“What are You All Going to Do to Keep Black Women in Art Therapy?":
A Womanist Manifesto for Creative Arts Therapies Education

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Abstract

In this viewpoint, the authors describe their impressions of a 2018 conference and the significance of participating in a learning environment that centered on arts therapists of color. Collectively, two art therapy educators, a music therapy educator, one new professional art therapist, and one art therapy graduate student, question the maintenance of professional norms that have at times motivated BIPOC students and practitioners to leave the creative arts therapies in search of other professional places to thrive. The article concludes with a Womanist Manifesto for Arts Therapies Education.

Keywords: Black women, arts therapies education, placemaking, Africana womanism, Cliff Joseph, critical pedagogy

Prologue

This commentary was originally submitted to the Art Therapy: Journal of the American Art Therapy Association as a viewpoint and was rejected without peer-review. Its submission and inclusion in this special issue are examples of a necessary womanist strategy of place making. Black women’s political telling of their personal experiences is vital to collective meaning-making and intellectual production, urgent in places where oppressive norms are routinely used to obstruct liberatory aesthetics and epistemology. Johanna Tesfaye offered the words of Amiri Baraka (Jones, 1965) to uplift and embolden her co-authors to resubmit the viewpoint to another forum:

The liberal white man’s objection to the theatre of the revolution (if he is ‘hip’ enough) will be on aesthetic grounds. Most white Western artists do not need to be ‘political’, since usually, whether they know it or not, they are in complete sympathy with the most repressive social forces in the world today. (p. 4)
We encourage Black arts therapists and others who have confronted “a politics of white-supremacist capitalist patriarchal exclusion” not to bury their labor in efforts to reform this structure (hooks, b., 1995, p. xii). Beyond a challenge to existing structures, the question, “What are you all going to do to keep Black women in art therapy?” is one that recognizes Black women’s agency as an antidote to dismissiveness and frailty of imagination in the arts therapies academy and broader mental health care. Therefore, a Womanist Manifesto for Arts Therapies Education chooses Black women and their communities as its priority to inspire emancipatory creativity, criticality, and care.

Introduction
Gipson (2019) proposed the womanist strategy of place making to describe Black women’s regular practices of leadership that sustain people of color in the art therapy profession. Womanism is an intellectual and creative paradigm that recognizes Black women as producers of life-sustaining knowledge. Black women have used their particular vantage points of intersecting oppressions as a resource to generate critical praxis and transform systems of injustice. Floyd-Thomas (2006) wrote that womanist revolutionaries have “claimed their turf, reenvisioned history, mined the motherlode of their own wisdom, shared these teachings, and instilled methods for others so the revolution will continue” (p. 2). Black women have explored the role of mentorship by Black, Indigenous, and People of Color (BIPOC) and the influence of social movements in sustaining their development in the field of art therapy (Dobby-Copeland, 2006; Farris, 2006). In keeping with this tradition, three authors of this commentary describe their reflections on education in the arts therapies after participating in a conference that highlighted the 1974 AATA publication, Art Therapy and the Third World, edited by Clifford Joseph. This conference served as a catalyst for this commentary to address the themes detailed in Joseph’s panel and a need for a critical pedagogical shift in the arts therapies. We propose a Womanist Manifesto for Arts Therapies Education to outline structural changes that affirm Black women’s place in their chosen professions.

Cliff Joseph & Third World Discourse in the Arts Therapies
Critical Pedagogies in the Arts Therapies: Restoring and Re-storying the Disciplines was a two-day conference, organized by the Critical Pedagogies in the Art Therapies (CPAT) alliance, and held at the School of the Arts Institute of Chicago in September 2018. Critical Pedagogies in the Art Therapies (CPAT) organizing members from eight academic institutions led dialogues about critical pedagogy in art, dance movement, drama, and music therapies. During the conference, an honorary award was given to Clifford R. Joseph, an Afro-Panamanian-American art therapist who was present at the formation of the American Art Therapy Association. Conference attendees were asked to consider the critical pedagogical ideas evident in Art Therapy and the Third World, a panel discussion led by Joseph at the 5th annual American Art Therapy Association (AATA) Conference in Philadelphia in 1974. Joseph and other creative arts therapists used the term “third world” to identify members of a global community whose colonial legacies and ethnic backgrounds united them in a socioeconomic and political struggle to survive oppression. The historical and political use of the term “third world” today moves beyond frameworks of development to question hegemony and knowledge production. Decades after the panel and other isolated appearances of the “third world” in AATA literature, and archives, the arts therapies have yet to change norms in education.

