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Culture, Identity, and Critical Theory in Expressive Arts Therapy: A Literature Review

Capstone Thesis

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Expressive Arts Therapy

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Abstract

This literature review was an initial inquiry looking at research in expressive arts therapy (EAT) to see how this field was understanding, conceptualizing, and using culture in their analysis and treatment of individual well-being. It delved into how the field constructed the relationship between individuals and their culture. The definition of culture, health, mental health, and the connection between them was examined. Research also included creative arts therapy (CAT) and its emerging interest in critical theory, why it was important, where it was being used, and how it contributed to an understanding of society as a source of individual pain, erasure, and marginalization. A central focus was how socio-cultural categories such as race, gender, class, and ability, and their accompanying socio-cultural identities, harmed individuals in a society that used these categories and identities for dominance, control, and oppression. This writer wanted to see how EAT and CAT identified, understood, evaluated, challenged, and perpetuated these socio-cultural issues of dominance, identity, and difference within their respective fields. Implications for both clients and therapists/theorists were included, especially for those therapists/theorists carrying majority intersecting identities of privilege (white and/or male and/or middle to upper class and/or able-bodied, etc.). Future research and the writer's response followed in the discussion.

Culture, Identity, and Critical Theory in Expressive Arts Therapy: A Literature Review

This literature review was an initial inquiry into Expressive Arts Therapy's (EAT) consideration of culture as a unit of study as it pertained to individual well-being. Believing that human subjectivities were inevitably influenced by the conditions around them, one condition being "culture," this writer wanted to investigate how EAT studied culture to theorize its applicability toward mental health. A central focus was how socio-cultural categories such as race, gender, class, and ability¹, and their accompanying socio-cultural identities, harmed individuals in a society that used these categories and identities for dominance, control, and oppression. This writer wanted to see how expressive arts therapy identified, understood, evaluated, challenged, and perpetuated socio-cultural issues of dominance, identity, and difference within the field.

To probe this academic topic, this thesis began with a reflection on the writer's personal developmental understanding of culture, identity, and mental health. It then started the literature review by locating culture in EAT before combining the research with the larger field of creative arts therapy (CAT). It looked at culture and its relationship to health before moving onto its relationship to critical theory. Critical theory was then examined and analyzed for its ability to integrate culture, identities, and mental health. Implications followed in the discussion section.

Personal Developmental Understanding of Culture

Growing up, I never thought of culture or society's influence on me. I thought my thoughts, feelings, values, and behaviors were of my own making. I viewed myself as an autonomous individual separate from cultural forces and socio-political structures. I did not see or feel myself as a socio-cultural being as well, making choices based on my cultural upbringing

¹ There were several other socio-cultural categories, but this writer chose the ones that were delved into in the literature.

and social positionality. I did not understand that the familial, educational, and social systems I inevitably participated in were culturally conditioning me to accept certain values and norms that were not a conscious choice on my part.

But because of critical thinking discourse in college, I became aware of society's cultural influence on me. I began to define culture as the values and norms given by group(s) and/or society to its individuals through socio-cultural conditioning. I learned this conditioning was implicit and formulated socio-cultural identities I carried and continually defined throughout all interactions. White, middle-class boys, men, and women surrounded me in my childhood and their socio-cultural values and norms turned me into a boy with white, middle-class values and norms. But while certain values and norms were discussed as points of individual integrity in my family, none were discussed within such a socio-cultural framework that gave my childhood environment authority. This lack of explicit naming meant I did not see how my environment formed my identities around certain values and norms which people in my socio-cultural groups adhered to and perpetuated. I did not feel I was in relationship with the the familial, educational, and social systems located in Holderness, NH, located in New England, located in the United States. Little in the US dominant mainstream culture, a culture that values individualism and freedom, helps those embedded in its privilege recognize the limits of individual will.

And I had the intersecting identities that placed me directly in the cross-stitches of dominant mainstream US culture: white, male, and middle class. The norms and values embedded in these socio-cultural categories meant I did not see how I benefitted from the systems that privileged white, male, middle-class (wealth privileged) cultures. It was precisely because I held these relative positions of privilege that their cultures were invisible to me until college. Mainstream US culture uplifted my socio-cultural identities. There was little difference

between me and dominant US culture. Media representations of “good” values were white, wealth-privileged men. I saw myself in them. This easy relationship caused little dissonance between my values and norms which made me “good,” and those being presented to me in my socio-cultural environment. Additionally, this mainstream US culture was the dominant culture and I was its “subject” of choice, as seen by media representation. It operated for and gave power and permission to people with my intersecting identities. Yet an absence of knowing how the socio-cultural-political systems privileged me meant I often related to people without an understanding of our cultural differences, how our values and norms might be different, nor how they experienced this socio-cultural-political system with different intersecting socio-cultural identities. In effect, I operated erroneously and dangerously from a colorblind, universalist paradigm that erased differences and imposed my cultural values and norms onto others. And since the values and norms I accepted from my cultural upbringing were from the US dominant culture, it meant that my values and norms, as manifested in behaviors, thoughts, feelings, words, and deeds were steeped in the dominant culture, a culture based in white supremacist, heteropatriarchal, able-bodied capitalism.

Addressing how to navigate individual subjectivity within the socio-cultural identities and forces that concurrently exist and interact with the individual psyche was a primary motivation for this literature review. This relationship had implications in the therapeutic relationship. It was important to consider the impact of the socio-cultural environment because those with intersecting identities of privilege, often the case for therapists and theorists, might have defined mental health and framed their research and/or their counseling within value systems that maintained and perpetuated systems that were part of the harm they were attempting to alleviate.

Additionally, a socio-cultural framework could show the reality that humans were harmed by socio-cultural identities they both did and did not fit into. Regarding the latter, I never fit well into masculinity as a perceived cultural gendered expression. There was dissonance between the traditional masculine role expectations I was implicitly asked to fulfill and how I wanted to express my gender. Feeling that dissonance but not knowing its origin in the relationship between me and my cultural environment made me blame myself for being different. As for the former, I began to learn about the harm being white created in me as I learned about its oppressive nature both for those marginalized by it and those privileged for it. Conditioned to be white had detrimental impact on my mental health, including disconnecting me from my body, diminishing my empathy, and obstructing my ability to see reality for the ways I was harmed by this socio-cultural identity. A society whose categories had the power to harm a human's well-being necessitated a conversation about how these categories in culture were being discussed, especially when being different had political and societal implications including incarceration, financial marginalization, homophobic violence, etc. Since these categories arose within the domain of culture, it seemed appropriate to first investigate how culture was defined.

