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Beyond Performance: Modern Art Therapy and AATA Through the Lens of Critical Race Theory, A Literature Review

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Theory, A Literature Review

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Abstract

Art therapy has grown more visible in tandem with the modernization of psychology, society, and the push for social justice amongst communities of intersection experiencing oppression. The practice as a whole is a modern interpretation of *talk therapy* that has evolved and capitalized the importance of creativity and imagery-making as means to connect a person to their emotions, others, and the world as a whole. In this growing time and era of technology, the increase of aesthetic, visual media is necessary in providing mass information and receiving critical socioemotional input from individuals and communities about social issues. One of the biggest demands is biopsychosocial advocacy for all marginalized communities of color that are experiencing overt, violent discrimination following the Trump era presidency and existence of the COVID-19 pandemic. Mental health work and development in this vulnerable time requires cultural humility, expansion, and accountability regarding White supremacy and its inevitable effect on all aspects of human existence. The American Art Therapy Association (AATA) has *adopted* new ethics and principles to maneuver the existing social injustice. From research of historical context, BIPOC expressive therapists' point of view, and personal experience in the field, AATA and modern art therapy feel complacent in providing performative allyship regarding multicultural development, perspective, and evolution. This thesis argues that it would be within AATA's best interest to explore methods like critical race theory, created by scholars and communities of color that actively seek sustainable, transparent change for the future.

Keywords: art therapy, American Art Therapy Association, social justice, critical race theory, equity, values

Beyond Performance: Modern Art Therapy and AATA Through the Lens of

Critical Race Theory, A Literature Review

With the civil unrest that persists in our current time, the need to promote and provide opportunity to engage the education of authentic social justice and advocacy are imperative. The rise of racism, discrimination, and social violence is growing rampant as a result of the dichotomy between the inaccessibility to Black, Indigenous, and People of Color (BIPOC) voices, experiences, research, and the negation of social difference that is unfurling itself post the Trump era administration. The reveal of social negligence regarding the lives of BIPOC is amplified by the COVID-19 pandemic that allows for individuals to have easy access to media that shows how BIPOC communities are killed, at extreme disadvantage, and unserved by our society much more than their White counterparts. Modern art therapy appears to be complacent regarding social equity and performative allyship in recognition of the drive to set a political boundary that can enact change instead of remaining neutral in solidarity.

This revelation of BIPOC communities suffering at the hands of capitalism and White supremacy is not new. The ability of modern society to retain such traumatizing information about an entire community of individuals and grow complacent in implementing systemic change is the largest issue. Complacency can align itself with public allyship, disagreement with social injustice, and promise to implement change to promote a more equitable, inclusive future. George et al. (2020) examines the conflict that exists in the American Art Therapy Association's (AATA) values in accordance with Karen Pence throughout the Trump presidency in her aim to take on art therapy as her cause. The results show a dissatisfaction from aspiring, practicing, and retired, art therapists with the AATA's resolve to scold, but not take an affirmative stance against

Pence's cause given the racist, homophobic, xenophobic, and anti-Black rhetoric her husband,

Mike Pence, abided by as Vice President during the Trump era.

       The choice to be dismissive and continue without further fervor against the scope of what

Karen Pence's association will provide to art therapy makes the integrity of AATA questionable.

The BIPOC art therapists, future art therapists, and clients who are being treated deserve

recompense because the actions of Karen Pence negate the moral standing of AATA, and modern

art therapy chooses to stand by. Art therapy, like every other clinical therapeutic practice, is

meant to help those who struggle from trauma and life events that reinforce mental instability. In

our current day and age, those who are BIPOC and/or LGBTQIA+ affiliated struggle the most

because of social disparity and organized hierarchy that reject their needs. As an art therapist in

training who is BIPOC and queer affiliated, the practice from my perspective has been one

dimensional with a three-dimensional façade.

       BIPOC art therapists and art therapist allies call into action the necessity of promoting

more research, projects, and funding towards the assistance of BIPOC communities alongside the

push for cultural humility and antiracism. This literature is essential to critical development and

thought, but never seems to be fully pushed into action when it comes to change that can be done

on a macro level. There, however, are aspects seen at a macro level that provide face about what

art therapy is and what it looks like. Art therapy on the surface looks White. Art therapy is

founded, funded, and presented by White people. At a surface level, art therapy is and will

continue to be White. Yet, there is resistance to acknowledging that within this very clear,

constant scope there is a hypocrisy with being "socially aware" but appearing socially uniform.

Modern art therapy and AATA represent what most systems in the United States are: capitalistic

and ruled by White supremacy.

In order to move forward, there must be a strong consideration and acknowledgement of the past. The past is chronologically far from our current time, but it is still living vivaciously in the attitudes, beliefs, and laws implemented by systems that allow for White supremacy to exist at the expense of BIPOC's suppression. Critical race theory (CRT) builds a bridge that would open the eyes to the critique of liberal antiracism, Whiteness, alongside intersectionality and division that pervades in all forms of existence (Delgado et al., 2017). Art therapy as a practice aims to be of good intent and proper practice that seeks to do no harm. The value conflict that exists within the AATA that inadvertently affects the education and pursual of art therapy.

CRT itself acts with both a pragmatic and utopian vision that can allow for the critical evaluation of how constructs of our current society have set race as a disadvantage for people of color. Given the nature and circumstance of modern art therapy, Junge (2010) explores the elaborate influences and scopes where art therapy has been needed to grow in order to adjust itself to the changing social standard. In our current time, an evaluation of the problematic tendencies from the past would be the catalyst in adopting a more comprehensive, just system that can consider all the discrepancies involving BIPOC activation within the art therapy community. In this paper, I explore how accountability and transparency regarding oppressive constructs that do not address the race problem in art therapy are key components to misinformed, disillusioned nature that art therapy can be a safe space and pioneer for racial change.