There are a host of practical reasons that these disciplines have inadequately drawn from an abundance of ideas from Black, Indigenous, People of Color (BIPOC) and are dominated by white practitioners, researchers, and educators. Programs in the U.S. are primarily offered at private institutions. Arts therapies are largely inaccessible due to the abysmal status of health care, education, and poverty in the U.S. Institutions and classrooms are often unprepared to address problematic norms and compound systemic factors that impact career pathways for BIPOC who are disabled, queer, lesbian,
gay, bisexual, transgender, or gender non-binary. The “cultural turn” in the creative arts therapies suggests that a constructive praxis is needed to re-center and engage BIPOC (Talwar, 2019, p. xii).

Mapping Genealogies of Critical Pedagogy in the Creative Arts Therapies

An initial group of 11 participants from seven academic institutions convened at a university to discuss a working definition of critical pedagogy and issues at stake across each discipline represented by drama, dance/movement, music, and art therapy. Nine of the initial group and two additional music therapists participated in a closed working group and led public discussions at the first CPAT conference, Critical Pedagogies in the Arts Therapies: Restoring and Re-storying the Disciplines. The group’s guiding framework centered on BIPOC and public scholarship. The theme of the conference was inspired by Cliff Joseph and the 1974 Art Therapy and the Third World panel. Conference organizers discussed Joseph (1974) and mapped genealogies of critical pedagogy in the creative arts therapies using three questions: How does your everyday life reveal issues of power? Who are the people (e.g., ancestors, colleagues, artists, family, communities) that have influenced your teaching, supervision, research, and practice? What ideas and theoretical viewpoints are most compelling to you and why? The think tank concluded with an [un] or [z]manifesto printmaking workshop with teaching artist William Estrada. Afterward, conference organizers shared their work at a public conversation with a group of more than 150 students and professionals. Conference participants were invited to map critical pedagogy in the creative arts therapies using the three above mentioned questions. The discussion prompted several participants to reflect on this process, including an author of this paper, Leah Amaral. Her question to conference attendees addressed the dire need for educational strategies that might improve the arts therapies, “What are you all going to do to keep Black women in art therapy?”

On the second day of the conference, participants attended a multi-media presentation featuring Joseph, age 96. The presentation included recent audio and video recordings of former students of Joseph. Dr. Phoebe Farris and Dr. Cheryl Doby-Copeland each reflected on the influence of his art practice, activism, and teaching at Pratt in the 1970s. Participants viewed the context of Joseph’s early art therapy practice in a digital image presentation of Joseph’s artwork with audio of Martin Luther King, Jr.’s speech at the March on Washington in 1963. Joseph performed a live reading of his 1989 essay, “Art, Politics, and the Life Force,” and spoke openly with participants.

Three reflections

The inaugural CPAT conference offered a community-centered space to examine current constructions of arts therapies education and the potential to radically transform relationships of power embedded within multiple facets of arts therapies training, theory, practice, and praxis. Three authors of this commentary offer the following reflections.