Literature Review

Creative Arts Therapy, Expressive Arts Therapy, and Culture

This literature review included CAT based on the research's trajectory. While there were many debates in literature about their similarities and differences, organizationally EAT and CAT were separate. Five specialized modalities comprised CAT, each with their own associations. They were art therapy (American Art Therapy Association), drama therapy (North American Drama Therapy Association), dance/movement therapy (American Dance Therapy Association), psychodrama (American Society of Group Psychotherapy and Psychodrama) and

poetry therapy (National Association for Poetry Therapy). These modalities were all creative art therapies because of their association's membership to the National Coalition of Creative Arts Therapies Association (NCCATA). EAT was its own specialized modality belonging to its own association, International Expressive Arts Therapy Association (IEATA) and was not part of NCCATA.

Unless they used the umbrella term CAT, peer-reviewed articles written in journals for distinct specializations outside of EAT were not included. Many writers referenced in this literature review came from different specialized fields within NCCATA.

Situating Culture in EAT Research

In situating culture in EAT, research looked at theoretical foundations as well as databases providing access to myriad journals associated with EAT. Kossak (2015) provided a chart organizing EAT's foundational theories. He mentioned that these were the "established disciplines" creating "very clear principles in expressive arts therapy" (p. 4). They were Western psychotherapy, mind/body/holistic, Eastern philosophy, interdisciplinary education, aesthetics, creativity, arts, anthropology, shamanism, and mythopoetic. He also referenced humanism and humanist education as integral in the profession's formative development (Kossak, 2009).

In this research process, it was also discovered that EAT did not have its own academic publication. There were, however, a few journals including EAT with notable expressive arts therapists on staff. *POIESIS* was a journal published from 1998-2015 by the European Graduate School, a school offering degrees in EAT (POIESIS Catalogue, n.d.). Stephen Levine, an author in the field, was editor-in-chief (n.d.). *The Creative Arts in Education and Therapy: Eastern and Western Perspectives (CAET)* started in 2015 and was an international bilingual journal (Chinese and English) combining arts education, arts therapy and science (Zhou, 2019). Shaun McNiff,

founder of the Lesley University graduate program in EAT, and Stephen Levine, were the co-editor-in-chiefs (2019). *The Journal of Applied Arts and Health*, established in 2010, brought evidence to the effectiveness of using arts in health (Journal of Applied Arts and Health, n.d). University professor and expressive arts therapist, Mitchell Kossak, was the associate editor. Articles in these journals focused on the cultural application of applied arts and expressive arts therapy.

There were two peer-reviewed articles that emerged from this search relevant to conceptualizing culture. Sigurdson (2015) conceptualized “Culture and Health” as a multi-disciplinary framework of inquiry and practice in Sweden that centered the arts in health. He began by defining “health” and “culture” in order to minimize misunderstandings (between languages and academic disciplines) and to avoid “hermeneutical naiveté,” or when scholars assumed their meaning was understood by others in the contemporary vernacular (p. 143).

He found three definitions of culture from British literary theorist Terry Eagleton’s book, *The Idea of Culture*. They were the aesthetic, the anthropological, and the sociological. The aesthetic definition was seen as all the intellectual and or artistic works and their processes. Anthropologically, Eagleton (as cited in Sigurdson, 2015) defined culture as a society’s “structure of feeling,” the fluid, evolving, and intangible web of “lived manners, habits, morals, values, the pervasive atmosphere of its learnt behavior and beliefs, as this registers itself in fairly inarticulate ways in the social consciousness” (p. 142). Eagleton’s (as cited in Sigurdson, 2015) sociological definition of culture was “the totality of interacting artistic, economic, social, political, ideological elements that composes its total lived experience and which defines it as *this* society and not as some other” (p. 142). Sigurdson also pointed to a fourth definition found in Cecil G. Helman’s *Culture, Health, and Illness* (2015). It regarded culture as “a set of

guidelines (both explicit and implicit) that individuals inherit as members of a particular society” (p. 142). This inheritance fostered and maintained individuals’ “world-views, emotions, and behavior” (p. 142). Sigurdson argued these four definitions were all found in the “Culture and Health” framework which illustrated its multi-disciplinary quality. In terms of bringing the arts into health, Sigurdson indicated that the title “Culture and Health,” rather than “Arts and Health” brought many non-medical disciplines, including the arts, into the fold (2015).

Sigurdson (2015) next discussed the inseparability between culture and health. Sigurdson borrowed these ideas from Napier, Ancarno, Butler, Calabrese, Chater, Chatterjee, Guesnet, Horne, Jacyna, Jadhav, Macdonald, Neuendorf, Parkhurst, Reynolds, Scambler, Shamdasani, Smith, Stougaard-Nielsen, Thomson, Tyler, Volkmann, Walker, Watson, de C Williams, Willott, Wilson, & Woolf (2014). Sigurdson posited the definition of health as grounded in often unexamined “systems of value” that presupposed “our thinking and doing” and thus made most any definitions and concepts “cultural” (p. 143). This meant that people and the systems they were in cannot escape the underlying cultural foundations, these “systems of value,” from which their “ideas about health” originated (p. 143). This inescapability included the idea of scientific objectivity, an often unacknowledged flagship of Westernized health. It challenged its assumed position outside of the subjectivity of culture and recommended “a broad view of culture that embraces not only social systems of belief as cultural, but also presumptions of objectivity that permeate the view of local and global health, health care, and health-care delivery” (Napier et al., 2014, p. 1607). They spoke to culture’s prioritization directly by saying “the systematic neglect of culture in health [is] the single biggest barrier to advancement of the highest attainable standard of health worldwide” (p. 1608).

