

RE-ENCHANTING ART THERAPY

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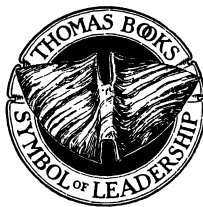
RE-ENCHANTING ART THERAPY

Transformational Practices for
Restoring Creative Vitality

By

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PREFACE

Re-Enchanting Art Therapy is written in response to a growing anxiety coming out of recent, rapid changes in the field of mental health care. As contact with patients or clients decreases, case loads grow, and health care organizations downsize, upsize, and reorganize, therapists find themselves having to cope with often chaotic and sometimes toxic work environments that drain them of the vital creative energy they need to perform their work. In the field of art therapy, it is a crucial matter for therapists to be able to access their creativity, for without it they cannot offer the very knowledge and tools they have that are unique to their profession, critically needed in the world. Without free access to creative vitality, they become deskilled and disenchanting with their work lives. Many disenchanting art therapists leave the field, looking for better conditions in what is perceived as less risky, more prestigious professions; others look for ways to leave clinical practice while still maintaining their professional identity as art therapists. But the world suffers their leaving, for it is in these dispirited places and people where the gifts of art therapy are most needed to do their work of transformation.

This book is intended to be useful to art therapists, supervisors, students of art therapy, and colleagues in the related fields of mental health care who seek to approach their work with a degree of personal therapeutic artistry but find it a struggle to do so in the kinds of environments or populations with which they work. An understanding of toxic work environments, while a common experience among art therapists, has not been given much, if any, attention in the professional literature. As such, this text will be a useful companion to supervision texts or population-specific studies. But even more useful, I believe, would be as a different sort of companion: something pulled off the bookshelf when the time has come to reach beyond pragmatism and

contemplate why the struggle, why so alone, why certain things have fallen apart or gotten stuck, or why that deadening feeling accompanying the casework or the work environment. For there is value in approaching these questions less directly than as problems to be solved. They are also invitations: openings or doorways into the deeper territories of our hearts, minds, and soul that are stirred by wounding. There is an angle in every supervisory or practice question that can't quite be pinned down and isn't satisfied with explanation or theory. A shift to contemplation of its deeper mystery, accessed through imagery and story, can awaken new and different insights, and put the questioner on a different path.

Beginning with the question, "What is killing the creativity of art therapists?" I formalized research to discover the roots of art therapist disenchantment in order to see and accurately know what we are dealing with as a phenomenon. Much has been written recently by art therapists about the need to pay more attention to their own art-making but the topic until now has been informed mostly by opinion and speculation. To further the research, I investigated the art, story, myth and dream imagery of art therapists who felt various degrees of disenchantment with their work. That art therapists do not value or have forgotten the importance of their own art-making was not found to be true. Instead, their art and stories revealed a larger concern for the pollution and sealing off of the creative function, disabling their ability to create or act in their work environments and making them toxic to others. They all sensed something was wrong, feeling cut off from the sources of creative vitality that their artistic and therapeutic practices depended upon, leaving them feeling dried up and gasping for creative energy. They were suffering various forms of "creative death" signally to them that what is not growing is slowly dying. If, as Eliade (1958) wrote, creative death is a call to initiation into greater life, then learning ways to welcome and embrace what most disturbs us, it would seem, is a valuable practice for restoring creative vitality and transforming our work as art therapists.

Re-Enchanting Art Therapy presents these findings and explores ways in which art therapists can develop a sustained relationship to the sources of their creativity. It re-examines what it means to "practice" art therapy and links practice to *vitality*, a word that imparts a sense of sustainable life or, in its absence, the ever possibility of dying. It situates art therapy as a living artistic practice, a socially responsive art form,

broadening it beyond traditional categories of art and therapy in order to address a wider, more inclusive range of theories. It introduces the practice of “transformational rehabilitation” which links modern art therapists to the legacy of craftspersons living in partnership with a dynamic, reciprocating world that is alive with shapes, colors, textures, and expressive forms demanding artistic seeing and action, attention and response. The legacy we give to ourselves and others is this restored ability to create the vital connections needed in which to live and work, and thus claim our place among the world’s *animadoras*: practitioners in the broadest sense of the word who “awaken and restore,” breathing new life into and out of form.

Although I describe such practice, readers may find it objectionable to have to locate my methods of transformation in the slower-paced telling of stories, the witness of dreams, or the poetic offerings of unanalyzed artworks. We are used to measuring life according to the efficiency and pace of technology; we expect information to be presented in ways that are immediately functional, rational, and instrumental. But for the return of life’s vital energies, it is imperative to slow down. As one of my companions told me, there is nothing wrong with efficiency but it will come to feel empty and sometimes corrupting if we don’t also allow the contemplative pace of a walk of life. Slowing down, I am given room to attend more closely and care more completely for the world that is calling out for my response.

I am also aware that it will not be difficult to demonstrate the absurdity of this text and my belief in the vital life of images, stories, and dreams to re-enchant art therapists. It never is. We have a long habit of re-interpreting images as literalized history, psychology or science and, in the process, killing them. So I know that as others write practical, how-to texts on art therapy theory and methods, I may well be cast as a fuzzy-headed day-dreamer, not exactly current and not exactly an appropriate model. For the purposes of this text, I willingly threw out much practical knowledge I have of art therapy, but never was I self-deluded. I have attempted to write from the perspective of a pragmatic visionary, believing that “our daydreaming is what marks humanity in its depths” (Bachelard, 1969). To bring practice back to life, one has to reach beyond the literal and risk making a space for dreaming. What arrives in that open, prepared space will not necessarily be bliss. The antidote to disenchantment is not its enchanting, bliss-filled counterpart

but a true awakening to the paradoxes and polarities that hold them both.