Literature Review

History of Art Therapy

Recognizing the Roots: Eugenics

Mental health as an entity was revolutionized in the early 1800s with the publication of Benjamin Rush's book entitled *Medical Inquiries and Observations upon the Disease of the Mind* (Talwar, 2019, p. 20). His observations record the phenomenon and objective forms of mental disorders that were readily accessible through clinical and medical treatment of the time. Rush's counsel abiding by the notion of treating clients with kindness reflected the reformist practice that attracts and aligns itself particularly with the aim of art therapy (p. 20). Moral treatment would exist along the line of helping those without reservation of prejudice, authority, discrimination, and instigated ignorance. Empathy and compassion are meant to be the forefront of this therapeutic revolution set to provide an equitable opportunity to those who were not able to receive adequate treatment.

With the growing need to abide by aiding those without prejudice restriction, the birth of eugenics in the early 20th century created a divide in which the construction of what is *normal* and *abnormal* (Talwar, 2019). Eugenics is an ideology that sets itself an unrealistic standard of attempting to create populations that appeal to a fitness that can evolve into creating strong sets of human beings. Within that context of aiming to create fit populations, the reconciliation of attempting to rank one's intelligence, physicality, and capacity to grow under constantly changing circumstances limits itself to an expectation. This expectation normalized the need to achieve a biopsychosocial state that can only be achieved through accessibility and privilege. The way we all live in our everyday lives is a direct result of the normalization of being better

than the disabled, criminal, and/or mentally ill states that are not evolutionarily sound to survive our current times.

The historical movements and social revelations that have directed the scope in which our society grows and thrives are direct results of post-colonialism. Eugenics draws its inspiration from the amalgamation of anthropology, psychology, psychiatry, genetics, biology, genealogy, anatomy, sociology, law, and more (Talwar, 2019, p. 23). Psychiatry was the leading determinant that formulated a language in which mental health was divided into subsets that categorized others through a degenerate or primitive mindset. Appleman (2018) elaborates on the three D's associated with eugenics: deviancy, dependency, and disability. Deviancy involves the recognition and absorption of otherness that is declined as valid through a societal lens. Dependency grew and continues to manifest itself as attaining a desirable yet entirely discriminatory expectation for how society should look. In eugenics, dependency can be seen as a quality that feebleminded populations would require special attention or affirmation from the dominant population. Disability has become a label that has marked an entire population without reconciliation. Disability in eugenics stands as a definition to isolate and segregate what is considerably optimal versus undesirable for humans to possess in physicality, sociality, and mentality. These three terms became trademarks for a movement that would intersect itself into all facets of human existence.

Early American eugenics revolved around the manifestations regarding genealogical studies that consanguineous families determined the groupings of poor individuals (Appleman, 2018, p. 417). These studies ostracized communities that existed outside of the western White perspective. Social decadence and the decline of human tact regarding communities that existed outside of the *ideal* and *fit* called for programs of sterilization for the betterment of society

(Appleman, 2018). In correlation with mental illness, the response to aiding those either with

mental illness, congenital illness, or disability was negative given the assumed understanding

that these unfit individuals where consequentially leading society to a demise.

Elitism Normalizes Discrimination

This hierarchical and elitist mentality in dividing diverse communities set a precedent

where the demand of care established biopsychosocial dominance towards Whiteness. Art

therapy as a blossoming practice was attempting to coincide itself with these sociological and

intellectual developments of the late 19th and early 20th century (Talwar, 2019). The impact of

eugenics as an overarching and invasive psychological movement manipulated everyone's

perspective. From an aesthetic point of view, Talwar (2019) notes the role of photography

created a shift in a visual understanding to what was normalized as mentally, physically, and

socially fit. If Whiteness was the standard, visuals that observed those bodies, which existed

outside of the ideal, were demonized, criticized, and devalued in all multimedia resources that

resounded from the past into the current time. The architects of eugenics weaponized the

difference of race, gender, ethnicity, and sexuality as a means to solidify the colonized notion of

Whiteness and the sanctity of how ideal a *normal* body is and acts. Carter (2007) the author of

The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940, presents the

construction of the two statues of "Normman" and "Norma." Norma was modeled to be

"NORMA -- the average American girl" to the public in the summer of 1945 in the Cleveland

Health Museum (p. 1). This artistic portrait was a proclamation of the three-dimensional

renderings of the statistical "norm or average American woman of 18 to 20 years of age" (p. 1).

Norma was accompanied by Normman who, as a pair, aimed to embody the *triumphant* progress

of normalcy of the years 1890-1940. "*Natural History* could claim that Norma and Normman did

not represent 'what ought to be', only 'what is'" (p. 4). The power-evasiveness of these

compositions enabled for discourse to exist within America during the 1890s-1940s about race,

citizenship, and the cultural reproduction of what "civilization" means (Carter, 2007). Norma and

Normman generated a psychosocial movement that affected the cultural terrain of normality.

They as a duo represented Whiteness, represented a dominant culture, and fostered an ideology

that evolutionism could not escape "what is." Art therapy, as a developing practice, in order to

combat the psychological complacency accounting for the dependency associated with the

eugenics had to create a narrative to capitalize the aesthetic compositions created by mentally ill

populations (Talwar, 2019).