Prosek and Otting (2016) proposed an expressive arts intervention that acknowledged individual's inseparability from culture. It combined feminist therapy and the expressive arts. One of their intervention's assumptions included that the adolescent "is enmeshed within a culture from which she or he cannot be separated" (p. 81). Because culture is inextricable, they argued that thoughts and identities often entangled with "oppressive external forces" like power differentials and societal context that had the effect of disempowering (p. 80). This process led to both a weak sense of self and a weak sense of "connectedness" (p. 80-81). The expressive arts and feminist orientation gave adolescents a chance to "express and reflect" this entanglement by expressing their "feelings about culture in which they are enmeshed and differentiated," allowing them to see themselves "from a perspective of resilience and resistance" (p. 86).

Situating Culture in CAT Research

Dosamantes-Beaudry (1997) theorized an acculturation process that occurred from birth between the caregiver and infant to explain how cultural identities formed. She stated the caregiver, usually the mother in most cultures, was the carrier of the cultural worldview for her infant, worldview being the "core beliefs, values, myths, expressive styles and ways of structuring social relationships" (p. 129). A cultural transfer occurred during the process of the caregiver responding to the child's cues. A caregiver responded to an infant's pre-verbal subjective experience and affective states that come out through the child's externalized behavior (Dosamantes-Beaudry, 1997). The caregiver's responses were within the beliefs and value system she upheld, whether verbal or nonverbal. In this interactive exchange, the infant absorbed the caregiver's responses which became the infant's subjectivity and internal belief system (Dosamantes-Beaudry, 1997).

Since these values and belief systems were organized preverbally through somatosensory experience, an uncovering of them required embodiment. This was why Dosamantes-Beaudry (1997) argued for the use of dance therapy. By moving, they could discover their cultural identity and see the ways culture contributed to enhancing and/or damaging their wellbeing (1997).

Johnson (2009) included a socio-cultural paradigm as a foundational framework in creative arts therapy's work on trauma. He claimed it contributed to trauma work through its use of "ritual" in "group therapy, community and cultural rituals, shamanism, and the related concepts of *liminality, transcendence, spirituality, and the sacred*" (p. 115). However, though it gained popularity in the 1960s, the "wider culture" has since marginalized its importance (p. 115). Losing favor in the individualistic, disembodied, and internet-crazed culture in the US, this paradigm was mostly relegated to the "multicultural corner of the field," meaning "international work with traumatized cultures" (p. 115).

Sajnani (2012) looked at Johnson's article and questioned why the field relegated the cultural and social work to a compartmentalized subcategory that then further divided its applicability to specific types of therapeutic relationships (group therapy, community rituals, and shamanism) and specific clinical fields (international work). To relegate cultural and social work to certain therapeutic relationships and corners of the field falsely ignored the everyday nature of social, political, and cultural experiences (p. 189). Sajnani also worried if Johnson's opinion that the "sociocultural paradigm has lost support from the wider culture" (p. 187) was true, then there was a severe need to bring it back from the margins. Sajnani called for a "bolder assertion" in the CAT, one that centralized the "social and cultural work" (p. 187). She argued for a critical race

feminist framework built on feminist scholarship and socio-cultural models on psychotherapy (Sajnani, 2012).

Cultural and Social Harm

Sajnani (2013) argued to bring the social and cultural dimensions into the definition of health. She viewed health as “involving an awareness of how the body is a site of political struggle expressed (and too often treated) as individual pathology” (p. 382). She tracked this idea to its academic precedent in feminist theory and their mantra, *the personal is political*. This adage stressed issues of women’s health as “symptoms of the misogynistic, reductionist, heterosexist social disease which has attempted to regulate women’s bodies under the guise of morality, religion, and/or politics throughout history and to devastating effect” (p. 384). She added that this went for those whose health suffered due to their oppression by race, class, ability, religion, sexual orientation, gender, etc. Sajnani then explored this definition of health with her and her fellow drama therapists’ experiences using performance ethnography.² In her performance, the participants “were able to link [their] internal experiences of nausea, anxiety, relief, or disbelief (for example) to examples of social and political distress, effectively shifting the locus of malaise from [them] as individuals to [them] as a group living in a complex and, at times, oppressive society” (p. 384).

Many other creative arts therapists took up the feminist mantra, *the personal is political*, as an expression of the inseparability of the individual to their culture/society (Hadley, 2013; Hahna, 2013; Otting & Prosek, 2016; Sajnani, 2012). Baines (2013) focused on the power

² Performance ethnography is one of many embodied methodologies that seeks to combine practice with research. It is a form of qualitative inquiry focused on social justice and participation that takes individual stories and weaves them into images, scenes, monologues, and dialogues to foster a process that is cross-cultural, reflection-in-action, and transformative. It takes the complexity of lived experience in particular socio-cultural context and “translates this complexity onto the stage” (Sajnani, 2013, p. 385).

dynamics in this relationship. She argued that “personal troubles” were inextricably linked to the oppressive structures that created power imbalances “based on age, class, ethnicity, gender identity, geographic location, health, ability, race, sexual identity and income” (p. 2). People’s personal troubles were a reflection of their marginalized status that placed them as different from a cultural norm. In living in a society that devalued difference and supported homogeneity, people who were different from the majority and its accompanying norms and values were often treated with discrimination and exclusion which brought physical, emotional, and psychological pain to individuals (Baines, 2013).

Mayor (2012) argued that people with marginalized racial identities were harmed by society because of how race operated in the United States’ society. Race was performative, “regulated by disciplinary regimes of social sanction and taboo” (p. 216). It was not voluntary, but a forced arrangement. Because it was dependent on external sanctions, often created by whiteness, some environments were damaging to “ethnic-racialized, minority subjects” because they were forced to perform stereotypic forms of their race, rather than their individuality, in order to be given a chance at recognition and resource access by the majority subjects (p. 216).

Hadley (2013) argued to change the focus of therapy from individual to societal pathology. She once focused her therapy on figuring out how the individual could “function more adequately in the system/world” (p. 374). However, after discovering how the “dominant systems/dominant narratives” in a colonial and capitalistic society limited “what it was to be fully human” she questioned this orientation and asked “why not work on changing the system, challenging dominant narratives?” (p. 374).