I am not the first to observe art therapy needs re-enchantment, and I owe the title of this book, in part, to Suzy Gablik who wrote *The Reenchantment of Art* (1991). I draw on aspects in her groundbreaking work that have inspired art therapists to re-envision the artistic traditions of their practices. Gablik, in turn, acknowledges the cultural historian Morris Berman, who wrote *The Reenchantment of the World* (1981), for the title of her text. Re-enchantment refers to a process of stepping beyond our modernist, enlightenment heritage of objectification in a way that allows a return of soul, and the integration of heart and mind in the ethic of care (Gablik, 1991). Because I was seeking a re-framing of art therapy my inquiry was intentionally interdisciplinary. To identify my contemplative practices, I turned to the fields of socially engaged Buddhism, organizational leadership, peace studies, depth psychology, improvisational music, and philosophical inquiry. I drew on the literature of world mythology, feminism, environmental activism, art criticism, and architecture to make some of the connections between the stories told to me and similar patterns found in other human experiences across time and space. I also am indebted to the poetry of Rainer Maria Rilke and Mary Oliver, and to the life works of Joseph Campbell and Clarissa Pinkola Estes for their acute observations of the human condition expressed in the realm of timeless myth. Where acknowledgment of these sources would disrupt the flow of the stories, I chose to footnote and locate them in chapter endnotes instead of the standard APA format.

I am also indebted to the acute observations and practices of living mentors who had the patience to teach me and inspire knowledge of my own. Dr. Arthur Robbins has had a hand in every question I have ever asked about art therapy, for there is no more exacting a teacher in learning the depths of the process and the practice of self-scrutiny. Dr. Shaun McNiff is a visionary who has known for a long time the same living truths I have only recently bumped into, and to him I owe my appreciation for the life of images. Dr. Fred Donaldson is the closest I have ever come to an apprenticeship with a shaman, which he disguises in the romping form of a “big white guy” who makes his living playing with children and wild animals. It is strange to me that this triumvirate of men has guided me in a field that is predominantly

female and in great need of the feminine wisdom they have been instrumental in awakening in me.

For my research, I also acknowledge and thank the many art therapists who collaborated with me, shared their stories, and made a space with me for dreaming. I had only begun my inquiry when Lori Vance invited me to create the opening plenary for the profession's national conference on the theme of power and integrity. The art therapist's ambivalent relationship to creative power later became an essential finding in the study of art therapist disenchantment. I thank my collaborators Josie Abbenante, Valerie Appleton, Melody Todd Ashby, Robert Ault, Ellen Horowitz, Don Jones, and Cathy Moon who so willingly shared their insights on creative power and furthered my study. I had numerous conversations with art therapists interested in the same kinds of questions and thank Pat Allen, Janis Timms-Bottos, Suellen Semekowski, Deborah Linesch, Karen McCormick, Luanne Alberts, Stan Strickland, and Bruce Moon for their support and insights. Other art therapists, who showed me the depths and varieties of their disenchantment in the toxic work environment, were equally important contributors, although I have changed their names to protect confidentiality. I extend my thanks to "Danielle," "Leah," "Beth," "Sally," "Kari," "Val," and "Joy." When I put out an invitation to form a research group of art therapists who were interested in exploring the phenomenon of disenchantment in their lives and discover methods for restoring creative energy and transforming their art therapy practices, several art therapy colleagues willingly stepped forward though not all were able to participate. I am grateful to the "radical sewing circle" of my peers, Sonnie Albinson, Melody Todd Ashby, Michele Burnie, Min Kennedy, and Debbie Mickelsen for their wicked humor, wildish ways, and courage to encounter one another with a vulnerable fierceness of heart.

This research was begun in the early to mid nineties but found its focus beginning in 1998 with doctoral studies at the Union Institute in Cincinnati, Ohio. I remember walking into a seminar and discovering that everyone there—business leaders, human resource managers, educators, psychologists, religious practitioners, counselors, and one lone art therapist—were asking the same question: Why are so many workplaces killing us? I thank my fellow scholars for the tremendous support they gave me, especially Patricia Cane, Cherionna Menzam, Deborah Vogege, Cary LeBlanc, Julie Gatti, Marsha Tongel, Jim Stuart,

and Jenifer Cash O'Donnell. I thank the seminar leader and my doctoral faculty, Barry Heerman, for his unending patience, humor, and affirmation of my scholarship. Finally, I thank my doctoral advisor Beth Hagens for her incredible support and trust in the creative process.

I owe a debt of tremendous gratitude to my husband Eddee Daniel who has traveled the artist's journey with me and who made a space for my dreaming throughout the months of doctoral studies. My daughters Erica and Chelsea are an inspiration to me in all their beautiful passion for living life fully on the rocky shores of adolescence. And finally, I wish to dedicate this work to my mother, Lee Kapitan, whose love and artistry so inspired my own life's passions and frustrations.

L.K.

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RE-ENCHANTING ART THERAPY

INTRODUCTION

THE OPEN CLOSING DOOR

“Long ago and far away,” I began, “there was a foolish young woman, caught in circumstances not of her own making.” I couldn’t explain it; I could only tell the story of how it came to be that I lost and found again the vital creativity that is the well-spring of my life as an art therapist. In the face of toxic, life-diminishing forces, I had been tracking an elusive question far into an unknown landscape.

“Was she a beautiful princess?”

“Not especially, and she wasn’t a princess,” I sighed. Who ever understood what art therapists did, or why the passionate intensity of their calling? “No,” I said, “she was very ordinary. But she did have a talent for making things out of this and that, and telling stories to her children. On this particular day, though, she had a problem. She awoke from a disturbing dream and she was frightened.”

“Was it a nightmare?”