Leah Amaral

“What are you all going to do to keep Black women in art therapy?” The urgency of this question is driven by a silence that has threatened my learning and participation in art therapy educational settings as a Black art therapist in training. I am actively choosing to break that silence. Reading the call for culture-specific approaches to art therapy and more “third world” identifying individuals to be trained as art therapists in Joseph (1974) brought me to reflect on my personal experience of being an art therapy graduate student and a Black, middle-class, cis-gender, woman. My body traverses the terrain of privilege and oppression. This is the complexity of intersection-
ality (Crenshaw, 1989). It is important for me to emphasize that asking questions and breaking the silence is a choice of my survival in this field. Patricia Hill Collins (1998) stated:

For African-American women as individuals, breaking silence thus represents a moment of insubordination in relations of power, of saying in public what had been said many times before to each other around the kitchen table, in church, at the hairdresser, or at those all-Black women’s tables in student dining halls. (p. 50)

Direct encounters with race and gender bias are silencing forces that have impacted me. Conversely, I have used silence as a strategy in order to survive my art therapy education. Collins (1998) explained, “Silencing occurs when Black women are restrained from confronting racism, sexism, and elitism in public transcripts because doing so remains dangerous” (p. 50). I broke my silence at the CPAT conference because I finally felt safe enough to advocate for myself. I felt affirmed and validated through the shared experiences that I witnessed during the conference. I saw multiple Black women and other women of color, who were educators, practitioners, researchers, and program directors, speak about their experience in the creative arts therapies in response to Joseph’s work. This impacted my sense of knowing that there is a place for my voice to be heard.

Engaging with Joseph’s work and the dialogue at the CPAT conference brought to my realization that in order for change to occur, I must break through the silence to address the problematic ways that access, knowledge, language, representation, and power have existed within my educational experience. Much of my coursework has centered “pioneers” and authoritative theories within art therapy. I was not assigned any literature about Joseph’s leading “work with psychiatric patients in which he used murals as a modality of expression and communication” (Hiscox, 1997, p.273). I did not learn that Joseph was present at the historic meeting to form a national organization, now known as AATA (Hiscox, 1997). I did not hear about a community of Black art therapists that have long existed in the field of art therapy. The information presented in my courses did not reflect or affirm my experience as a Black art therapist in training.

I must convey the degree to which my Blackness and femaleness have been made visible and simultaneously invisible across a broad spectrum of encounters during my training. Much of my learning has been consumed by discussions about the racism and sexism that I experience. I have learned to become an art therapist while navigating the demands of my safety and survival in the art therapy education system. I pose four questions in response to my encounter with Joseph’s work and my present-day experience: Whose knowledge is being presented within art therapy programs as authoritative? How are these programs ensuring that classroom dynamics are not mirroring oppressive norms? How are supervisors being trained to support Black student interns? How can Black students be better supported in their internship experiences?

Johanna Tesfaye
I attended my first AATA conference in November 2017 in Albuquerque, NM. I planned to scope out current research, practice, and professionals, and determine my interests in specific art therapy graduate programs. I felt alone and quickly overwhelmed—a familiar feeling. The number of white conference attendees was overpowering. As I made my way to the Newcomer’s Meeting, I dreaded what the conference and the profession had in store for me. This would be another trial in which I would have to defend my right to exist and thrive in academic and professional institutions that claim to be diverse and inclusionary.

Gwendolyn Short spotted me immediately and made her way over. She introduced me to Cheryl Doby-Copeland, Delora Putnam Bryant, and the Multicultural Committee, inviting me into a world of art therapists of color in the profession. They were holding a place for me. This gesture left an impression that continues to encourage me as I pur-
sue this profession. This labor of holding appears to be the sole responsibility of BIPOC art therapists and students. Without these connections, the academic and professional aspirations of BIPOC students can feel like lost battles. Creating a support structure or a strategy of place-making, however, is often up to art therapists at the individual level. Therefore, these efforts function as temporary relief from an otherwise neglectful system (Gipson, 2019). As a Black woman beginning in art therapy, it is incredibly important for me to figure out ways to support others and be supported in my education. The experience of exclusion in art therapy education is not mine alone. It is shared with other Black art therapy students. We struggle to navigate our classrooms, internships, research, and wider professional spaces while feeling systematically un-supported, isolated, and completely responsible for our survival and development.