Introducing Critical Theory in CAT

Much of the current CAT literature addressing the social and cultural work, including the content in the last section, used critical theory as its lens. Hadley (2013) wrote a comprehensive article outlining both the field of and the need for critical theory and its many outshoot theoretical frameworks. These offshoot theories were feminism, critical race theory, disability studies, and queer/sexuality studies, each with their own histories. Hadley introduced critical theory's general foundations proposed by the critical theorist, Stephen Brookfield. Brookfield outlined three assumptions and five distinctive principles of critical theory.³ Under these principles, there were five (5) tasks geared toward critical theory's goal of liberating society and its people from the harms of oppression. These principles were to challenge ideology, contest hegemony, unmask power, learn liberation, and practice democracy (Hadley, 2013). Hadley coupled culture with the first two (2) tasks, challenge ideology and contest hegemony.

Ideology, according to Brookfield (as cited in Hadley, 2013) was "the broadly accepted set of values, beliefs, myths, explanations, and justifications that appear self-evidently true, empirically accurate, personally relevant, and morally desirable to the majority of the populace (p. 374). When an ideology was the dominant one in an unequal society, it supported only the interest of the powerful while *appearing* to support everyone. Brookfield argued it was difficult

³ The three assumptions were: "1. That apparently open, Western democracies are actually highly unequal societies in which economic inequity, racism, and class discrimination are empirical realities 2. That the way this state of affairs is reproduced and made to seem normal, natural, and inevitable (thereby heading off potential challenges to the system) is through the dissemination of dominant ideology 3. That critical theory attempts to understand this state of affairs as a necessary prelude to changing it" (Brookfield, 2006, p. viii). The five principles were: "1) That it is grounded in a particular political analysis that shows that the "commodity exchange economy" that we find in capitalism inevitably creates tensions between those who desire emancipation and those who wish to prevent this desire from being realized. 2) That it is concerned with providing people with knowledge and understandings intended to free them from oppression. 3) That it breaks down the separation of subject and object and of researcher and focus of research. 4) That it not only critiques current society, but envisions a fairer, less alienated, more democratic world. 5) That verification of the theory is impossible until the social vision it inspires is realized" (Brookfield, 2006, p. viii).

to understand its pernicious form because it was (as cited in Hadley, 2013) “embedded in language, social habits, and cultural forms” that appeared as self-evident, “as common sense, as givens” (p. 374). Because of its invisibility, the dominant ideology concealed power and ended up training oppressed people to see their social position as natural and expected when in reality it was a manipulation to maintain power for the powerful. As Brookfield (2005) argued, challenging ideology was “arguably the preeminent, learning task” for critical theory (p. 41) and to do so, the dominant ideology needed to be unmasked and revealed for the invisible ways it oppressed and made society unequal.

Hegemony, which Brookfield stated was closely related to ideology, was (as cited in Hadley, 2013), “the process by which we learn to embrace enthusiastically a system of beliefs and practices that end up harming us” (p. 374). Brookfield explained that this process of learning harmful beliefs and practices was often invisible because it was the (as cited in Hadley, 2013) “cultural air [we] breathe” (p. 375). People consumed it so effortlessly that these beliefs and practices became internalized as common sense (p. 375). These became the value systems underlying the harmful dominant ideology. Media played a vital role in this hegemonic process.

These critical theory concepts were the base principles for various theoretical foundations advocated by various CAT therapists/theorists. For instance, Sajnani (2013) proposed a critical intersectional framework. Tracking intersectionality’s emergence from feminism to critical race theory to critical race feminism, all which presented gender and race as social constructions being shaped and morphed by social interactions and politics, Sajnani viewed intersectionality as the “ways that various forms of discrimination occur simultaneously rather than hierarchically” (p. 383). Systems of oppression, like capitalism, colonialism, patriarchy, and imperialism, interlocked together and functioned together to discriminate simultaneously. Because of their

interlocked construction, their dismantling had to occur intersectionally, rather than focusing on one system at a time. As it pertained to individuals, it forced questions about what it meant to be part of different socially constructed groups. Viewing these constructions as fluid and malleable in differing contexts, it forced people to question how power and privilege, domination and subjugation were continually being constructed in an individual experience (Sajani, 2013).

Talwar (2010) called for an intersectional framework in art therapy that included race, class, and gender. Talwar argued there has been little honoring of the social and cultural in her experiences in the mental health field as a person of color (p. 11). She identified difference, power, and authority as unacknowledged issues, leaving art therapy confined by the “male, Eurocentric teachings” that have shaped the psychology, psychopathology, and human development theories used (p. 10). She argued that by ignoring identity and difference, the cultural values of the universalist, Eurocentric paradigm used in art therapy harmed nonconformist behaviors and marginalized identities by pathologizing them both (Talwar, 2010).

Like Sajani (2013), Talwar (2010) traced the emergence of an intersectional framework. The 1960 social movements in feminism, identity politics, and civil rights brought a deconstruction to the “American mind” as “a homogenous entity that assumed a fixed set of qualities” that included hopefulness, innocence, individualism, pragmatism, and idealism (p. 12). It also brought an end to a monolithic view of “Americanness” and what normal was. In its place moved a more complex array of constructed and deconstructed cultural categories of analysis, including race, ethnicity, gender, etc. that complicated subjectivity by adding cultural and social dimensions. Talwar, like Sajani (2013), pointed to the women of color and lesbian scholars for pushing intersectional analysis as a result of critiquing second wave feminism for its implicit centering of white, middle-class, heteronormative, Eurocentricism. Their critique rejected

universalism, essentialism, and reductivism as modes of analysis and categories of identity as inherent. Rather, identities were “organizing principles of a society that position members of various groups within its opportunity structure” (Talwar, 2010, p. 12).

Talwar (2010) supported an intersectional approach to conceptualizing culture in clinical art therapy practice because the “multiple systems simultaneously [operated] in every relationship, and in the political and social institutions that affect individuals and the family” (p. 13). She introduced an intersectional framework developed by Weber that joined this subjective experience of cultural conditioning with the macro systemic structures within which one operated. There were five principles to this framework, which were 1) knowledge construction, 2) biological forces and inherent inferiority, 3) addressing inequality, 4) macro-social-structural and micro-social-psychological levels, and 5) intersectionality. Several other creative arts theorists/therapists uplifted intersectionality as well (Hahna, 2013; Mayor 2012; Wright & Wright, 2017).