“No, not really, the dream itself wasn’t scary, but it stirred up scary feelings in her nonetheless,” I said, shuddering from the memory of that image which came so suddenly in the night. At the time, I had been contemplating psychic deadness, seen in the faces of my colleagues and students. How could it be that they came to their work creative, joyful and life-affirming, only to become, a few years later, beaten down, cynical, drained of creativity and searching for a way out? I suspected that this pattern was a source of my community’s lack of vitality and creative vision. It presented me with an ethical challenge that arose out of my work as a teacher who had witnessed a steady slide into disenchantment among new professionals: How could I inspire the many, creative, prospective students I talked to daily to commit to a calling that might kill them seven years after they’ve met me? And

what of the lack of positive models they would encounter when they began their internships and formed supervisory relationships with deadened, non-creative art therapists looking to them to find their own healing? As I pondered these questions, the dream had appeared and awakened me.

“What disturbed her,” I said, remembering the crushing weight of the dream image, “was this huge, black, metal door that was slammed shut and locked up tight. On the other side of the door was a most beautiful, enchanting place—she dreamed that she could step right through that doorway and into pure-blue sky! Only she wouldn’t fall; she’d be floating through sky, and it gave her the most delicious feeling of freedom.”

“I thought you said she was scared.”

“Oh she was, believe you me! Because, how could that be? She didn’t know how to fly! She was just an ordinary person. And the worst part was that she could only get to the beautiful place by opening that black metal door,” I said, thinking of the obstacles to creative freedom art therapists describe as their suffering. “She sensed that there was some powerful force that was keeping it shut, and that made her scared, too.”

“The next night, she had the dream again. Only this time, there was an old woman guarding the door, marching back and forth, this way and that, and all the while looking at her very, very fiercely as if to try to scare her away. The younger woman could hear her children crying and realized they were hungry and thirsty. She had to get the door opened! So she waited until the old woman marched away, and then ran up to the door and pulled it open just a crack. She could see a sliver of blue sky through it. But the old woman spied her and came storming back, pushing her out of the way and slamming the door shut!”

“That’s how it went,” I said, sadly shaking my head, having lived with this yearning myself. “Every time she managed to get the door open, that woman would come and slam it shut again. She woke up all in a sweat, wondering about that door and worried about what the dream meant and how it might come true. Why did the old woman frighten her so? Was a famine coming to her land? Was she or her children in danger of starving?”

“She got dressed and went about her business getting breakfast ready for her family, all the while thinking about her dream and its terrible dilemma. The blue sky had looked so inviting; there must be a way to

go through the threshold behind the door. All that day she kept the dream in mind until finally, with her kids in bed and her husband asleep—

“—She went to bed and had the dream again!”

“No, that is not how the story goes,” I explained, describing an art therapist’s method of artistic inquiry: “When all was quiet in her house, she decided she had to *paint* her dream and maybe that way she’d discover why it came and what it had to tell her. She went down to the cellar where she had a big sheet of dusty gray paper. With a piece of charcoal from the hearth she drew the black door and colored it in really solid, leaving just a tiny crack of blue peeking through. For no reason at all, she drew some lines across the bottom that looked like a bunch of twigs piled up in front of the door. When she was all done, she put the picture aside and washed the soot off her hands, staring at the painting—but not really seeing it because something else in her mind was trying to get her attention.”

“So, even though it was very, very late, she got out another piece of paper—a white one this time. She just couldn’t think of the door anymore because that crack of blue sky was calling to her, wanting lots more space. So this time she drew a wide, open space filled all in with a clear, clear blue, just like she had seen in her dream. She made it the shape of a doorway but left the paper white so the door was invisible.”

Yes, I thought, this was the “open closing door,” a painting I made to acknowledge the dream and to guide me into the paradoxical questions I was exploring (Figure 1). The door is open and closing at the same time; it is both a route to freedom and a means of containment. It promises a safe space that is protected yet constrained; it holds at the threshold the desires to act in the world and to withdraw in contemplation of it. I saw in the image both the desire for and the fear of creative power, calling me to set my inner and outer lives in motion, demanding renewal and reinvention in the course of my artistic, therapeutic practice. A key, perhaps, to the dilemma that is not really a dilemma at all. “When she was done,” I continued, “she smiled with her heart’s delight, and put the painting away. She crept upstairs to bed and fell into a deep sleep.”

“Did she have the dream again?”

“Not right away, and that was fine since it had been scary, after all. But the next time the dream came she was standing perfectly still on the threshold of a blue-sky door. At her feet was the nest of twigs. She

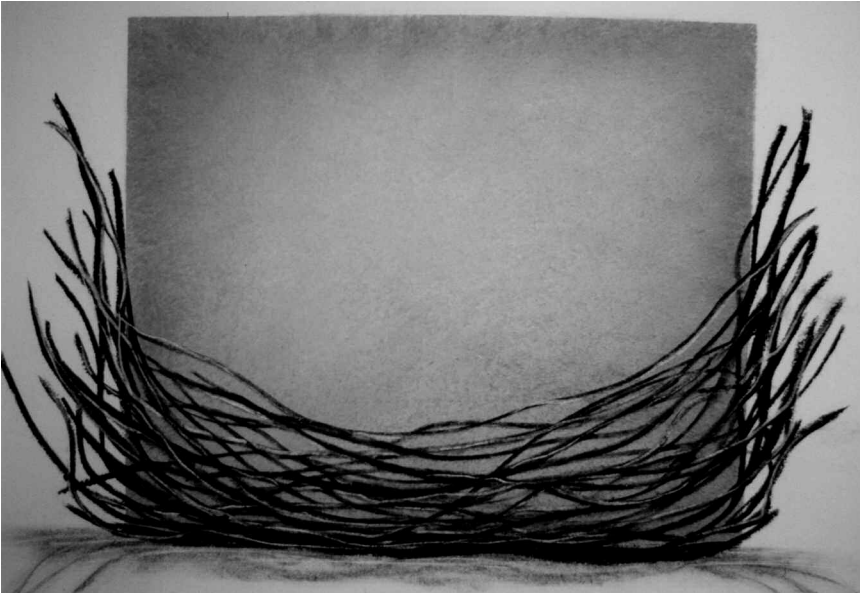


Figure 1. The open closing door.

was wondering what to do when she heard a caw-cawing. She looked up. There high above her was a big, black crow. He swooped down and lifted her up, carrying her through the doorway and beyond. She was flying! She looked below her and saw the vast expanse of an abundant world with a deep, wild river running through it. She saw the shadow of the crow on the rushing waters of the river and realized it was she. She flew away, following the course of the river, and never came home again.” Is that where the dream leads me? I wondered as I imagined stepping through the image of the open closing door. Who or what will carry me into the abundant world beyond to renew my creative spirit?