   The modern history of art therapy is predominantly White in nature. Eugenics amplified

the prerogative for White voices, White research, and White scholarship to be the fundamental

source involving the depth of mental health. Talwar's (2019) book, *Art Therapy for Social

Justice,* provides context on the encompassing journey art therapy undergoes to achieve its

current practice, requirements, and obligations in our modern time. The scope of what art

therapists have on the history of art therapy stems from our regular history of psychology that is

based on the success of White male psychologists and scholars. Talwar recognizes MacGregor's

contributions to the understanding of the mentally ill in the book *The Discovery of the Art of the

Insane* (MacGregor, 1989, as cited in Talwar, 2019). MacGregor provided the first opportunity to

provide a culture shaping and interpretive method to gauge the means of how art resonated with

the mentally ill and their journeys. Art initially was recorded as a mindless antic that directly

resulted from the mental illness; however, it became a tool that would spark curiosity in the

integration of art with the human experience. The norms of treating patients would deduce itself

to the origins of psychiatry which detracted away from aesthetic inquiry. Psychiatrists such as

Lambroso, Traddieu, and Simon leaned into the deviancy of critically evaluating art (Talwar, p.

30, 2019).

Commercialization of Universal Mental Health

Intelligence testing eventually was able to incorporate aesthetic inquiry through

diagnostic testing that would later be known as the "House-Tree-Person" by John Buck and

Karen Machover's "Draw-a-Person" test that would essentially check for personality

characteristics in a reductionist method (Talwar, 2019, p. 30). Visuals were now being perceived

as "visuals of an internal state" according to Junge and Asawa (1994, as cited in Talwar, 2019, p.

30) despite the absence of what is considered reliable evidence. Reductionist methods of

attempting to find a *universal* theme in drawings created by clients blatantly accounts for the

disregard of acknowledging the different social, psychological, and cultural aspects of

populations. The universalization of human behavior through recorded trends of artistic

development in a linear fashion in accordance with the development of psychology, was

embraced by art therapists. The development of psychology was guided predominantly by upper

middle-class White men who catered primarily to the same demographic regarding studies,

research conclusions, and understanding of what mental health is/where it should be.

Art therapy was seeking a trajectory similar to the course of John Dewey's philosophy of

progressive education and advancement of psychoanalysis through the works and research of

Sigmund Freud (Talwar, 2019). At the beginning of the 20th century, Freud's *The Interpretation*

of Dreams (Freud, 1899, as cited in Junge, 2010) intertwined the concept of *free association* with

the strong impact of imagery channeled through dreams as a valid method of determining an

individual's unconscious and psychodynamic journey. Despite being disputed and discredited,

Freud's work of contemporary psychotherapy remains permanent in our culture and the evolution

of psychology through intellectual development. Freud's logic appeals to art therapy because of

its mysterious revelation of what is the unconscious and how it can be uncovered. Art therapy

prides itself as being an amalgamation of visual arts imagery and psychology by aiming to tap

into the unconscious that Freud claims holds one's true motivations (Talwar, 2019).

   John Dewey's progressive education method emphasized the importance of experiential

learning through doing (Dewey, 1899, as cited in Junge, 2010, p. 25). Progressive education was

meant to be an ideal, democratic community model for children who were able to fully learn

through living life versus gaining intellectual information through traditional methods of

retention (Junge, 2010). For children, living life through the progressive education model meant

experiencing life through creative arts and means in order to challenge growth. John Dewey's

philosophical revelation with progressive education became an incentive to incorporate art

therapy into the development of children. John Dewey and Sigmund Freud's early 20th century

discoveries set precedent for the change and innovation of mental health in the United States.

   World War II and the further evolution of psychology through the findings of Rogers and

Skinner (1956, as cited in Junge, 2010, p. 27) set a tone for a new era of exploring the culture

regarding mental health work. The concept of psychotherapy that was revolutionized by White

male psychologists set the possibility of creative exploration within the field allowing art therapy

to become mainstream in the 1950s (Junge, 2010). Mental health was being funded plentifully by

the government, the job/educational market was increasing steadily, and art therapy's

contribution to the field through its synthesis of art and psychotherapy provided technical

diversity. The practice as a whole seemed to be flourishing and establishing precedence. With

origins based in the scholarship of White men, the continuation and development of art therapy

into the late 20th century and early 21st century was predominantly through a Eurocentric lens.

The gauge and perspective of the entire practice from this point in time catered to a narrative, the White one, despite the necessity of mental health needing to indulge populations that were suffering in accordance to White supremacy.

Addressing Race and Race Based Trauma in Mental Health Counseling

Human Categorization is Inevitable

Racism has existed prevalently and consistently since the colonization of this country. BIPOC communities have held a lot of emotional, mental, and psychological baggage regarding eugenics and the learned methods required to survive as a minority in the United States. The insurgence of social justice against racism and overt discrimination of minorities has been known to spike every couple of decades due to the injustices that exist towards the integration of equity in all intersections of life. An example presented by Hemmings and Evans (2018) reflects on the advancement of technology in our current time creating a new platform for racism. Strong social changes, such as Barack Obama becoming the first Black president, have set a new precedent around race and power in the United States, but the truth that remains prevalent is that healthcare providers do not treat BIPOC fairly in forms of healthcare despite visual social progress (Hemmings & Evan, 2018). The history of institutionalized racism is not a radical concept and it is not new. There is a definite disproportion in which Black people in the United States are sicker, receiving less resources, and dying younger than their White counterparts. In life, this racial gap shouldn't exist. However, the disparity in education and collective empathy has created a divide. In mental health practice specifically, this racial gap exists because our society hasn't fully grasped that everyone does not physically and psychologically live equally. Public health as a whole has resisted the uprooting of institutionalized racism because rather than asking

"What is wrong with the policies and institutions?," many ask the negating sentiment "What is wrong with Black people?" (Bassett & Graves, 2018, p. 458).