Baines (2013) worked on the semantics of articulating an interdisciplinary theory oriented toward social justice. She used the term “Anti-Oppressive Practice” (p. 3). Though she first came to deconstructing her experience and the world through feminism, she wanted to avoid the misunderstandings and misappropriations that word caused. She also wanted to be more inclusive and include Anti-Imperialism, Anti-racism, critical studies, post-structuralism, post-colonialism, disability studies, and “other partners in social justice,” and outlined how Anti-Oppressive Practice (AOP) involved all of them (p. 2).

Baines first heard of Anti-Oppressive Practice from her sister, Donna Baines, who worked in the field of social work. Donna Baines (as cited in Baines, 2013) defined AOP as “a heterodox, umbrella term [that] borrows bits a pieces from various theories” (p. 2). It focused on

dismantling the power imbalances that resulted from a “profit-model of patriarchal, racialized, homophobic, colonial capitalism” (p. 2). Baines introduced AOP from the field of social work to her CAT colleagues as a “model of accountability” that could challenge, destabilize, subvert, and dismantle the oppressive barriers positioned in front of marginalized people (p. 4). It was the creative arts therapist’s job to find avenues to “give voice to the voiceless, “bring their needs to the attention of decision-makers,” “critique the health care service delivery system,” “support our clients to navigate the system to their ultimate increased health,” and “work to change the system and other societal oppressive structures” (p. 4). She offered her sister’s six principles for the activist practitioner as a means to address social inequities.⁴

Critical theory in higher education. Hahna (2013) addressed the specific need to incorporate critical theory into CAT pedagogy. She called for the use of feminist theory and defined feminist pedagogy as broad and multi-faceted with multiple perspectives based in activism that were transformative, unmasked patriarchal power, confronted masculine hegemony, promoted democratic processes and the diversity of lived experience in the classroom (p. 438). She found feminist pedagogy in the expressive arts therapy, music therapy, and dance therapy, but acknowledged more needed to be done because oppressive policies, cultural norms and cultural values helped found higher education. For example, curricular content was not free of political pressure and highlighted the Catholic Church’s influence in American and European universities and the elitism and classism associated with the liberal arts tradition (p. 437). This was part of the unacknowledged “hidden curriculum” of patriarchal hierarchies established in the higher education’s brick and mortar structure that privileged men over women (p. 437).

⁴ They were 1) Be likable! Be charming! Be human! 2) Be good at your job 3) Use your privilege 4) Remember that you are an instrument 5) Build your allies: link with unions and social movements 6) Remember the system wasn’t made for us or by us and we do not have to prop it up.

In Sajnani, Marxen, & Zarate (2017), Sajnani highlighted how her pedagogical decision-making situated itself within larger cultural and systemic contexts. She stated, “of course, these [pedagogical] choices are not neutral” (p. 133). Hadley (2013) added that theories and practices “contribute to either the conservation or destabilization of certain values and practices in the wider community” (p. 376).

Critical theory, culture, and clinical applications. Zarate (Sajnani et al., 2017) looked specifically to involve critical theory in her clinical methodologies in music therapy. She looked at how socially constructed norms contributed to anxiety. By adopting a “critical social lens,” (p. 31) she studied the shape of anxiety as it moved interpersonally in the presence of and meaning of difference. She called these occurring social dynamics “*the social architecture of anxiety*” (p. 31) and used a social transformation perspective that “considers the integration and application of social knowledge” to “liberate people from social circumstances that cause disempowerment” (p. 31).

Zarate’s (Sajnani et al., 2017) approach, *crucial social aesthetics*, combined critical social theory, music aesthetics, and improvisation-based music therapy. It was an “overarching inclusive philosophy that honors and respects difference in society” (p. 31). Musical improvisation was the vehicle to honor these differences by bringing forward internalized cultural components silenced and marginalized by conformist hostility. In particular, she used the methodology Clinical Listening ↔ Cultural Listening (CL-CL) as a method that unveiled the “culture–relational dynamics” happening between client and therapist (p. 32). It contained several competencies, all applicable to understanding how cultural differences emerged out from both the client and therapist.⁵ She highlighted two important constructs, music metaphor and

⁵ These competencies were 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

image schemata, involved in the social/cultural competency that allowed the therapist and client to uncover bias and difference within the music improvisation. Both of these involved the reactions, responses, and feelings of both the client and therapist, making this encounter a “cultural relational space” (p. 32). They both also dealt with the emergent experience and helped give meaning to how projections were socially and culturally constructed in an individual experiencing a particular society.

Constructing culture with critical theory. Several creative arts therapists/theorists used critical theory to theorize how the relationship between individuals and their culture formed. Sajnani (2012) discussed how cultures were “living organisms,” organisms that “are constantly changing, interacting, and adapting with every encounter” (p. 187). Hadley (2012) used narrative to demonstrate how someone born into a specific “socio-cultural historical framework” took on or rejected the dominant ideologies and their hegemony based on one’s social and cultural groups (p. 374). For individuals, narratives formed feedback loops built over time between one’s inner experience and their external reality (Sajnani, 2012). People always dealt with different, simultaneous experiences they organized to give information about themselves, their relationships, work, their beliefs, perceptions, etc. (p. 374). Because they were unable to integrate all this information, “certain events are selected and privileged over others,” creating dominant narratives to give their life meaning (p. 374). These “*seem* to become truth,” but often obscured narratives that conflicted with them (p. 374). This personal narrative process happened

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 music theme within the music improvisation environment; 5) Cultural Metaphors, which refer to how object 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.

simultaneously within the “socio-cultural historical matrix of dominant narratives” they were born into (p. 374). Individuals partially built their identities based on the narratives occurring in the social and cultural groups to which they belonged. Often, those whose dominant personal narratives aligned with dominant societal ones were unaware of the societal dominant narratives. Contrastingly, those whose personal dominant narratives did not align with societal dominant narratives were aware and saw their stories marginalized or erased from societal acceptance.

