continually increase the level of their critical action and critical thinking. Reflection without action is “verbalism.” Action without reflection is “activism,” or action for action’s sake. Both dimensions are necessary for dialogue and combined become “praxis.” Dialogue names the world, and naming is an act of creation and re-creation. Praxis transforms the world.

Art therapy was largely unknown in Brazil in 1987, particularly outside the major cities where the few trained clinicians had no time to specialize in modalities such as creative arts. I spent the bulk of my work, 2 weeks in two towns, deep in Paraná’s interior. Paraná state, located in the south, is filled with plains, cattle, sugarcane, and people known throughout Brazil as extremely hardworking. Though economically better off than much of the country, their social service needs remained great.

Hoping to learn as much as I could before starting the trainings, I began to visit the 25 agencies that ultimately invited me after my initial proposal. They served street children, shoeshine boys, indigents cared for by spiritists, children of maids and cane cutters, chemically dependent men from faraway cities, undernourished and dehydrated babies, children with physical and developmental impairments, and, at the hospital, surgical patients gored by bulls. I met with groups of artists, musicians, teachers, doctors, cleaning women, nuns, journalists, politicians, and members of men’s service organizations.

Community needs became quickly apparent. The many social agencies in each town did not communicate. (Local Partners’ members and I initiated dialogue groups among agencies.) The towns themselves talked about each other but much less to each other. (We publicized joint trainings based on common interests.) Money was unavailable. Equipment was broken. Often, social services were based on generic lay diagnoses such as “mental deficiencies.” Staff and materials remained in chronic short supply: hospital cleaning women with just a few hours of instruction filled in for nurses, doing catheterizations and other invasive procedures. In a couple of agencies, four staff—cook, seamstress, laundress, and office worker—cared for large numbers of children. (“At least they’re not alone in the *favelas* [slums],” I was told.) Some parents borrowed their child’s wooden crutches in order to herd animals. Sick children in some residential agencies received one bowl of food a day. (“Poor people don’t know they’re hungry,” commented a wealthy townsman.)

At the beginning of my visit, I had a private concern about the complexities of training certain groups of more privileged participants to work with vastly poorer clients. Beyond that, I experienced my own deep questioning. Why was I even talking about making art when some people did not have adequate food or shelter? What voice had

the agency clients had in my visit? What was the meaning of art therapy in these circumstances? Perhaps, I concluded, art therapy had meaning as a participatory process by which people could better understand their reality and, together, discover ways to transform that reality. It would involve two levels: facilitating a process among participants so that they, in turn, might facilitate critical understanding among their clients. But how would wealthier members of the workshops and community respond to a more active voice among the poor? I abandoned my preplanned workshop outlines and became, as years before, a community facilitator. My principal job was to provide a forum for people to talk to each other and find their own ways of solving shared problems. Art was a vehicle.

When we began working, groups often complained, "How can we do art here? We don't have money to buy all those fancy materials you have in the United States." They hoped I had brought art supplies. When I work in communities, I purposely do not bring art materials, not wishing to encourage yet another dependency on American material culture. I prefer to support people's discovering the power of their own resources. Here are two examples.

A group of community members from one of the training groups and I visited a Catholic facility for destitute senior men and women—many, I noted, with undiagnosed Alzheimer's, organic brain syndromes, or depression—who had been abandoned by their families. In preparing to work at the agency, participants had identified local materials that could be used for making art: natural clay deposits and an unexplained abundance of old newspapers. At the site we discovered even more. It seemed the Catholic Church maintained for its own use a small orchard on the grounds. Overripe fruit was falling and rotting. "Why should the orchard be exclusive and wasteful while residents are not eating properly?" we wondered. "Can we collect unspoiled excess fruit for the residents?" Beside having it for meals, the old people could make mosaics with fruit peels and fingerpaints from mashed papayas and mangoes. Uncomfortable with dirty hands, they might unconsciously lick fingers while painting. Not only would residents have art materials, they would get more vitamins.