“She didn’t come home? But what about her family? Did they starve without her? How did they get breakfast? Who would wash their clothes?”

“Oh, all right, fine then—she did come home,” I sighed, slightly perturbed at this insistence on returning to the ordinary world and its responsibilities. “But I’ll tell you a secret! She wasn’t the same person as before,” I added with a sly smile. “Oh no! She looked the same and she sounded just like the same mother they always had before. If you didn’t look too closely, you’d never know she had had her dream-adventure. But let me tell you—every once in a while her children

thought they saw a crow in the glint in her eye when she told them stories or in the flutter of soft feathers they felt when she kissed them on the cheek before bedtime. It was a mystery, you see. They never did figure it out until they were grown and started to remember dreams of their own.”

* * *

It was a mystery, I thought, as I pondered the dream and the beginnings of my inquiry into what was killing the creativity of art therapists. Changes in health care had had a dramatic effect on the practice of art therapy in recent years. Born of the human potential movement of the late sixties and early seventies, art therapy began in traditional psychiatric hospitals, long-term care and geriatric facilities, and schools for children with special needs. But as diverse populations of people sought relief of mental suffering, art therapists expanded their practice to include drug and alcohol treatment, family therapy, physical and sexual abuse survivors, group homes, prisons, outpatient and community mental health agencies—any of the many places where counseling or clinical treatment is offered for adults, adolescents, and children. Gradually, art therapy has become recognized as an innovative but effective form of treatment where clients access their own healthy, creative functioning through art making and use the insights gained to make self-empowered changes in their lives. But since the early 1990s, when public funding for health care shifted to private insurers, art therapists have had to adapt quickly to major changes in the workplace. Today as a general rule, therapeutic relationships are brief, caseloads often are huge and made up of only the most severely disturbed or tortured people, treatment is overseen by insurers, practitioners must be licensed and regulated, and art therapy methods and outcomes are explained using the pragmatic, rational language of the clinic. Creative approaches to treatment frequently are undermined or devalued. As a result of these and other obstacles, many art therapists report being exhausted, discouraged, and disenchanted with the realities of their work lives, their creativity drained.

Yet art therapists must not lose their creative vitality, for if they do they can no longer offer the very knowledge and tools they have that are unique to their profession and critically needed in today’s world. They need to be able to access their creativity as a primary, inner resource from which they draw their power and therapeutic skills.

Without it they become deskilled and disenchanting; like a heavy door slammed shut, all possible transformational energy becomes bound up in the painful toxicity of their life and work environment.

Throughout my pursuit of the sources of art therapist disenchantment I had been told many stories. Everyone seemed to have an idea of “why” ranging from the lack of fit for artists in the clinical world, professional envy, a lack of desire to engage in art making, a failure of proper training, a lack of support or invisibility in the institutions they served, and everyone’s favorite scapegoat: managed care. All the stories pointed to the notion that the phenomenon itself is multifaceted with collective and individual, nuanced levels of truth. But over the course of my research I came to believe that the key for resolving what causes the most pain is to see it very clearly and use it as a source of creation. Poised on the threshold that opens to new sources of creativity, the challenge art therapists face may be to embrace the terrifying threat of resurrection to renew our practices, for how else will we be able to participate fundamentally in the creativity of our age?

REVIEW OF THE LITERATURE: FROM CLINIFICATION TO THERAPEUTIC ARTISTRY

My entry into the conversation on what is killing the creativity of art therapists began with heuristic research I conducted on the relationship between art and violence (Kapitan, 1996; 1997b). I explored the observation that less art and more violence seemed to go together, and its corollary, that by engaging in art-making experiences, violence would be lessened. The intensity with which I researched this premise produced the exact effect I was studying: Over time, the buildup of the imagery of violence surrounded me and its subsequent feeling states shifted me into an experience of pervasive numbness. Despite every intention to do so, I could not make art. I felt as though I were living in a void where all color, artistry, and life energy abandoned me. My exploration led me to look at the culture of fear and violence that is woven into the work lives of art therapists, its pervasive influence on current and future art therapy methodology, treatment models, and on professional identity.

The presentation of my paper at the national art therapy conference stirred interest among art therapists who had worked for a long time in violent settings and posed questions about a phenomenon called vicarious traumatization, in which the therapist who witnesses the stories and images from traumatized clients becomes traumatized and numbed in turn. Consequently, I was invited to participate on a panel called “Violence and Vulnerability: A Developmental Perspective” (Chapman et al., 1997). In a similar vein, a number of art therapists were addressing the “ravaged muse” or the impact of secondary effects of trauma on the art therapist (Wadeson, 1998; Malchiodi & Good, 1998; Sweig et al., 1998).

My initial inquiry was inspired by Allen’s (1992) keen observation that art therapists were not making art any more, complaining they didn’t have the time nor energy for it, not only with their clients but also for themselves. She described the difficulties of maintaining creative energies in the often dehumanizing and rigid institutions where many art therapists are employed. Allen’s observation that art therapists were suffering from a lack of creative vitality in the workplace resonated with my own experience. At the time, art therapists were expending enormous energies toward becoming recognized and respected among an increasingly fragmented pool of competitors for health care dollars. We were adapting to the pressure by working for increased regulatory structures such as licensing and certification examinations, increasingly higher standards in education, ethics, and professional practice, and calling for more outcomes research to validate our work. But when a community throws itself into action without grounding in artistic contemplation of it, such action may become a frantic effort to survive against all odds. Violence may turn against the self as inferiority is internalized and artistic, expanded possibilities are blocked or lost. The antidote, according to Allen (1995b), is to recognize “a primary drive to know ourselves, others, and the world through our image-making” and remember our first responsibility: “to be aware of and tend to our own needs, our personal fire . . . [since] neglecting our own needs diminishes our capacity to be of service” (p. 165).