How is it that the creative arts therapies face the same systematic exclusionary practices Joseph critiqued in 1974? Who continues to be left out, and what fundamental changes need to be made to ensure support for BIPOC? Joseph (2006) conceptualized the creative alliance and argued that a political purpose is a crucial component of this process. He outlined alliances as collaborative relationships that identify the dynamics of institutional, organizational, and individual racism and oppression in the pursuit of group health. It is our collective responsibility to understand our personal experiences within a social context and work towards creative visions for a future that hold and center the history, education, practice, and experience of Black people and Black art therapists.

Marisol Norris

My academic experience ushered a profound understanding of what it means to inhabit the music therapy profession as a Black woman. I attended one of few music therapy graduate programs in the United States that attempted to address diversity and equity within multiple facets of education and training. I experienced the luxury of being one of two Black masters’ students in the music therapy program and having courses dedicated to exploring the sociocultural foundations of music therapy counseling and the multiple perspectives that would influence our work. However, the responsibility of tending to the invisibility of Black narratives and personhood, as I tended to my own, was nonetheless palpable. What became commonplace was the tangential knowledge often suppressed by white counterparts when discussing music therapy education—matriculation within the profession demanded that Black students yield to unhemmed whiteness and the subjugation of their own erasure. The singular white lens that permeated music therapy theory and praxis minimally allowed discussions of Black service recipients in ways that acknowledged their complexity and socio-political realities. Musical engagements were rarely noted as aesthetic means of perceiving and being in their socio-political context, informed by their agented existence and their subjectivity dislodged from the white gaze (Norris, 2020). And although noted white music therapy leaders utilized Black musical traditions to undergird foundational theories of the profession (i.e., Juliette Alvin’s free improvisation), we minimally explored their post-modernist commitments to Black lifeworlds and its political economy in building the profession. Consequently, the political relevance of Black aesthetic constructions and their direct connection to the active music-making of Black service recipients were absent from classroom discourse.

When I mustered the will to question the commodification of Black musical representations or the complexities of personhood when referring to Black music therapy service recipients, educators, while at times acknowledging difference, more readily referenced the universalities of creative processes. The communal work of Black therapists, artists, scholars, and cultural workers contributed to the critical discourse of community music and health that influenced the profession’s contemporary existence. The references of this work were primarily anecdotal with a few readings and lectures that centered essentialist interpretations of Black aesthetic experiences. The history and genealogies of the profession that would foster my sense of belonging did not in-
clude BIPOC music therapist such as Fran Goldberg and her extensive contribution to the practice of music psychotherapy and guided imagery and music, or the significant contributions of Richard Graham in the unification of the American Association of Music Therapy and National Association of Music Therapy that produced the American Music Therapy Association (Kahler II, 1997), or Zane Ragland and Maurice Apprey’s (1974) early use of the term “community music therapy” and work in Black communities, or Carolynn Kenny and her book, Field of Play, that amplified Indigenous aesthetic frameworks (Kenny, 1989). Similarly, when I expressed a need to develop skills that supported culturally responsive practice, educators often circumvented politically-relevant theories and skills in favor of dominant psychodynamic approaches with little emphasis on positional or intersectionality within therapeutic spaces. Training did not tend to the mono- and cross-cultural dynamics Black trainees would navigate in practice settings or culturally sustaining approaches that would deepen effectiveness with non-white service recipients. While non-Black students also suffered from the depoliticized training pervasive throughout most arts therapies academic programs in the United States and internationally, the education I received better suited white middle-class women.

I found refuge with Black arts therapies students in my graduate programs. Their unwavering determination, intelligence, beauty, presence, creativity, refusal, and care became home. The active “world-making” (Nash, 2019, p. 27) that held these common experiences of “place” and “place making” (Gipson, 2019) soon expanded to include the influence of BIPOC therapists, educators, and creators, in and outside of the music therapy profession, and the interdisciplinary critiques of Black feminist and womanist scholars who permitted their bodies as bridges to my own learning. Altogether, they helped me to consider approaches that preserved human dignity and to ask questions that many Black arts therapists eventually contend: What does it mean to have our rich interior subjected to white, imperialist, capitalist, ableist, hetero-patriarchal gaze, and all its peculiarities? What does it mean to have Black skin and to wear white masks? What is forfeited in accepting a dominant lens in music therapy—our creativity, artistic expression, communities, being? And in what ways must we become free? While the answers to these questions have become more and more known at various junctures in my academic and professional career, the need for place and placemaking is no less remarkable.