Another training group, art teachers, worked intensively at an orphanage for 3- to 10-year-olds. Most children were abandoned. Many came from violent homes with alcoholic parents. Some had witnessed the murder of one parent by the other. A number had lived in the streets. No professionals staffed the agency. We spent the morning preparing for the first afternoon's work.

The teachers verbalized their insecurity: "We want to watch while you show us how to do art therapy." I expressed my confidence that they were better experts about their community than I, that they understood best which of any imported ideas to integrate, reject, or modify. I was a visitor who would leave. They were the ones who would continue the work. What if we thought not in terms of being art therapists but of relating to children through art? "Yes," they said, "it is sufficient if the children know that people care enough to want to be with them." The resistance that I

sensed was not uncommon. Participants wanted me to be the expert, yet we all knew my expertise about their world was limited. To pretend otherwise would have created distrust. At the same time, to refuse the expert role produced anxiety until they discovered their own power.

In the morning, I facilitated a discussion based on Freire's naming, reflecting, and acting. "Who are these children?" I asked. "What are the problems and strengths? How are our lives similar or different? Why is the situation as it is? What are the societal causes of their family and life experiences? How can we imagine children would respond to such circumstances? Given those reactions, what might the children be needing? What can we do about the immediate situation and the larger problem? What are our resources, both human and material? What are the expectations?" The teachers formed three groups to work out ideas for the afternoon. I was available for support and processing.

One group met with about six older boys to improvise music. They helped the boys discover their own sound-making objects in the environment. Art in the local schools was very rigid according to the teachers, and freedom without structure might be confusing. It turned out the boys found their own way. Most had lived and played music in the streets and moved into the experience with joy and ease, instantly joining together to play samba after samba, which, to their delight, drew appreciative crowds.

A second group used local clay. A girl, who had arrived the day before and had cried since, sculpted a baby in a crib. She gave the figure her own name and tenderly fashioned clay food. The third set of teachers offered group collage on a bare wall, using mural, newspapers, and magazines. Children chose pictures of couples, cigarettes, empty houses, and a single bird flying away. Children in all the groups talked. The teachers listened, astounded by the affecting process, the degree to which they did not have to control its course, and the realization they needed far less from me than they had thought.

Over the 2-week period, more and more people attended sessions. I was not attempting to train them to be art therapists. I was trying to catalyze a process of open dialogue and resource-sharing among members of the community who had not been communicating and of volunteers connecting with each other and with various neighbors whom they would serve. Theirs was the process of understanding the conditions of their lives and finding their own solutions to common problems without having to depend on specialists. Although the work groups used art, they went way beyond art therapy into the realm of naming, questioning, and acting on larger social realities.

China

Using similar methods in China would have been culturally inappropriate and politically suicidal. I introduce this experience more to reveal what I chose not to do with communities and why, than to describe what I did do. Inaction is not necessarily lack of purpose.

In the spring of 1988, I traveled to China as an exchange professor to Beijing Normal University. Although I

had studied Mandarin, I worked with an interpreter, teaching counseling psychology and art therapy to undergraduates. As in Brazil, my work came to encompass more. I trained psychiatry staff at the adult psychiatric hospital and treated its patients, most of whom during the Cultural Revolution of 1966-1976 had been sent to the countryside, “defeated” (“criticized” and imprisoned), or reeducated.

Deng held power in 1988. Though the society was extremely regulated, China was showing its most “open door” policy to outsiders in years. Nevertheless, I felt a vague anticipatory dread for my students, so bright, curious, and open. Too young to remember the Cultural Revolution, they seemed overly bold. People were still disappearing. More would vanish a year later after the uprising that began in our university and the subsequent massacre in and around Tiananmen Square.

Professionals with whom I spoke during my stay had not heard of clinical or counseling psychology. The current goals of treatment included symptom reduction and, more important, reintegration into society; that is, collective more than individual well-being was stressed. Reeducation had been a common intervention in the past. During the Cultural Revolution, mental illness was viewed as a problem of character—selfishness, mainly. Treatment consisted in self-criticism. In a controlled society, even in 1988, there was little acknowledgment of social components of psychological problems.