Allen (1992) named her observation the “clinification syndrome,” a pervasive feeling of inferiority caused by art therapists needing to prove themselves to the clinical establishment in which they were working. Allen believed that art making ceases when clinical skills become the primary career focus. The artistic identity of the art thera-

pist becomes secondary as it is forced to yield to an exclusive emphasis on the clinician's role. Allen saw the possibility of art therapists functioning in the role of "artist-in-residence" as a healthy alternative. Her experimentation led to the "open studio project" (Allen, 1995b) where art therapy is offered in the form of a non-clinical studio arts program, independent of any mental health service agency. In the "open studio," therapy concepts and practices are eschewed, no records are kept, dual relationships are often welcomed, and no emphasis is placed on roles (Allen, 1995b, p. 166). Usually few or no directives and more time are offered, and in-depth experiences with creating art are involved (Malchiodi, 1995).

Allen's insight resonated for me because I had observed the same phenomenon and had confirmed for myself that internalized violence leads to numbness and loss of creative vitality (Kapitan, 1996; 1997b). But I wondered whether those who suffered in this way necessarily had adopted a "clinified" identity that blocked artistic practice. Over many years the art-based education offered to my art therapy students integrated artistic practice and contemplation at all levels of their academic and clinical development, and it was one of the first graduate programs to require a studio component. Yet I had observed the same phenomenon among my "non-clinified" students and also among former students now serving as role models and mentors, as well as seasoned art therapy colleagues. The phenomenon seemed larger than something bounded by the clinic. Allen had identified the disenchantment, and our collective response suggested to me that it was something important yet still largely unknown, unnamed, and invisible. I chose to explore the roots of art therapist disenchantment so that the phenomenon could be named more accurately and brought into our awareness, rather than simply dismissed or allowed to influence us in unrecognized ways.

With "clinification" Allen provoked art therapists to rethink their relationship to their practice, but this term also creates problems, especially if the syndrome is actually something larger and not solely connected to performing a clinical role. In her own professional development and as the impetus for creating the studio art model, Allen (1992, 1995a, 1995b) acknowledged her struggle with the constraints of the clinic and her ambivalence in that role. She described how utterly defeated she felt by limited time with clients and the sterility of the setting, the boredom of listening to shallow discussions of

superficial imagery by patients, and her cajoling to get them out of bed and away from the television set. Many art therapists would concur. But what of her belief that “the rules and regulations that [she] had painstakingly learned in order to practice art therapy paradoxically prevented art-making itself from being fully effective”? Or her comparison of the different, preverbal, nonverbal and even spiritual levels that art therapy accesses with the limiting, largely verbal level of psychotherapy whose rules “felt constricting, deadening, in fact harmful to the art therapy process” (1995b, p. 162)? Of her disenchantment, Allen wrote that she felt she was violating art therapy taboos or professional boundaries when she wanted to make art with clients, likely contributing to a breakdown of the tradition of professional distance. She said, “I began to feel the paradox that much of what makes psychotherapy effective and safe makes art therapy dead and lifeless” (p. 163).

At the time that Allen wrote of the death of creative vitality in the practice of much art therapy, psychotherapy itself was being revitalized by postmodern theories pushing the very boundaries Allen was chafing against. Their central premise is the larger relational system or field in which psychological phenomena constellate and where experience is continually and mutually shaped, known as the “intersubjective space” between client and therapist (Stolorow et al. 1994). The bounded, distant professionalism that Allen had learned was coming under criticism along with the “withering” of the therapist’s authority as expert (Johnson, 1994; Spaniol, 2000) in a rapidly changing, postmodern era. Robbins (1973, 1987, 1996, 1998) articulated a theory of art therapy that places art within a field of oscillating rhythms of relatedness where both therapist and client experience and shape the energies occurring in the “therapeutic space” between them. Allen’s work in the open studio project confirms this expanded concept of psychotherapy when she states that its primary attribute is energy: “The energy of those working in the space [is] the crucial, yet ineffable ingredient” (1995b, p. 164) where “viewing the struggles of one another through art causes shifts of perception on a deep level” (p. 166).

Clinification refers to a pressure to adopt the practices of others that do not value art, but it does not mean there is something wrong with clinical practice as some have interpreted Allen’s work to mean. For example, my students sometimes have cited the horror of “clinification” to justify a distinctly anti-therapeutic stance, insisting that they

don't really need clinical skills to practice art therapy if all they plan to do is set up open studios around the city and invite clients to them. At the same time, I know that the most effective, studio-based art therapists practice with considerable, well-formed and integrated clinical knowledge, although this is not always apparent to naive observers. Meanwhile, art therapists who work in clinical settings have complained that the "de-clinification movement" lacks scientific grounding and promotes fuzzy-headed rapture instead of clear and direct guidance for clients. Clearly, Allen's emphasis is on the centrality of artistic practice as a process of regaining and sustaining creative vitality regardless of where or how the art therapist works.

The studio movement arose from the tensions of an earlier era as well as the challenges of the present. From its very beginnings the profession has debated the place of art in art therapy. By 1973, art therapists had positioned themselves into two camps: "art as therapy" epitomized by Kramer's writings (1971) on the inherent value of art making as containing all the therapy needed, and the "art psychotherapy" approach epitomized by Naumburg (1973) where art making served as an adjunctive tool to engage the client in therapeutic change. This latter approach has also been identified as "clinical art therapy" (Landgarten 1987). Some art therapists today use the argument against clinification to promote a spiritual, blissful and inwardly contemplative side of art therapy over what they disparage as a grasping, worldly struggle for professional identity in the dog-eat-dog health care market. To paraphrase Palmer (1990), there continues to be a struggle between the inward search of the artist and the outward acts of the therapist, the silent communion with the art image and the engaged interactions of the therapeutic relationship, and a longing for the centered solitude of the art studio in the face of the dysfunctions of clinical practice settings. If one is called to contemplation in the art studio, this idea can be empowering. But as Palmer (1990) warns, "these same values can disenfranchise the soul [when] they devalue the energies of the active life rather than encourage us to move with those energies toward wholeness" (p. 2).