Hadley provided an example of a person with dominant identities, like being white, male, and/or middle to upper class. Their dominant groups, arranged around whiteness, masculinity, and/or class privilege, perpetuated narratives that reinforced their privileged position in society, a position based on dominance, subjugation, and power. Yet many were not aware of their dominant identities because dominant narratives helped to construct belief systems that defined their social positionality as natural. By not explicitly naming or being informed of their identities, these individuals enabled dominant ideology and the oppression it condoned.

Zarate (Sajjani et al., 2017) looked at music therapy literature and found that though the literature acknowledged culture, it had often only been viewed as something external to people (2017). She believed, “we humans are culture, we create culture” (p. 31). She saw the person as a cultural container from which social and cultural projections were placed into and fall out of during the improvisation experiences. Because this internal capacity for humans to hold culture has been ignored, the cultural underpinnings of music therapy evolved from the unnamed Eurocentric model of Western music (2017), from which most of the therapists and theorists culturally came from.

Talwar (2010) discussed how studies of culture frequently focused on groups and societies rather than individuals. Caughey (as cited in Talwar, 2010), a cultural anthropologist,

suggested part of culture began with the individual. Rather than seeing culture as uniform or as a single entity, individuals were part of several “cultural traditions” they formed and evolved with everyday based on their intersecting identities of race, class, gender, sexuality, etc. (p. 13). This approach allowed culture to materialize at the individual level and gave voice to people’s similar, yet differentiated cultural conditioning (p. 13).

Social and cultural constructs in critical theory. Talwar (2010) viewed social constructs as different from cultural constructs. In the United States, “race, class, gender, and sexuality are social constructs” developed within a framework of colonialism and imperialism (p. 31). A eugenics movement used photography to successfully subjugate bodies they racialized as black and gendered and sexualized as feminine. In doing so, it “served the ideology of middle-class norms, especially with respect to deviance and the perverse body” (p. 13). Talwar stated that while these identity markers have biological and “material referents,” they were not fixed (p. 13). Part of how they were not fixed came from how race, class, gender, and sexuality were culturally constructed as well. Talwar (2010) pointed to culture’s influence and control in constructing social identities. Talwar (2010) asserted that in an oppressive society, visual media and popular culture played a vital role “in controlling how minority populations have been viewed,” often reinforcing their subjugated position based on the values and norms embedded in American colonialism and American imperialism. (p. 13).

Constructing identities with critical theory. Along with culture, Sajnani (2012) also saw identity categories and identity as malleable “living organisms” (p. 187) because they were social constructions. This “fluid nature of identity” meant people could experience levels of power and privilege at different times (p. 383). As Talwar (2010) explained, “as individuals, we each experience our lives through culturally defined categories; through them we may occupy

positions of dominance or subordination, and sometimes both simultaneously. Thus, identity is not a fixed category, but rather a complex set of intersections that shift and change” (p. 15).

Reductive or essentialist concepts of difference, like *all* poor people, for instance, were outdated ideas harming clients by stereotyping and erasing “the significance of their individual experience of gender, race, sexual orientation, faith, age, ability, and class” (Sajani, 2013, p. 383).

Mayor (2012) examined the fluidity of racial identity as a means of personal transformation and social change. Living in a society where she could no longer “ignore how the color of [her] skin shapes how I am received and the roles which are available to me when I encounter and play with others,” she felt it important to question “what it means to be a White drama therapist” (p. 214). After conducting a literature review noting the problematic discourses around race in CAT, Mayor conceptualized race differently using critical race theory and performance studies. Mayor advocated for race as “a process” of performance, encounter, and embodiment rather than as something “that is fixed” (p. 215). As performance, race was continually produced through repetition and ritual of racial norms that would “precede, constrain, and exceed the individual performer” because of it has been historically repeated over and over again (p. 216). Race as encounter meant race emerged, was built and continually performed between at least “two bodies (literal bodies, bodies of knowledge, bodies as institutions, and so on)” (p. 216). Race as embodiment meant that the body was “the site of regulated acts and coded attributes” that racially stereotyped the body using “inscriptions” given to them by society (p. 216). The body was constantly being “etched” with inscription that coded it in certain ways. For example, Mayor explained that white heterosexual bodies were constructed as normative, which allowed them to transcend their body and leave them unmarked and unconscious to their body as raced, gendered, and/or sexualized. Bodies “falling outside this definition are linked with

corporeality” (p. 216). For instance, “the colored body” was constructed as more “natural, primitive, and exotic” and “linked with labor, sexuality, and violence” (p. 216). Mayor suggested that Arab bodies were inscribed with “terrorism and sexual deviance” and Asian bodies with “impotence, blindness, and femininity” (p. 216).

Farough (2006) explained a process of visually constructing race and gender in a study that used interviews, photoethnography, and poststructuralist and psychoanalytic theory. It questioned how white men visually interpreted race and gender. Their own perceptions, their “visual intelligibility,” were not autonomous, but based on in a “matrix of vision...an interlocking system of social geography, social structure, discourse, and social interaction” (p. 56). Not only did their visual intelligibility construct race and gender within macro-level domains as social geography, social structure, and discourse, but it also “[occurred] at the intersections of everyday life and individual biography” (p. 56). This combination of micro-domains and macro-domains led to his conclusion that identity formation, and in this case white masculinity identity formation, was not fixed, but a “process of construction” dependent on both an understanding of one’s own identities and those of others, as well as an understanding of how domination and subjugation, privilege and oppression functioned in US society (p. 80).

His findings suggested four ways of how white men visually constructed race and gender. The first, a “linear way of seeing,” viewed race and gender as being results of the actions of women and people of color, not white men. This view left white men not implicated in unjust social systems. They assumed themselves as not racialized or gendered; rather, they were outside of these categorizations. The “defensive way of seeing” was based in psychoanalytic thought that privileged groups repress their involvement with “exploitative social relations,” but were still unconsciously reacting (defensively) from these repressed ideas (p. 57). This way of seeing

implicated men invested in and taking advantage of the exploitative system based on racism and sexism. The “ambivalent field” of vision also took root in psychoanalytic foundations of vision and involved vacillating between seeing and not seeing race and gender. There was still a felt sense that race and gender were there, even when the individual was uncertain of what he was seeing. Lastly, the “resistive way of seeing...can see racial and gender phenomena as constructed through the actions of white men as well as people of color and women” (p. 57-58). It involved an understanding of the power imbalance and inequality occurring between race and gender groups. Here, a white man understood himself as part and parcel of another person’s constructed identity, much as they were a part of his.