Because my field was psychology, the political authorities in charge of me were somewhat concerned. They did not want their citizens revealing to the outside world any personal emotional problems that suggested social or political inadequacies. They were right to be concerned. Women who were younger than I, in the culturally appropriate advice-seeking role of younger sister, took me one-by-one to gardens and parks “where there were no microphones” to confide about sex, illicit romances, shunning, and government policies they disliked. My outsider status offered protection; I would not report them. And disclosing to someone outside the system and culture would not impact their lives in as drastic a way.

In a monitored conversation, the head of Fine Arts at one university told me that the purpose of art as well as psychology was to serve the greater good. I inquired about themes:

“Pretty things that make people happy. Ugly things don’t serve society,” she answered.

“Do they paint their thoughts, ideas, and feelings?” I asked.

“Yes. They can paint anything.”

“May they paint their thoughts even if they don’t agree?” The question required a whispered consultation with the supervising cadre.

“Yes,” she finally echoed the official.

I was working in-country, as in Brazil, but here the risks to individuals of disclosing, expressing, and producing images were ongoing. I would learn from students, patients, and artists just how people alter language and image in such a way as to simultaneously disguise and hold the truth, thereby ensuring physical and spiritual survival.

It made me reconsider the correlation that we Western-trained clinicians tend to assume between our patients’ verbal or visual disclosures and the reality of their lives. More than a decade before, I had learned Paulo Friere’s (1973) method of “coding” and “decoding” images for the purposes of critical consciousness. His coding procedure created visual images that contained representative elements of common situations or problems in people’s lives. Decoding was Freire’s dialogical process among community members of critically analyzing the social issues. Here, it seemed that visual coding was as much about concealing as revealing. As will be seen, it would affect how we made art together. My role in China, then, as I came to understand it over time, was to try first to assess the risk to students and patients of any intervention. Above all, therapists should do no harm. Again, some examples follow.

Among the hospital patients I saw once each was a woman in her 20s or early 30s. Like the others, she was ushered through French doors on the arms of nurses. I am sure she had no idea why she had been brought to this conference room filled with a foreigner, a psychiatrist, an administrator, a translator, nurses, and a photographer who popped in midsession for a propaganda shot. Like her, I was uninformed. I did not have time between patients to learn anyone’s diagnosis and history; I had to assess issues and create interventions on the spot.

This woman was unlike other patients and families I interviewed: the man who was terrified of scars; the middle-aged woman, divorced by her husband because she was barren, who now saved everything red or yellow and all the sand she cleaned from her rice; the young mother, sent to the countryside during the Cultural Revolution, who was retraumatized by watching a handsome man place his disembodied wig on a table. This patient was a medical doctor and spoke English. As a child she had had to fend for herself during the Cultural Revolution after her mother was defeated, and she had been hospitalized recently for a manic episode. As soon as she broke loose from the nurses, she skipped, twirled, danced, sang, and exhibited sexualized behavior for the entire session. I tried to channel her energy into guided movement and to constellate her scattered movement into drawing. I modeled making a line with outstretched arm on mural paper as she danced along the wall, and then I tried to help her focus on an image within that line. She dashed through movement and art materials faster than I could keep up or hope to calm her. “I want to be an actress! I love you! I’m jealous of you! I wish I were free to express my thoughts and emotions like the people in your country! I hate China!”

To help her survive and function in her community, I could not encourage expression of her thoughts and emotions as I might elsewhere; I would have to help the woman further repress—to “hurt” herself in order to save herself. “How would you treat her?” I asked the psychiatrist when we were alone later that day. He responded, “I would explain that if she opened her thoughts in society, it would be a problem and she’d be sad. But I would let her talk in the privacy of the therapy session.” It was safe; there were no microphones in his office, he added. I had quickly discerned

that in all public demonstration sessions with patients, it was necessary to give just enough to satisfy the officials and as little as possible that might jeopardize the patients.