There is nothing wrong with the individuals who require services. Everyone of all races, gender, sexual orientations, and other intersections of oppressions should feel inclined and welcomed into counseling spaces that aim to assist their growth. The issue at hand is the systems in place seeking to assist everyone are not catered to everyone. The past interpretation and modern understanding of addressing race in mental health counseling align in a similar vein. The past addressal of race felt *obligatory* to those who were ignorant because there was uproar, social disturbance, and guilt associated with social change and acknowledgment (Ramirez, 2017). In our modern time, there seems to be a similar obligatory need to address race in order to suppress the response of the public that leads to social disarray and collective White guilty conscience. Consequences of institutionalized racism and White supremacy have led to complacency. Complacency can lead to the negation of change, development, and introspection in the mental health field.

Does Progressive Self Awareness Promote Change?

As times are modernizing and psychology as a science is moving forward, the development of a language that can develop remedies and corrective strategies against racism needs to weave itself into systemic oppression. The systems that exist are equally represented by their communities aside from their normalized ideologies. Crameri et al. (2020) conducted a study involving 162 therapy sessions conducted by 18 therapists to determine objectively how a therapist's attitude towards therapy becomes a predictor for the therapeutic experience. The final results aren't universal in all forms of therapy, but overall brings to light the nature that psychotherapy training and psychotherapeutic attitudes towards psychotherapy are two

congruent related factors that instigate a therapist's approach to working with others (Crameri et al., 2020). Any therapist, clinician, and/or mental health worker adapts their philosophy in conjunction to the theories that have set the tone for psychotherapeutic care. The tone for psychology and therapy has always been supportive and adjustive. In times where the intersection of support should exist along the political spectrum, the introduction of neutrality and insight should provide more critique to the manner in which therapy is practiced.

The separation of politics and cultural insight from human service-based practices detracts from the notion that one should not do any harm against their client. All clients exist in a world where policies and politics control their movements. Taking this into consideration, the American Psychology Association (APA; 2008) held an intervention that addressed the legal vulnerability, discrimination, economic and educational disadvantage, social and political marginalization, and psychological victimization that exists along the spectrum of racism, racial discrimination, xenophobia, and other related intolerances. One of the main points from this intervention was to acknowledge, protect, and promote the quality of life for those who are victims of racism and other forms of intolerance. This news that should promote self-awareness in the psychological community is necessary. However, enacting these policies requires more than self-awareness. It requires systemic change which can only be accounted for if the system actively chooses to implement it.

Modern Art Therapy

Art therapy as a whole is a smaller sector of counseling that in itself is a marginalized community within the depth of what psychology and psychotherapy is. Art therapy, like other forms of treatment, aims to do no harm and treat clients in a method that can be accessible and attainable for clients of all identities. However, the nature of art therapy is rooted directly in

Whiteness which by proxy aligns itself with White supremacy. Art therapy is a byproduct of the

psychological innovations of the early 20th century (Talwar, 2019). The path of this

psychological practice treads along the standards that have been set by society for decades.

When one is able to conceptualize what art therapy looks like in 2021, one can see art therapy as

a result of a normalized expectation. Art therapy in our modern age is White. Art therapy is

middle class. Art therapy requires capital to be able to pursue the career. Art therapy requires

capital to be able to receive treatment. Art therapy is accessible to those who fulfill all of those

prerequisites. In 2021, during the rise of an international pandemic, the disparity of social

systemic change is viscerally apparent.

The 21st century has been about BIPOC and marginalized communities actively seeking

more space and attention to present the issues of race, discrimination, and overt violence in the

United States. The COVID-19 pandemic has provided a transparent visual about social injustice

through the rise of social media consumption, the access of technology, and means of promoting

education amongst these social platforms (Zacharek & Zorthian, 2020, p. 52). The results of

videos, imagery, and inescapable evidence about social injustice directly towards the Black and

Asian community has promoted a shift in social perception of what diversity, inclusion, and

empathy *should* be (Zacharek & Zorthian, 2020). Many corporations, businesses, nonprofits, and

conglomerates have advertised new messages about what it means to enact systemic change. The

lens has shifted to providing more opportunity, representation, and media geared towards BIPOC

and marginalized identities. However, within this visual shift, there is no tangible systemic

change. Systemic racism pervades and is the inherent reason that White supremacy continues to

oppress despite shifting the perspective of what it means to be ethical, culturally humble, and

empathetic to a collective that has an extreme mis-consideration from society (Delgado et. al,

2017). The mental health field, primarily the APA, has been advancing their literature and their expectation for what social values, collective empathy, and optimal treatment of all individuals should include.

American Art Therapy Association

AATA represents the face of American art therapy. American politics, the *American Dream*, and American morality have shaped the direction in which AATA has aimed their objectives, goals, and expectations towards the practice as it is evolving. AATA has sought social diversity and change through the demand and rise of social activism. Yet, there hasn't been an explicable shift in demographic, perspective, and advancement in literature regarding the changing social conscious. The questions brought up consistently in literature regarding the aim of diversity in the field is, "How can we promote social change, multicultural diversity, and an increase in BIPOC art therapists?" (Kuri, 2017). The answer would be transparency and accountability. AATA has not been transparent in their gauge of change. They have been participatory in activating a *conversation*, but challenging their entity as a whole has not been a discussion brought to the table. Acknowledgement of the social inequity, disparity, and consequences of White supremacy is the first step. The second and quintessential step would be acknowledging one's self.