Whenever solutions to problems are conceived in terms of polarized ideologies there can be no reconciliation. But when we choose to learn from what disturbs or challenges us, we open ourselves to shifts in perception and response (Travis & Callendar 1990). Creative and productive means for meeting needs are freed up even if the conflict itself can

never be resolved. For art therapists, this may well mean holding the creative tension *between* artist and therapist, the two poles that contribute to the primary identity of the art therapist, which is the core of the studio and of the clinic. McNiff, whose practice of art therapy has been based in studio settings over the past three decades, emphasizes art therapy's roots in the clinic or therapeutic community. He writes,

Through participation in life enhancing environments with other people, we experience change. The studio spaces, the work of other people, the art-making process, and the images we make, all contain and transmit life-enhancing energies that effect change in individuals as well as communities. Art therapy animates and encourages us to go on living with increased vitality generated by the creative process. (1998, p. 130)

Clearly what McNiff describes is not necessarily open-ended, "more art oriented than clinically based," nor containing "undefined aspects of the facilitator's responsibilities and relationship to the participants who attend" the therapy session (Malchiodi, 1995, p. 155). McNiff's concept of the studio is "led by the space," embracing multiple possibilities. He emphasizes that "the vitality of the studio has more to do with the creative presence" in whatever space it is found; "we medicine the disquieted places, and this spatial transformation has a corresponding effect on us. The presence of the creative spirit can be felt everywhere a group is fully committed to its work" (1995, p. 182). Robbins (1998) identifies therapeutic presence as a key element in creating a healing space and describes it as a field of energy, a frame or container involving a holistic, intuitive, and receptive orientation, and a paradoxical state that is both focused, yet open.

Robbins has influenced my understanding of the dynamics of the creative relationship, capable of "a deep harmony not only with my patient, my artwork, the community, but also with myself" (1973, p. 184). As McNiff (1998) notes, the experiential aspects of the therapeutic relationship is perceived by Robbins as an object of aesthetic reflection that integrates the two primary aspects of the profession. Like Robbins, I believe that my job is "to be alive therapeutically for the other, whether that other is an individual, group, or community, which brings a profound spiritual connection, an essential aspect of healing" (Robbins, 1998, p. 23). Therapeutic artistry embodies a working towards meaning by shaping and forming the energy of the "studio" in the relational field. There we honor the symbols that emanate from a person's center and use them to create an engagement with the world

(Robbins, 1998). Disenchanted professionals who cannot acquire a genuinely felt sense of meaning through the culture in which they live and work cannot be centered in this way. Thus the “studio” in the largest sense is perhaps an archetype or deep structure wanting to be made visible and re-connecting art therapists to the places and communities they wish to belong in some fundamental way.

Therapeutic artistry is a practice that transcends the boundaries of populations, theories, and technique. Who we are as art therapists is the constancy we bring to the encounter. What changes, what shifts our process of naming this practice, is merely the container that also must be respected and understood. The container of the open studio form of practice is different from the container of clinical psychotherapy. But art therapy as a practice flows in and out of these spaces, adapting and transforming or co-creating relationships within the bounded fields of our work lives. After all, space is not empty but is filled with invisible fields; these are filled with interpenetrating influences and invisible structures that connect and subtly shape behavior (Wheatley & Kellner-Rogers, 1996). If we trust the inherent organizing forces of life, then new vitalities will emerge and authentic forms of practice will be made possible for all art therapists.

METHODS OF ARTISTIC DISCOVERY: RESEARCH DESIGN AND QUESTIONS

While much has been written by art therapists about the need to pay more attention to their own art making, the topic until now has been informed mostly by opinion and speculation. My research sought to address the underlying problem, that is, the need to regain and sustain creative vitality among disenchanted professionals, without which we cannot claim to be art therapists, the nurturers of creativity. I asked: By what transformative processes can disenchanted art therapists regain and sustain their creative vitalities? What outcomes are possible when we attend to the transformational energies of communal and creative healing practices? As I began to explore these questions I was challenged to find methods of inquiry suited to the unique worldview of art therapy and the core values of artists and art therapists. I was not interested in addressing these questions through a study of clinical methods

or treatment techniques; neither did I believe I would find answers derived from the solutions-based focus found in “burn out” or trauma literature, educational theory, or psychological assessment. The strategies that I designed were directed at revealing the phenomenon aesthetically and transforming it in ways that would help art therapists claim what had been lost and sustain deep change. At base, my research method was that of an artist whose works serve as objects of intense, aesthetic reflection and subsequent action. Artistic practice is both a way of knowing and a means of discovery. With the unwavering attention of the researcher and an open, active, “listening” stance toward the phenomenon, layers of meaning are discovered. Art, story, and essay are products of this reflection as well as further means for reflection.

This methodology has a relationship to qualitative forms of research found in various fields. According to Braud and Anderson (1998, pp. 53–55), there are three major motivations for conducting research. One, in service of security and adaptation, is to learn as much as we can of the world, other people, and ourselves for the purpose of prediction and control. Research is approached as a series of problems to be solved. A second motivation is simply to understand the world in the service of curiosity and wonder; research questions are approached like a puzzle—the researcher wishes to know what the pieces are, how they fit together, and what sort of picture begins to be revealed when sufficient pieces have been assembled and put in place. For my purposes, I adopted the third motivation, which is also in service of wonder, but it is a wonder that accompanies discovery, surprise, delight, and awe. Research concerns are approached more like works of art to be appreciated rather than problems to be solved.