Many BIPOC arts therapy students, educators, and practitioners have centered our common displacement and marginalization across institutions and professional borders; yet, this “third-worldness” within the creative arts therapies detailed by Joseph (1974) in Art Therapy and the Third World persists. The pervasive anti-Black violence that continues to render us invisible index the interlocking structures of domination within the arts therapies and the commitments to systems of harm upheld by the dominant mass. These systems that exist on continuums of social and physical harm devalue and weaponize Black and Indigenous knowledge, attempt to assault BIPOC students’ and therapists’ sense of self and communal ties, and often punish those who choose to push against the status quo. While harm is readily exhibited across our professional organizations, arts therapies research and literary canons, and a wide range of policies and standards that govern practice, certification, and licensure, arts therapies educators—whose work exists in academic institutions where the “logics of elimination, capital accumulation, and dispossession are reconstituted”—hold considerable responsibility for addressing the social learning and reproduction of knowledge that bolsters harmful practices within arts therapies culture (Grande, 2018, p. 47). Harm is reproduced through the exclusionary/inclusionary admission criteria and processes that re-center dominant norms, traditional assessment, and evaluation standards that attempt to assimilate minority students to dominant music therapy culture, and to depoliticize perspectives that suppress the culturally sustaining, liberatory function of arts processes that would deepen BIPOC service recipient communities access to freedom (Norris, 2020). Our story-telling, organizing, calls for accountability, theorizing, and world-making center a radical need to transform our relationship to power-laden sys-
tems deeply committed to keeping “us” out and institutions incapable of affirming our full humanity or showing us love (Kelley, 2008). While our disclosures can be neatly repackaged within current debates of already overburdened arts therapies curricula or situated within questions of reform versus revolution, they no less speak to the overwhelming burden students currently face and the anti-oppressive commitments that have not been actualized within arts therapies education. And so, like generations before, and in solidarity with arts therapy students of color who continue to call for progress (Johnson et al., 2021), we demand places that affirm the meanings of our subjectivity, and our representations within arts therapies contexts.

Womanist Manifesto for Arts Therapies Education

At the CPAT Conference Think Tank, Leah Gipson and Anna Hiscox were paired together to write a portion of the larger group’s [un] or [z]manifesto. They focused on outlining immediate changes in the academy that would prioritize BIPOC arts therapists and their ability to thrive in the arts therapies.

Leah Gipson and Anna Hiscox

Amaral’s question to conference participants in 2018 continues to resonate with the Black Lives Matter movement and renewed calls for justice during the COVID-19 pandemic. Her petition is relevant to mental health professions as magnified trauma and loss worsen existing inequities. There has been a lack of allied efforts across the arts therapies to transparently and systematically assess racial diversity in student enrollment, retention, faculty hiring, scholarship, and organizational leadership. Venture’s correspondences in the AATA archives show that Joseph was a part of a community of Black art therapists who were working to critically shape the arts therapies in ways that have yet to be achieved (Cohen, 1973; Johnson et al., 2021). This Womanist Manifesto for Arts Therapies Education urges institutions to ask, “What happens when Black, Indigenous, and People of Color who resist interlocking oppression have the resources and support to lead critical arts therapies education?” We demand conditions for bold answers, ensuring that arts therapies educational institutions:

• recognize and sustain the legacy of critical ideas by mapping the critical genealogies of BIPOC art, ideas, and leadership within each discipline;
• challenge dominant and oppressive conceptions of knowledge by creating open and accessible archives that are inclusive of Black, Indigenous, and People of Color;
• restore an interdisciplinary and transdisciplinary idea of the arts therapies by collaborating with practitioners and thinkers who stretch typical theoretical boundaries;
• dismantle paradigms of “othering” by establishing initiatives that support and value collaborative research, writing, and professional development of BIPOC arts therapists;
• prioritize the well-being of BIPOC students, professionals and faculty by eliminating structural barriers to their participation in conferences, professional affinity groups, and professional working groups—each of which might help to sustain their organizations, art practices, and scholarship;
• join networks of interdisciplinary anti-racist organizations that support white practitioners, students, and faculty to increase stamina for thinking, discussing, and intervening around racial injustice; and,
• build systems for public scholarship and access to arts therapies education by creating multiple pipelines to training for BIPOC arts therapy students and professionals in related fields.