Critical Race Theory

Definition

"Critical Race Theory (CRT) is a movement from a collection of activists and scholars who have studied and engaged in studying and transforming the relationship among race, racism, and power" (Delgado et al., 2017, p. 3). Unlike traditional civil rights discourse, CRT does not take an approach that stresses incrementalism and a step-by-step progress. CRT does not see

social justice as the next step from where social violence (civil rights era) escalated towards

historical social change, but rather takes a critical perspective of the foundation that created such

an inequitable social order. CRT takes into account the methods used to enhance eugenics and

suppress BIPOC voices including equality theory, legal reasoning, Enlightenment rationalism,

and neutral principles of constitutional law. CRT initially arose as a means for Black community

to advocate for their needs and reparations. Within the first decade after the initiation, the 1980s,

the movement splintered and grew with a well-developed Asian American jurisprudence, a

forceful Latino-critical (LatCrit) contingent, a feisty LGBT interest group, and now a Muslim

and Arab caucus (Delgado et al., 2017, p. 3). The aim of these intersections along the CRT

spectrum was not to design the way in which society should organize itself amongst the racial

lines and hierarchies built, but rather transform it overall.

CRT exists with five basic tenets that ascertain the movement in which racism, race, and

power dynamics have explicitly directly social conscious (Delgado et. al, 2017). These tenets

might not be agreed on by all because of intellectual discourse and interest. However, one notion

that CRT theorists can rationalize to all is that "racism is ordinary, not aberrational -- 'normal

science'" (p. 8). Racism is as ordinary as is the ascendancy of white-over-color rhetoric that

extends itself for both material and psychic matters (Delgado et al., 2017). These notions cannot

be disproved as society moves forward. The label of ordinary categorized with racism concludes

that one is not able to acknowledge it fully because it's depth can seem mundane and difficult to

cure. The steps to cure racism would involve an intellectual, emotional, and social change. The

mental health field and the APA are activators of the conversation and of action because their

work deals directly with the means in which the collective understands what is *good* or *bad* and

how one can reflect on their accountability affecting the direction of their lives.

One large aspect of CRT involves the *performance* of race and association to its performance. Mayor (2012) discussed people are not born Black or White. Rather, we are always becoming our race due to the definitions that are brought into association with the specific community. Stereotypes, racial connotations, and assumptions are born because performativity has created a visual imagery that people internalize and rationalize entirely without a second thought. To set an example, one must acknowledge that they are in fact contributors to White supremacy despite their agenda seeking a separation from all forms, blatant and complicit, of discrimination. The growth in understanding and acknowledging accountability in the participation of White supremacy needs to be recognized by the businesses, organizations, and conglomerates rather than focusing on the individual. Individualism has hindered the growth of society as a whole because refusing to acknowledge the importance of community impact deduces the level of education needed. An individual can certainly promote change, but in order to promote an integrated, structural change there needs to be large communities in power that openly change and push the race conversation. Mayor (2012) mentions that race can also act as an encounter. An encounter would require a relationship to be established which usually requires the limit of two bodies. Given the nature in which racism and systemic oppression has manifested through history, the understanding of race as an encounter has been weaponized to keep the relational understanding of race as merely just the first encounter, rather than an evolving dimension.

The Five Tenets of Critical Race Theory

The basic five tenets of CRT involve centrality and intersectionality of racism, challenge of the dominant ideology, commitment to social justice, importance of experiential knowledge, and interdisciplinary approach/perspective (Delgado et al., 2017). The centrality and

intersectionality of racism is one major component that has only been scratched on the surface

regarding the rise in our modern social awakening. Regarding art therapy and AATA, their

ideological direction and actions have not aligned themselves with promoting active change or

venture to addressing the internal issues existing directly in their system. AATA like other

business, organizations, and corporations in the United States have provided a surface level

allyship that can *acknowledge* the issue with a directive to pursue systemic and racial change, but

default themselves back into the accustomed white dominant narrative. The first tenet describing

the centrality and the intersectionality of racism is the most important to set a precedent for the

drive to pursue the next four tenets that follow.

Centrality of racism involves the acknowledgement, understanding, and consistent

reminder that institutions were created, existing, and progressing within a White lens (Delgado et

al., 2017). When an organization claims that *critical consciousness* is a quality and distinctive

marker that sets the direction of their decisions, aims, and choices as an overall institution that

does not dismiss the nature of the institution explicitly participating within White supremacy.

White supremacy has become this term that has many layers.

AATA's Capacity to Exist Within the Basic Five Tenets

The first tenet of CRT involves the centrality and inevitable intersectionality of racism in

all facets of human life (Delgado et. al, 2017, p. 63). This statement is overt and blunt. White

supremacy is the central and unavoidable factor in everyday life that advertently sets hierarchical

displays of oppression (Delgado et. al, 2017, p. 86). When an organization such as AATA that

caters to mental health and well-being of all individuals is brought into question, the level of

commitment to *trying* and *accountability* is questioned. Kelvin Ramirez (2019), an art therapist

of color and former AATA member, publicly rescinded his membership because of issues

involving discomfort in "AATA's ideological direction, lack of transparency, inability to fathom its systemic disenfranchisement of art therapists of color, and half-hearted attempts to diversify [our] profession" (Ramirez, 2019, para. 2). One example of inability for accountability regards Karen Pence and her initiative for "Healing with HeArt" that became her platform at the beginning of the Trump era presidency.