A second incident illustrates another lesson learned about public expression within a community of students. It was a lesson born from a mistake. I had been introducing therapeutic applications of the arts used in Western psychotherapy. "Would you prefer lecture or experiential?" I asked the students. "Experiential, please"; they had never tried that. I borrowed one of Paolo Knill's music improvisations from his intermodal art therapy course at Lesley College. I had asked the students ahead of time to bring to class found objects that make interesting sounds but are not conventional instruments. I explained, "We will not be speaking to each other with words but rather with sounds and rhythms. When we form a circle, we can introduce our sounds to the group. After, you may put your sound into the music or a silence whenever you choose. If your sound needs to be alone, then wait; but you also must risk that it will be broken into by another." With their permission, I taped the composition for playback, discussion, and a follow-up improvisation.

"There is no right or wrong way to do this," I told my students. Immediate confusion. Of course there must be a right and wrong way, they objected, there always is! I realized that survival possibly depended on knowing the difference. Next, the students could not form a circle; their chairs were bolted to the floor. They did not consider walking to the open area at the front of the room and did not stand up at their desks, although one or two tried without success, as if their bodies would not permit it—nobody had ever suggested such outrageous classroom behavior. So they remained seated in their rows.

The students all brought the same instrument—their metal rice bowl and spoon—with which they began playing, to my ear, idiosyncratic, repetitive tempos, fearlessly, expressively, explosively, immediately, continuously. They beat metal against metal with the full force of their shoulders. Sweat formed and shirts dampened. Soon, professors and students from up and down the hall gathered in our doorway. The younger witnesses craned their necks and smiled excitedly. The middle-aged woman in the back of the room, the one who observed every class I taught, blanched. Here in China, I had to intervene.

Did anyone want to say anything about the experience? Nobody moved. Not a sound. Maybe it was because of the cultural impropriety of revealing certain things beyond one's family. Or the cultural taboo of expressing emotions that might make the listener feel uncomfortable. Or maybe students just did not know how to answer. Or perhaps it was because words could be dangerous; they could make you disappear. However, when offered the opportunity to express their thoughts with lines, shapes, and colors—drawings that I instructed them to make for themselves alone—they wanted to start drawing, and right away.

My mistake was in putting the students at risk by encouraging group expression that might call unwanted attention to them. I did not anticipate 30 students banging

full-force on metal rice bowls as if in solidarity. I did not consider that they might not ever have practiced the concept of improvisation, and I did not realize until that moment the implications of giving permission for such an act. It is the only time I have stopped an improvisation. My suggestion, to draw when they could not talk and then purposely not share that self-communication, was my own feeble improvisation designed to protect and repair. Social action for social change in China? It was tried 1 year later with dire results.

Denmark

I received a grant from the Danish government in 1989 to train and supervise clinical staff at one of three Copenhagen centers that treated refugee torture victims. With the clinicians' permission, I included in the art therapy group trainings the very interested paraprofessional and secretarial staff. Most were refugees themselves, highly competent and clinically savvy. I wanted to respond to the wishes of these noncredentialed members of the agency community and hoped to narrow the divide between professionals and nonprofessionals, Danes and refugees.

Sociopolitical factors called for a different art therapy response in Denmark than in Brazil or China. Clients in all three countries had survived repression. In Brazil, the risks from the military regime were largely over; therefore, group social action in-country was relatively safe. In China, dangers to individuals remained great and everpresent. Group action was not an option. Although the asylum-seekers in Denmark were removed from threats in their home societies, they correctly perceived risks in the host country such as being reported by fellow refugees from an opposing faction. In addition, they were neither fully accepted by Danish society nor did many have legal status there; having been refused asylum a third and final time, some were underground. Clients of the center did not want to participate in public social action efforts, through art or otherwise, and in general sought to keep their contacts with the agency confidential. I introduce this section as a reminder of how community is embedded in the individual and how the individual art therapy that most of us practice can potentially link private and social transformation.