Art therapy research is often situated in the realm of in-depth understanding drawing from hermeneutic, heuristic, and phenomenological methods of qualitative inquiry. It can be described phenomenologically because art making is a contemplation of direct experience. However, as McNiff (1998) points out, artistic inquiry requires an active engagement with art images as a process through which an image reveals itself to us. While art therapy methods are closely attuned to the phenomenological approach to describing experience precisely as it presents itself, the experiences of phenomenologists are dependent upon language in order to exist as data. In contrast, the study of artistic images and the process of art making combine both

material objects and experience. Where phenomenology relies on verbal description of experiences, art-based research also involves the study of objects that present themselves as data without dependence upon language (McNiff, 1998). Therefore, art-based research is something distinctly different from the methods described in phenomenological approaches.

Artistic inquiry is also primary in the practice art of therapy and in my research I drew on over ten years of prior experience with art-based research methods (Kapitan, 1998a). According to McNiff (1998), such inquiry is aesthetically-oriented and concerned with in-depth methods of artistic knowing as well as how creative activity influences people. Although methods that emphasize the researcher's relationship to the image often are the primary focus, I found it useful to broaden this with the practice of "therapeutic artistry" in which the worldview of the art therapist as an artist is brought to bear on the entire art therapy enterprise as a socially responsive art form (Kapitan & Newhouse, 2000). When artistic practice thus is placed in a context of social action, it builds on and extends feminist and transpersonal research, which emphasize the sacred, inclusive, subjective, experiential and contextual, transformational, individual and understandable features of the investigative endeavor (Clements et al., 1998; Valle & Mohs, 1998). It honors the plurality of voices—other ways of knowing and of other persons, particularly individuals and members of a previously unempowered group. The added benefit of artistic inquiry is that it not only embraces what has been unspoken, it provides a visual, tangible means for making visible what is unseen, for both the image and the person who creates the image. Becoming seen is a powerful means of verifying research findings and honoring existence.

My connection to the word "method," then, embraces an artist's practice of his or her artistic discipline. The method is the path into the unknown guided by an intense relationship to artworks and their surrounding fields of influence. Artistic discipline means attending to and being respectful of the art form's inherent nature. I hypothesized that when an art therapist engages in methods of artistic inquiry into the phenomenon of disenchantment, a deep connection with the essential nature of her art form will be kindled and a re-connection with the sources of her work will transform her relationship to herself and her world. If disenchantment is the result of being disconnected, then artistic practice would be an appropriate method of inquiry for both dis-

covering the roots of disenchantment and transforming them with creative vitality.

I organized my inquiry according to several distinct modes of sustained artistic reflection and creative action, each a different path into the phenomenon of disenchantment and its transformation. Individually, I sustained heuristic inquiry through meditations recorded in art, journaling, and story writing that revealed visceral and aesthetic experiences with the phenomenon of my own disenchantment. Collectively, I designed and carried out a collaborative story telling project among several art therapists from different parts of the United States that revealed an ambivalence toward creative power, especially its destructive energies. A creation myth served as a vehicle for projecting their experiences of disenchantment, for processing them on a deep level and making them available for psychological transformation in the context of collective, organizational relationships. “Collaborative witness” was another follow-up project involving a confidential practice of witnessing several self-described disenchanted art therapists. It included an open-ended interview followed by silent, interactive art making and shared reflection, which in turn led to the revelation of a mythic narrative that amplified the essence of their disenchantment. Having studied the sources of disenchantment through all these methods, I designed an intervention for art therapists in my local professional community. This was a “healing circle” where a group of women art therapists came together in a weekly immersion-and-retreat format to explore re-enchantment, to release new stories and images for each other’s inspiration, and to regain the energies of empowerment. Finally, I explored several unusual forms of “artist-in-residency” for revitalizing my own practice with adventurous play in a disenchanting work environment and for exploring the open, yet bounded space of the studio as an internalized structure that can be created and carried into disenchanted places or wherever the work is needed.

Consistent with Braud and Anderson’s (1998) description of transpersonal research, simultaneous roles and functions began to occur throughout my inquiry in synergistic ways. All my interactions were research sessions that provided new information to contribute to the development of the profession. They also were clinical sessions in that my collaborators and I accepted the opportunity to bring to consciousness important issues and give them image and voice. Also common to transpersonal studies (Valle & Mohs 1998), my inquiry came to

emphasize the container of the experience, intense emotional or passionate states in me and my co-researchers, a feeling of transcending time and space, an absence of fear and sense of surrender, sudden and insightful knowing, feelings of gratitude and grace, and self-transformation among all the participants.

In this text, my findings are presented in the forms of meditative art, dream, story, and essay in order to stay as close as possible to the original experience, and to give voice to images, to the experiences of my collaborators, and to my own voices within me. Story writing is a medium for preserving the archetypal integrity of the research and apprehending the many layers of meaning. In the subtle twists and turns of life being contemplated artistically, stories are an old and singular method for re-enchanting a listener's (or reader's) experience. The goal of a story is contemplation from which an individual will obtain meaning applicable to his or her life. Thus, the outcomes of my research cannot be reduced to a single set of interpretations but will be particular to each individual who contemplates them.

RE-ENCHANTING ART THERAPY

Overcoming the crisis of disenchantment is considered by some to be the greatest need of our culture at this time (Berman, 1981; Gablik, 1991). Disenchantment is described as the end result of a mechanistic world view, a modern vision of separateness that produced the objectifying consciousness of modernism, positivism, rationalism, materialism, secularism, and scientism (Gablik, 1991). In the art world, it is a product of the "disembodied eye" with which the viewer approaches a work from a distance, using objectified theory making to properly categorize and value what is seen. Art made to be approached aesthetically reinforces the rational over spiritual, intuitive or emotional reactions to art (Josephson, 1996). Pushed to the extremes of postmodernism, it takes the form of art that signifies the nihilistic, meaningless commodification or purposelessness of art and life. Art therapists, in serving their clients, attempt to create conditions conducive to art making in the face of the massive, disenchanting realities of their clients' toxic inner worlds, the work organization's dysfunctions, and our surrounding "culture of anesthesia" that shows tremendous contempt for

the aesthetic dimension. Health care systems that are oriented toward the mechanistic worldview push the art therapist into an adaptive survival that further disenchant.