Karen Pence and the Trump administration raised questionable verbal and legislative action against the LGBTQIA+ community, Black communities being tormented by police violence/systemic oppression, and minority groups who are seeking refuge into the United States. AATA had addressed a resistance to the discrimination of marginalized communities through statements of support that can be located on the AATA website in March of 2017 during the midst of the Trump election (AATA, 2017). However, the extent of that allyship was challenged on October 18th, 2017 when AATA chose to align themselves with Karen Pence's initiative without consulting the community that represents modern art therapy (Gipson et al., 2017). The explicit choice to make executive decisions without consulting the art therapy community who represent the active engagement of modern practice was a choice to choose commercialization, capitalism, and notoriety. AATA chose the social publicity over the voice of the community as a whole. When you take into consideration the depth in which their decision aligns with capitalism, aligns with complacency, and aligns with value neutrality, it represents what CRT brings to perspective. CRT states that there is intersectionality in racism (Delgado et. al, 2017, p. 58). AATA choosing to align with Karen Pence despite the collaboration being a hypocritical reference to their beliefs that supposedly connotes *cultural empathy* circles back to the central notion that there is a dominant ideology, White supremacy.

White Supremacy is Right in Front of Us

White supremacy has become popularized once more during this pandemic era because of the increase in racial injustice, but White supremacy is not new. White supremacy is active, but is seen as dormant because racism is primarily known on an individual basis instead of recognizing its invisible systemic impact. The systemic impact is that White privilege is real and it is engrained not only in White individuals, but the White organizations that benefit greatly from capitalism and social gain (McIntosh, 2015). McIntosh (2015) describes White privilege as elusive and fugitive. White privilege is the myth of meritocracy amplified. If one accurately believes that this life and society are based on merit, then there is no true reality of free country or "one's life is not what they make of it" (p. 10). If one believes in reality being solely based in meritocracy then one exclusively chooses to ignore the intersections of oppression each individual, specifically BIPOC communities, have which have been discounted because of the power of White privilege. AATA might not fully recognize their position within White privilege. Art therapy as a practice is marginalized because of its lack of visibility, diversity, and funded opportunities (Ramirez, 2019). However, despite the discrepancies that make art therapy invisible, becoming visible through the aid of White supremacy is not the inclusive tactic. This tactic is one solely based on individualism and personal gain.

Personal gain and the promotion of the individual does not equate itself naturally with a commitment to social justice. Under the CRT lens, a genuine commitment to social justice can reflect the authenticity of an organization pursuing active social change instead of performance (Delgado et al., 2017, p. 64). One performance that has been known and acted upon by AATA is their "inability to acknowledge and document through its educational standards the Art Therapists of Color who were instrumental in shaping our profession and remain absent from the

historical record" (Ramirez, 2019). Art therapists of color do exist in the historical scope of the

development of art therapy but they are not seen (Ramirez, 2019). When you visualize the field

of art therapy, all you can really acknowledge is that it is predominantly White women. Being a

women-led vocation is a strength, but that strength isn't as mighty knowing that 90% of the

membership belongs to White women (Ramirez, year). Art therapists of color exist and they have

protested diversity disparity. One prime example is Lucille Venture. Since the 1970s, Venture has

been actively seeking a committee to advocate for minority groups to integrate into the field of

art therapy as presented by the letters attached to Ramirez's (2019) letter. She has records

showing her address to AATA and the president of the time seeking resolve to an overt racial

disparity. Yet, when we learn about the history of art therapy we only learn of our White mothers

like Margaret Naumburg or Edith Kramer. Margaret Naumburg and Edith Kramer definitely

formulated art therapy but their methods met the standard of practicality and did not dig deeper

to the multidimensional technicolor nature of race.

Has There Been Progress?

Taking into account *how much* social progress we've made since the 1970s, the demand

for more diverse and inclusive members is something that is publicized frequently by the BIPOC

art therapist population. Literature in our modern time does not promote accurate treatments for

marginalized communities, but constantly calls into the acknowledgement of needing to diversify

the field in order to have data that can accommodate the marginalized. Awais and Yali (2013)

discuss that AATA focused on the cultural competence of their practitioners, a valid concern, but

have not put into perspective the emphasis on the recruitment or retention of students of color.

The liability of future progress and expansion of the practice will grow stagnant if the field itself

remains consistent within the same lack of cultural diversity. Robb (2014) conducted a national

survey that examined the perceived multicultural competence in art therapy students. In the field

of art therapy, there is minimal research regarding the effectiveness formal training on

multicultural competence has for those entering the field.

Robb's (2014) study involved a pre- and post- survey asking participants about their

educational experience after taking one multicultural course. One final reporting that was

intriguing from her study was that on the scale of *Awareness,* the final results were "not as clear

due to low internal reliability although they were 'approaching significance'" (Robb, 2014, p.

24). The reliability increased in the scale of *Awareness* when Robb removed the three items that

directly referenced race/ethnicity. One prompt that aligned itself with the reference of

race/ethnicity was "the human service professions, especially counseling and clinical

psychology, have failed to meet the mental health needs of ethnic minorities" (Robb, 2014, p.

24). If Robb's (2014) study was meant to assess multicultural competency, the direct correlation

of low reliability data available when a predominantly White pool was unable to respond directly

about race. raises a large issue. If AATA is wanting to accept members and promote the practice

as one where we are all inclusive and well adept to the dimensions of multicultural competence.

A future art therapist with the proper educational tools encouraged by AATA would not hesitate

when answering the truth about the blatant discrimination psychology has towards groups of

intersecting oppression.