My sponsoring agency viewed the entire process of migration as part of the trauma continuum: the torture with its medical and emotional sequelae, refugee flight, exile, uncertainty about family left behind, adaptation to a new language and culture, economic struggles, asylum-seeking anxieties, the stresses of government refusals, the fear of being reported or killed by agents of the home government, racist attacks by Danish neo-Nazis, and chronic physical pain, loss, sorrow, and yearning. The agency was not just treating symptoms; the holistic community-based philosophy allowed us to consider the meanings of the client's complaint in terms of his or her universe of personal and collective history, relationships, and meanings.

Most of the clients at the time were Iranians, Iraqis, Kurds, Turks, Palestinians, and ethnic-Albanian Kosovars. Most of the clinical staff was Danish and not conversant

in their clients' languages. However, we had interpreters and physiotherapists who were native-speakers and an Iraqi artist who held a vocational-occupational workshop at the center, which he developed as an open studio. The artist had no clinical training that I was aware of, but he seemed to be regarded as a healing figure among clients. Here is an example.

One day, an Iranian woman came into the studio high on hashish. She paced in circles. He mirrored her pacing. "If you sit, I'll sit. If you walk, I'll walk," the artist told her. She sat. "When I have stress, I use hashish," stated the woman. "When I have stress, I draw," he countered.

He gave her paper and pencil and asked her to draw "what is inside." The woman produced many small separate objects on a single page: a bloody bird that had been shot ("my sadness"), a small fist ("solidarity"), hands tied behind a back, an eye with tears, a gun pointed at a crossed-out body ("my friends who died"), a candle ("I'm thinking about my culture"), a book in flames, and an arm reaching with its hand about to be chopped off by an ax. The artist concluded she was worrying about many things at once and needed to deal with one problem at a time. He decided to focus first on her strengths, beginning with the fist. "This is a weak hand. It is not a good hand. Make it bigger," he instructed. She enlarged the solidarity fist and reported that doing so made her feel better.

When she returned the next day, the woman immediately set about watering plants and cleaning the workshop. She was not high. The artist returned her attention to yesterday's candle icon. "This isn't a real candle." He brought her a candle and holder to observe. The client studied them and created a "real" candle, unique and full of life. He then suggested she select three items from her previous drawing and connect them in a single composition. The woman incorporated the eye and arm in a full, bare-breasted female figure wearing a gown, her arm stretching skyward in strength. "This is me," she said, and added the candle and a cup into which the figure's tears were falling. The artist did not comment. Instead, he gave her the silent space "to feel her pain."

Not long after these and several more studio visits, the woman phoned her Danish primary therapist. She reported a dream in which all of her dead friends and family came to her one by one and forgave her. She told the therapist she finally realized it was not she who had killed them; she need not feel responsible for their deaths. Termination of therapy followed soon after the resolution dream.

The Iraqi artist obviously had a more intimate understanding of the woman's culture and her experience as a fellow refugee in Denmark. Although my style might have been less confrontational, what he did worked brilliantly. Despite their gender difference, which can be an issue for Middle-Eastern clients, and the fact that she was from Iran and he, Iraq, countries that had recently been at war, he understood better than the Danes or I just how far to encourage her artistic expression of personal emotions or political and cultural solidarity. She had tentatively presented a solidarity fist and he, not having to represent the power structure of either the psychiatric world or the

receiving society, could reinforce through art this important part of her being and recovery. It is conceivable that a sense of her own strength and of connection with her community and culture, in the presence of felt safety, could develop into community action.

What might the therapists or I have done to support such a process? Above all, we needed to listen and wait. Any social-change agenda should not have been ours. Clients would determine if and when private change should become public action. In the meantime, clients told us what we needed to know in order to better help them. For example, a number of Iraqi Kurdish resistance fighters taught us two culturally determined ways of receiving images. These messages, embedded in cultural symbols and shaped by the personal, helped them to make decisions in their private lives.