Self-reflexivity with critical theory. Talwar (2010) declared self-reflexivity, or the ability to experience in mind and body the socio-cultural positionality of oneself, as an essential principle of intersectionality. Hammersley & Atkinson (as cited in Talwar, 2010) contended that since all were “shaped by their social-historical locations, including the values and interests that these locations confer upon them,” assumptions will be made that minimize or erase the experiences of people outside their social-historical location (p. 15).

Talwar (2010) noted that self-reflexivity has a long history with psychotherapy and art therapy. The discourse of countertransference demanded accountability for personal biases impacting the course of therapy and the therapeutic relationship. However, countertransference largely has focused itself on the “unresolved intrapsychic conflicts,” so “it would be beneficial to consider it from a sociocultural framework as well” (p. 12). Such a framework “allows for a deeper analysis when contextualizing the art therapist’s cultural beliefs, values, and social position” and how that impacts therapy and the therapeutic relationship (p. 16).

Wright & Wright (2017), in a study that provided professional training to art psychotherapists on intersectional feminist social justice approaches in art psychotherapy, found that the key outcome of the project was that art psychotherapists “began to be critical and reflexive...that is considering themselves in relation to both the internal (the self) and external (others)” (p. 13). They began to question their constructed “truths” and “norms” that they internalized and acted out. This created a possibility to make therapeutic relationships more mutual and reciprocal because they loosened their attachment to preconceived ideas of what constituted “truth” and “normal” (p. 12).

Hadley (2013) stressed the importance for those in dominant groups to interrogate “sites of privilege” as a way to challenge ideology, confront hegemony, and unmask power (p. 376). She warned about the consequences of avoiding personal reflexivity toward one’s social position. Hadley said it can be detrimental since those from dominant groups were trained not to see the “socio-cultural historical framework in which ideologies of capitalism, patriarchy, whiteness, etc., shape us, and in which hegemonic practices of exploitation and oppression of others, based on gender, race, class, age, ability, sexuality, religion, and national identity are pervasive” (p. 375).

Wright & Wright (2017) spoke to the difficulty of self-reflexivity for those benefitting from oppressive societal structures. Practitioners may be, knowingly or unknowingly, situating themselves “alongside sentiments of post-feminist, post-racist world views” (p. 12). Wright & Wright described the “on-going struggle” to get their students to understand and accept the realities of living in oppressive structures that imposed dominant/subordinate ways of thinking and restricted an ability to “unlearn neoliberal frames of reference” (p. 12). Unknowingly

wedded to this system, the students were unable to recognize social injustices perpetrated by those not-Othered on those perceived as Other (Wright & Wright, 2017).

Social change and critical theory. Several creative arts theorists chose critical theory because they believed CAT shared its orientation toward social change/social justice (Hadley, 2013; Hahna, 2013; Mayor 2012; Sajnani, 2013; Sajnani, 2012; Talwar, 2010). Hadley (2013) mentioned that dominant narratives were often rigid and fixed. However, dominant narratives could also be fluid, like the self, groups, and societies. This meant they could change and offer more liberating narratives to individuals, groups, and/or societies (p. 374). Mayor (2013) argued race as performance could be constraining and controlling as mentioned earlier. However, it could also be transformative. Because of the self's spontaneity, people forced to live within certain imposed racial identities will fail at performing their identity's stereotypes as some point (pg. 216). In this moment of failure there was potential to "expand these rigid categories to multiply the possibilities of identity" (p. 216). With race as embodied, Mayor (2013) argued that if people could view race as cultural inscriptions rather than biological markers, there was "potential for these bodies to be reinscribed, transformed, or lived with different terms" (p. 216). Hahna (2013) contended that by using acritical theory lens, the "hidden curriculum" holding up oppressive institutional policies, norms, and values, could begin to be challenged and changed.

Discussion

It was the opinion of this writer that there was little literature in EAT dealing with culture and its role in individual mental health. More literature could continue to examine this relationship. Not having its own peer-reviewed publication made it difficult to see the field's trending threads. There was arts-based research found which examined oppression and social justice in EAT (Create on the 8, n.d.), but few peer-reviewed articles appeared. This literature

review showed extensive research in CAT, but did not go into the research being done in specific specializations.

While the perceived lack of EAT literature seemed to be one limitation, another limitation was the broad scope of this literature review. In looking at individual health consequences of living in an oppressive society, the external environment included references to culture, social, and political forces. This writer found it effortful to parse out the meanings of “social,” “cultural,” and “political.” It is this writer’s belief that all three words dealt with the external environment to describe its complexity, but in order to prevent what Sigurdson called, “hermeneutical naiveté,” it would be essential to define each term.

With culture alone, for instance, Sigurdson (2017) identified four definitions of culture. This writer’s own bias meant this writer unconsciously supported the anthropological definition which uplifted culture as being the values and norms of a person, group, community, and society. Even after this research, the writer maintained this belief that culture is the “system of values” underlying the attitudes, thoughts, behaviors, policies, and laws, whether explicit or not. By addressing underlying values, EAT might see how their values and those of their clients are embedded within larger historical socio-cultural value systems set up by systems of dominance and subordination. This included the values inherent in EAT’s professional culture.

Again, when being used, it was important to ground terms in mutual understanding. For instance, this writer deliberately used “socio-cultural identities” because these identities were connected to social and cultural constructs. Talwar (2010) made a point to differentiate “cultural” from “social” constructs. Social constructs were the social categories like race, gender, class, etc., used to place people into oppressed and/or privileged categories. Humans had to deal with their social identities and their attachment to power and privilege, marginalization and erasure.

Talwar (2010) mentioned the cultural constructs were different and were controlled by how popular culture and the media constructed them. For this writer, this meant that cultural constructs brought in the values and norms which undergirded the narratives being told about the social constructs. So, for instance, if media was trying to construct a black person, they were dealing with a person valued for their race as black, an oppressed identity. The underlying cultural value in the US system of domination of whites over people of color meant that the dominant societal narrative in American culture was to devalue, even dehumanize this person's blackness. Hence why media portrayals of black men were often dehumanizing; they were based in a cultural belief that this social identity was inferior and needed to be subjugated. Therefore, to include the value systems supporting social identity, this writer chose to use "socio-cultural identity."