Antiracism: The Only Consideration for Change

The fourth tenet of CRT, the importance of experiential knowledge, validates the need to

avoid cultural deficits (Delgado et al., 2017, p. 10) Modern day practitioners and organizations

like AATA have recognized the need to be antiracist and indulge the experiences/demands of

BIPOC. Yet, there is not forward moving action because we do not have empirical work that

suggests any active change or complications that exist for White antiracists as they attempt to understand and reconcile the dismantlement of White supremacy (Schaefle et al., 2019, p. 87). Antiracism is not a new subject, but is a topic at the forefront of diversity evolution. Antiracism aligns itself with CRT because it ranges with the fifth CRT tenet of interdisciplinary approach/perspective (Delgado et al., 2017, p. 11). Antiracism challenges and combats all contemporary forms of oppression that exist in visceral forms such as capitalism, neoliberalism, and White supremacy. Neoliberalism, for example, has created a deep divide involving the negation of social connectivity in favor of commodified relations regarding individualized services from human services professionals (Gray et al., 2015). The political discourse within the nature of neoliberalism opens up the possibility of effects of competitiveness and inequality (Gray et al., 2015). Thinking of AATA and art therapy, the need to commodify a semi-invisible practice is essential for its survival.

AATA and modern art therapy are surviving because of its association with Karen Pence. AATA and modern art therapy are surviving because it is and will continue to be predominantly White. AATA and modern art therapy are surviving because it has commodified the practices of BIPOC communities without acknowledging, paying, or supporting them. AATA and modern art therapy are surviving because of social value complacency. AATA and modern art therapy will continue to survive because the facade of liberalism allows for them to assume a position of empathy and growth. If there was an interdisciplinary perspective, AATA would acknowledge their position within White supremacy; they would acknowledge that the practice is not diverse and seek out methods in order to accommodate the deficit. AATA leads an example to their populace and those interested in art therapy. Hamrick and Byma (2017) challenge White art therapists to know history and know how they themselves exist within White supremacy while

recognizing that accountability falls in their hands. "White art therapists should work hard to

listen and reflect when their acts of violence (psychological or other) are pointed out to them,

rather than immediately reacting or speaking back" (Hamrick & Byma, 2017, p. 108).

BIPOC art therapists, activists, and voices are important to provide experience but the

work beyond the story is what is missing in the aim of being culturally humble. Accountability is

the primary act that is needed. Hamrick and Byma (2017) define this as:

> Accountability involves several steps: (a) noticing the offense, (b) acknowledging the
>
> offense to self, (c) acknowledging the offense to the person or persons potentially harmed
>
> by the offense, (d) asking the person(s) harmed by the offense how the harm can best be
>
> reversed or resolved, (e) taking the suggested action to reverse or resolve the offense, and
>
> (f) working to ensure that the same offense does not occur in the future. (p. 109)

Present day adaptations of accountability involve enacting social change beyond the commentary

that creates new standards and ethics for the practice. If AATA and modern art therapy actively

seek inclusion and diversity, the community would take into consideration factors that play in

White supremacy.

Activators of Social Change

Within the systemic ingrained with White supremacy, it has been perceived as *difficult* to

escape the rooted natures of discrimination, manipulation of structures, and capitalistic exploits

(Delgado et. al, 2017). However, in order to break down these impediments in place it requires

education and an exertion of energy from those who exist in the marginalized communities. The

work of bringing forth the critical consciousness, self-accountability, and direct statements of

social injustice has been relegated to the queer, trans, and people of color (QTPOC) who are

expressive arts therapists. Activators of social change and critical conversation include Susan

Hadley (music therapy, 2013), Marisol Norris (music therapy, 2020), Meg Chang (dance/movement therapy, 2016), Nisha Sajnani (drama therapy, 2012), Savneet Talwar (art therapy, 2019), and Erin Kuri (art therapy, 2017). Through the overall lens of expressive arts therapies, there is a deficit in multicultural integration that has been provided from a macro systematic level from the organizations that provide direction to expressive arts therapies such as AATA.

The responsibility of promoting an environment that fosters multicultural engagement, challenge to a dominant ideology, and self-reflection on one's position regarding the work of helping others is the role of a social activator. Hocoy (2005) references that art therapy derives from a specific set of cultural assumptions, values, and constructions which accounts for it to contain the biases of society that it is a product of. Art therapy as a whole is certainly less culture bound than other social enterprises, but still exists along the spectrum that it is inexplicably controlled by the viewpoint and sociopolitical culture of our current society (Hocoy, 2005). In 2021, where politics are at the forefront of most discussions about organizational function and their effect of assisting those affected by social disparity, there can be no neutrality regarding the care of all humans. The individuals amongst the expressive arts therapy community who are consistently, openly, and persistently pushing forth literature regarding systemic oppression, White supremacy, and internalized racism amongst the community are activators (Hocoy, 2005). However, activators need a foundation to support their activation. AATA has not provided an adequate, empathetic foundation because of its hypocrisy, lack of push to promote multicultural integration, and lack of acknowledgement to their subserviency within White supremacy. The true hope and activation of social change within this field comes from those who have been

doing the work and those who are growing in the field to challenge its submission to being performative regarding social integration, allyship, and justice.