First were dream prophesies. Some drew chronological, intensely colorful, abstract renderings of their detailed dream stories: journeys through villages, forests, and sky; dead friends and family who spoke to them along the way; animals that responded to their waking-life combat or torture memories and that judged or relieved their emotional burdens. At least one Iraqi Kurd also spontaneously used cultural hyperventilation-induced trance. He let the spirit of his horse enter his body during therapy. He breathed its breath, pranced, whinnied, and in that state, exhaled key words. Then, on the suggestion of his therapist, he drew. But the horseman was not ready to disclose those messages or images beyond the therapy room. I restricted my action-oriented impulses to sharing collaborative art therapy methods with staff.

Discussion

As art therapists, we can try to understand the worldview of the communities with which we work, just as we endeavor to meet all people in the world of their images. And just as we make images that both reflect and transform our internal world, so too can art therapists reflect the status quo and seek to change it. Artists are both observers and prophets. Therapists are both representatives of the psychiatric establishment and facilitators of growth. Each of us determines the extent to which and under what circumstances we will lean toward being an agent of social change.

Undoubtedly, there are grave dangers from outsiders exporting their own notions about social transformation, even if that philosophy supports the free choice by a community to reject the bearers' belief system. It seems a contradiction to promote values and impose an ideology such as "community participatory process" that claims to oppose such imposition. It was not my intention to press my own agenda on communities or my own worldview on others—although that is probably impossible to avoid. I did try to examine personal and professional motivations and expectations upon entering a community, the theoretical or political biases behind my interactions and interventions, and any adverse impact my methodologies might have, particularly in places where oppressors retained power. And I tried to pay attention to all of this without jeopardizing

my openness to the moment's creation or sacrificing my heart and humanity to intellect.

Nor has it been my intention in this article to make arbitrary comparisons or simplistic generalizations about dissimilar contexts. Rather, I hoped to present each of these situations as unique and, therefore, requiring unique responses. At the same time, to have meaning beyond the anecdotal, it is necessary to perceive commonalities. My hope is that this article will stimulate readers to reflect on and share their own path toward social awareness and the various ways that their art therapy practice is embedded in the larger world.

What was particular to each of the experiences in Brazil, China, and Denmark and how can these differences teach something more universal about socially responsible art therapy? Certainly, all experience is unique and most accurately named by the ones who experience. It is the uniqueness and expertise among members of individual communities, large and small, that instruct us, moment by moment, so that how we are and what we do in those communities can be most authentic and meaningful. The implication is that we need to strive to understand from both inside and outside. What can clients and community teach about themselves and their particular world as process unfolds? How might distant communities relate to and benefit from the wisdom of the local? How does our own personal and collective history inform and influence group process?

Generalizing lessons makes them seem trite. Listen. Learn. Respect. The community is our teacher. We are all teachers of each other. Be flexible. Look for people's strengths and resources, including your own. Be humble. Protect clients from known risks. It is okay if you do not know what to do; people tend to be forgiving. There is no single right way, and anyway, it is the community that should be doing. And, as always, trust creative process to reveal its own wisdom.

Conclusion

One sweltering day when my grandfather was a boy, the Tsar's train passed through his village in Russia. The whole town assembled at the station and waited for hours; however, the train stopped only briefly, and the Tsar came to the window for just an instant. "Tell me more," I pleaded—I was about the age my grandfather had been then.

But he had nothing more to tell. Nicholas disappeared from view; the train pulled away.

I do not know what the incident meant to my grandfather. For me, it had to do first with truncated imagination. I was seeing a gold samovar glisten inside the car, steam rise from the tracks, the Tsar wipe his brow with a linen handkerchief as he strained sideways to assess the delay. It also had to do with how events and meanings imprint themselves differently on people. How dare Nicholas not notice the sweating, tired, poor villagers who had waited all day for a mere glimpse of him! How could a moment that probably did not leave a trace in the Tsar remain with the boy his entire life and pass to successive generations? Finally, it had to do with the miraculous way I suddenly felt linked to an ancient past through a living person's memories.

This single lesson at an early age helped shape the way I would think about art, social justice, and the continuity of community. Our lives are continuous stories that instruct, simultaneously weaving past with present, formlessness with imagination, image with meaning, individual with community, and private life with professional. It is part of our legacy as art therapists in the world that we are aware of this and respond.

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