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About the authors

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Marisol Norris, PhD, is a music therapist, critical arts therapies educator, cultural worker, and founder of the Black Music Therapy Network, Inc. Her music therapy practice and supervisory experience have spanned medical and community health settings and include music therapy with adolescents experiencing housing insecurity, adults with psychiatric and dual diagnoses, families within the city court system and medically fragile children. These experiences have profoundly contributed to her multicultural relational lens and her dedication to fostering culturally sustaining, liberatory frameworks in music therapy education and practice. Her teaching and cultural work is an extension of a broader commitment to healing justice and dismantling relational and structural violence through community-based advocacy, education, and action.

Leah Amaral is an interdisciplinary artist, writer, and art therapist based out of Chicago. Amaral received a Master of Arts in Art Therapy and Counseling from the School of the Art Institute of Chicago in 2019. When pursuing her Master’s degree, she understood that her position as a student was an empowered place for activism. To address issues of equity and difference within art therapy education at a PWI, Amaral created Sister Circle in March 2019. Her work is understood from Black feminist ecological thought and womanist performance pedagogy; centering the experiences, knowledge, and stories of Black women and girls. Amaral currently works as a trauma informed clinical art therapist supporting families in reunification therapy. Amaral’s current body of work is understanding grief, loss, and cycles of violence through poetry, digital media, and memory as an archival site to process personal and collective experiences.

Johanna Tesfaye is a creative practitioner and amateur archivist, with an obsession for sound, performance, and moving image. Tesfaye’s artistic, professional work, and research focuses on ‘return’, collective memory, and memory performance as care. Tesfaye is currently a graduate student in Art Therapy and Counseling at The School of the Art Institute of Chicago.

Dr. Hiscox is a Licensed Marriage and Family Therapist, Registered Art Therapist, Batterer Intervention Facilitator (BIF), and artist. Dr. Hiscox is an adjunct professor at National University where she teaches legal and ethical issues and art-based activities to graduate students. Dr. Hiscox received her doctorate degree in art therapy from Mt. Mary University in Milwaukee, Wisconsin. She holds master’s degrees in marriage and family therapy and art therapy from Notre Dame de Namur University in Belmont, CA. She received her bachelor’s degree in art education from The College of Wooster in Wooster, Ohio. As a BIF, she implemented 52-week groups for male mandated participants for over 10- years. She retired from The California Department of Corrections and Rehabilitation where she used poetry, art therapy, and cognitive behavioral therapy to help male inmates to cope with life sentences. Dr. Hiscox is an author, speaker, and consultant on multicultural issues. She co-edited the first multi-cultural book on art therapy, *Tapestry of Cultural Issues in Art Therapy*, Jessica Kingsley Publisher.
Notes
1. Baraka, previously known as Leroi Jones, was a poet-playwright, author, educator, activist, and founder of the Black Arts Repertory Theatre in Harlem. His essay “The Revolutionary Theatre” cited here was also originally commissioned by the New York Times in December 1964, but was refused, with the statement that the editors could not understand it. The Village Voice also refused to run this essay. It was first published in Black Dialogue.
2. Joseph’s (1974) panel evidences a transdisciplinary and collaborative idea of the arts therapies that drew knowledge from a range of fields in art, community organizing, rehabilitation, and mental health.
3. Several proposals in Joseph (1974) were innovative and anti-racist by way of qualifying experiences, community practices, funding, and institutional partnerships, and would still be considered necessary anti-racist approaches to art therapy education today.

References