Discussion

As a future art therapist, particularly a queer person of color (QPOC), it can feel disheartening to want to be a part of a field that is performative. I recognize that there are authentic people and work being done in order to challenge a dominant ideology, but I cannot shake the feelings of upset regarding art therapy and AATA as a whole. I reflect on Ulman (2001) who wrote about the problems involving defining art therapy. Art therapy is complex because it is a practice that is small, but powerful when experienced. Those who are outside of the scope of art therapy just see the practice as an interpretation of catering to creativity that was solely meant to exist and diminish only in childhood. Ulman (2001) notes that the role of sublimation in art therapy is the one function of art and the full potential of art therapy to be adequately understood. Sublimation, is defined by Kramer (1958, as cited in Ulman, 2001) as

> Instinctual behavior is replaced by a social act in such a manner that this change is
> experienced as a victory of the ego...Artistic sublimation consists in the creation of visual
> images for the purpose of communicating to a group very complex material which would
> not be available for communication in any other form... Every work of art contains a core
> of conflicting drives which give it life and determine form and content to a large degree.
> (p. 21)

Though very radical in thought and belief, I agree with this notion of sublimation. Art is able to communicate complex material that is not easily seen through the eyes of all. However, I cannot disregard that an authentic sublimation does not feel viable because there are many communities who are not provided the opportunity to engage with art therapy. Visual language is a language

that is evolving and growing at such a rapid pace in our current time that in order to know someone, one must be able to piece together the imagery that they share, produce, or even associate themselves with.

Art therapy from my educational understanding has been the acceptance of a sublimation from one particular group of individuals who defined the effectiveness of art therapy. Those individuals were primarily White and those individuals were primarily one dimensional. One dimensionality presented itself as temporarily solving mental health issues through aesthetic exploration. However, I wanted more than temporary relief from the emotions, learned mentality, and defense mechanisms most marginalized communities face. There are a large community of clients who do not receive or seek services because systemic apathy and discrimination has not provided them the opportunity to receive support. The understanding of oppression, racism, and privilege are merely conceptual thoughts that can be debated about or integrated into curriculum as hypotheticals rather than impediments to defeat. White art, White revelations, and White solutions to their issues have been the basis and foundation of how I can attempt to *heal* others who are not White. In our evolving time and as an evolving person, I want to see art therapy through the lens of a Black child, the lens of a Black trans woman, the lens of a queer individual, and most importantly through the lens of those in BIPOC communities who are facing extreme social disruption and violence. Reading about violence and reading about how I can align myself within the allyship of challenging the violence does not feel like enough in order to feel as if I can contribute to change within the practice as a whole. When I first began my educational pursuit into art therapy, AATA was noted to be one of the contributing factors that will help me feel integrated and provide me context to the aims of being a mental health worker that can assist those facing social injustice.

However, AATA has only provided me context that there are individuals who seek social justice, but have to plead with others in order to see social despair. There have been calls to promote more multicultural critical consciousness and more contribution to indulging the ego in a more realistic understanding of empathy. I've seen AATA align themselves with Karen Pence and then decidedly mention to the public that they do not condone her philosophy despite needing her publicity. I've sat in classrooms where I've had to tell others the dangers about cultural appropriation, Whiteness, and the reality that White supremacy is real and pervasive. The foundation of art therapy and AATA is helping others through the healing power of artmaking. Yet, if there is a vast amount of people in the world that need healing, how has art therapy and AATA benefitted them? How have we accounted for social disruption? How have we accounted for overt racism, violence, and trauma being recorded in real time? We have done so in small amounts, but how have we catered to painting the bigger picture?

AATA has not admitted its faults nor recognized its position within White supremacy. AATA has not acknowledged that the practice has, is, and will be White for the upcoming future. AATA has not provided opportunity for multicultural growth beyond the showcase of literature from QTPOC scholars that provide a critical multicultural goal, but does not provide realistic solutions to achieving these ideals. Mental health work regarding BIPOC communities has always felt and been showcased as discriminatory because there will always be a bias connected to the care of marginalized communities. If this is a known factor, why is there no change supplemented? Admitting fault and association with White supremacy is the highest taboo of any organization in our current time. Most will choose to promote their allyship and social progression through sentiments, solidarity statements, and temporary displays of equity through hiring and/or reform to their policies. These step-by-step methods of change only allow for

minimal change that will be normalized and believe to have solved racism entirely. Racism as a whole cannot be destroyed because in order to grow, under a CRT model, we need to dismantle everything to rebuild. These factors would include reinterpreting the history of art therapy through the BIPOC lens, actively engaging the present community through multicultural courses about Whiteness, promoting the practice to BIPOC communities with low visibility, adapting art therapy as career for those who cannot afford the financial intensive processes, and acknowledging that without change the practice will be inherently racist.

Rebuilding is not difficult, but under White supremacy it is a hard act to even jumpstart. The nature of everything is so rooted in the means of Whiteness ruling over all aspects of life that we cannot rebuild because society does not see the need to change. Will we be beyond performance? Not for the near future. Will mental health services like art therapy and organizations such as AATA be beyond performance? Not if they move at the pace in which our society is digressing. The aim of this paper was to provide a context in which the scope of art therapy feels jaded because the direction of the practice aligns itself with society. As a future art therapist, I believe in social change. I do not believe in a socially equitable, inclusive art therapy practice because in order for me to feel comfortable with that notion, I'd have to see change. The COVID-19 pandemic has provided a lot of context for change in all systemic structures, but the implementation of social activism, social change, and social liberation is in the hands of the White systems that control the dial for where our multicultural education and implementation affect those in need. The future of art therapy is in the hands of AATA. The choice to be honest is in their hands and through the means of their voice from the past 4 years, I'm uncertain whether or not they will choose to exist beyond performance.

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THESIS APPROVAL FORM

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