It was the opinion of this writer that EAT literature needed to represent this social-cultural context that dehumanized, marginalized, and traumatized. It was this writer's assumption that many expressive arts therapists were against all systemic oppressions because they discriminated, marginalized, and harmed the clients EAT therapists deal with daily. However, there did not seem to be a theory in EAT to conceptualize these systemic categories of control that would allow therapists to how they and their clients were being impacted by the discriminatory attitudes, words, behaviors, microaggressions, values, norms, policies, and laws running in the bodies, relationships, institutions, and telecommunications in an unequal and punitive American society. Anthropology was a foundational theory according to Kossak (2015), and there was work being done there addressing this topic, like Caughley (as cited in Talwar, 2010). However, mentioning this vast field did not speak directly to the harm caused by these systemic oppressions. Additionally, EAT owned its foundations to humanist education and

humanism, which carried with it a Eurocentric perspective that has allowed for the universalist paradigm and colorblindness experienced by this writer and challenged by critical theory.

Humanism has important contributions to the field, but also has erased difference and assumed a universality of experience as defined by white, wealth-privileged males. The CAT literature recognized their professional field and the majority of its therapists as belonging to these universalist paradigms that need to be questioned. EAT could do the same.

One way for EAT to do so would be to bring critical theory into the fold. It was the belief of this writer that an intersectional critical lens was the most advanced lens in critical theory because it simultaneously identified and challenged all systems of oppression. Since they all operated at the same time and arranged intersecting identities of privileges and oppressions, society and a person's identity cannot be reduced to only one of them. This writer was not just a man, but a white man, a middle-class white man, a middle-class genderqueer white man, etc. A theoretical framework that did not address this complexity would fail in its attempt to explain and absorb the complexity of actual lived experience.

Additionally, a theoretical framework that did not include self-reflexivity of socio-cultural identities like critical theory did would fail to unearth how these identities help to shape one's beliefs and value systems, and consequently their therapy, research, writings, and/or interventions. This writer also believed there was a need to move the self-reflexivity beyond an intrapersonal domain and into the interpersonal, institutional, and systemic domains as well. Interpersonally, as a writer to his audience, and institutionally, as a graduate student at Lesley University, this writer divulged some of their socio-cultural identities as means to be transparent to the ways their socio-cultural identities currently limited their ways of being, seeing, feeling, and writing about this topic. Being transparent about his socio-cultural identities and the

importance of their influence could help readers to see more clearly how they shape and limit this writing.

Another narrative emerged for this writer that dealt with the difference between bottom-up and top-down analysis. Most of the literature discussed society's harm toward marginalized groups because of society's entrenchment in racism, sexism, classism, ableism, etc. This outward-in approach used critical theory to begin analysis from the external environment and explain individual experience and well-being from this external point of reference. This approach was essential in understanding the harm committed by systemic oppressions' ability to inflict violence and pain onto an individual, their body, and their mental health. Simultaneously, as Sajnani (2012) and Talwar (2010) have discussed, it was crucial not to be reductive or essentialize people as it could lead to the minimization or erasure of their individual experience. Talwar (2010) eluded to a bottom-up approach beginning to emerge in the literature that demonstrated a need to understand society and culture as also stemming from the individual and extending into the external environment. People were part of "cultural traditions" that may have come from their socio-cultural group, but they also emerged from the individual. This writer believed that placing top-down analysis with the bottom-up analysis as end points in a socio-cultural feedback loop between which individual experience and the socio-cultural environment entwine could give authority to both in their assessment of individual well-being. Additionally, the literature focused heavily on the social and cultural harm done to people with marginalized socio-cultural identities. It is the belief of this writer that people with majority intersecting identities of privilege also experience socio-cultural harm and as clients, this healing could support both their well-being as well as their ability to empathize with the violent impact of racism, sexism, classism, etc. on those with majority intersecting identities of oppression.

This socio-cultural feedback loop previously mentioned had implications for EAT and its interventions. There has been more research demonstrating humans store trauma in the body and this could include socio-cultural trauma. Mayor's (2012) reading of the body as a site of racially coded inscriptions and Sajnani (2013) view of the body as a site of political struggle suggested such a perspective. EAT and its use of body-oriented expressive art interventions could foster a therapeutic environment to bring the unresolved trauma to the surface to be listened to, engaged, and ultimately transformed. This could help connect individual trauma to the individual's experience of socio-cultural conditions as Sajnani (2013) did with her drama therapy intervention. Additionally, if racism, for instance, was an issue of the body, as this writer believed, then this field as oriented toward social justice could use its body-oriented expressive art interventions as means of eradication. Lastly, though it is important to locate external sources of pain, marginalization, and erasure as a means to unburden the self as their only source, it was also necessary to empower the individuals to find their own well-being within oppressive structures as Prosek and Otting (2017) encouraged in their adolescents. Expressive arts therapy and its empowerment of the body could encourage individuals to find more space for well-being in how they move, interact with, and respond to cultures and society's that often harm. More research in this field would help deepen the ability of EAT to address socio-cultural trauma and the dismantling of socio-cultural oppression.

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Appendix

There was a plethora of authors from many disciplines whose shoulders this writer and his writing stood on. This writing would not exist without their significant contributions to this writer's continued evolution of sensing and perceiving this unjust and inhumane world. Many of these were women, women of color, and lesbian scholars who both founded and contributed heavily to the critical theories cited in this research. To honor theirs and others' contributions to this writer's life and this writer's decision to research culture, identity and critical theory within EAT and CAT, their names are below:

Michelle Alexander

Gloria Anzaldúa

Jean Baker Miller

James Baldwin

Judith Butler

Rachel Cargle

Ta-Nehisi Coates

Patricia Hill Collins

The Combahee River Collective

Kimberlé Crenshaw

Beverly Daniel Tatum

Angela Davis

Louis Erdrich

Franz Fanon

Demita Frazier

Carol Gilligan

bell hooks

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Vivien Marcow Speiser