But if disenchantment is a state of being that dominates our culture, living in a state of enchantment is no better reality. Yalom, the existential psychotherapist who wrote *Love's Executioner* (1989), observed that the enchanted state of romantic love and psychotherapy are ultimately incompatible. Of his clients whose unattainable desires came to dominate their lives through illusions and obsessions, he wrote "I, too, crave enchantment . . . [but] I must assume that knowing is better than not knowing, venturing is better than not venturing, and that magic, however alluring, ultimately weakens the human spirit" (p. 13). It is infinitely more exciting to live life as it is happening than to wrap it in the illusory cocoon of merger that characterizes all states of bliss. Enchantment drains life of its edgy reality and obliterates new experience. One art therapist I talked to said that much as she loves that magical feeling of enchantment that sometimes accompanies her art therapy work, if she were to insist on maintaining that state, she'd be "bumping into walls all the time."

The rapture of enchantment appears in utopic depictions of art therapy that present an almost religious belief in its redemptive qualities of salvation from a dark, disenchanting world of environmental and human destruction. The future of art therapy has been envisioned as playing a major role in bringing art to heal entire communities, no longer practiced in mainly institutional settings with actual clients, and no longer using the terminology of therapy, therapist, or client/patient because "[these terms] will be unnecessary as the therapeutic uses of art will be assumed and understood by all" (Young, 1995, p. 195). In this text, I occasionally adopt a similar belief in the salvation of the world through art therapy and see it as a product of my heuristic falling into and out of love for art therapy again and again. I assert, in agreement with Gablik, that if our work is to succeed as part of a necessary process of cultural healing there must be willingness to abandon old programming, to make life alive again and discover that the world is enchanted and not dead. However, re-enchanting the world by seeing it exquisitely alive with all my senses is not the same as insisting that all my life spaces must be filled with bliss. Eventually I discovered for myself that re-enchanting art therapy takes place between the paradoxes, paradigms, and polarities of these states. There is a need to recognize our

state of wanting and to live reflexively while holding that awareness rather than filling it with either bliss or a special victimhood. Re-enchantment is a cycling process that recognizes a unitary field where oneness and separateness, enchantment and disenchantment, intuition and rationality co-exist. Re-enchantment recognizes the states of both belonging and exile, seeing them simply as two necessary sides of one larger circle.

My discussions of re-enchantment begin, in Chapter One, with the story of a young art therapist whose life history is situated in the post-modern age with all its attendant fragmentation, speed, and incoherence. She is a challenge to my own worldview formed in a previous, modernist age with its beliefs grounded in universal truths and the ascendant, rational intellect that so often determines and fixes meaning. The story is a metaphor for the good intentions of the creativity killer in all of us, in dealing with disenchantment and the two sides of the paradox, either to control the flow and power of creative vitality or to play it into greater coherence. When we believe that the world needs us to keep it from falling apart, we are acting the part of Vritra, the mythic Hindu dragon of creation that has swallowed up all the space of the universe and has massed its hulk over the waters of creation. A lightening bolt is needed to pierce the illusions that tie up creative energy and get it flowing again. It is good to awaken the dragon, for it is a vital life sign. But what then? What will we do with all its unleashed creative power? We like the idea of art coming from chaos, but what of the reverse? To what extent do we realize that creative vitality also needs to flow back into chaos? The risk of awakening the dragon is to suffer creation's destructive energies, the taking apart of things that we have so carefully constructed for illusory safety and control.

Thus, I begin with the uneasy, ambivalent relationship art therapists have with creative power. When art therapists act as Indra, the hero in the myth who pierces illusions with the bolt of enlightenment, it is as if we wake up to renewed life, to get it flowing again. In Chapter Two, I explore the notion of the art therapist as an *animadora*—a word meaning “one who awakens the other to life.” The Spanish word for giving birth, in fact, is *dar la luz*: to give light. I turn to the vessel where creative vitality is born, is shaped and is surrendered to. The birthing vessel, the bowl, the alchemical crucible—these are essential forms that can be used to describe a transformational conception of art therapy practice. I imagined holding out a bowl to the world and accepting with grati-

tude anything that is placed there as needing my attentive, transformative energies. As I opened my imagination, new images arrived in my “bowl”—some wanted, others unwanted. I come to see that the practice of making alive is an embodied practice of seeing the world ensouled. When we see the world as lover or as a loving partner we extend the human heart to the whole world. Thus, we make life in everything we touch and stand in readiness for any possibility that serves our deeper intent as art therapists. Such an attitude can transform our practices and re-enchant art therapy as a socially responsive, reciprocating art form.

I have heard art therapists talk of re-enchanting their practices by creating special places for their studios, like beautiful mountain or garden retreats where people can go to escape the pressures of living in a toxic, fast-paced world. I recall one art therapist who, tired of working with depressed people, was enchanted with the idea of hosting Caribbean cruises for art therapist colleagues to experience revitalization. I do not fault these strategies but they lead me to ask, what is driving art therapists away from the people and places that need them most? In Chapter Three, I explore the roots of disenchantment by seeking out the disquieted places, environments that are experienced as toxic to art therapists in both their work and deep within their own restless psyches. I practice bearing witness, which I believe the world needs much more than another quick-fix solution. As I listen to their stories and witness the images that appear, a larger, mythic story arrives that is common to each art therapist’s experience: the great underground river that is the source of creative vitality has been blocked, drained, tampered with, or poisoned. The absence of the waters of creation creates the conditions of the wasteland and this is where disenchanted art therapists labor. For some, it is a state akin to soul death. For all of us, it is imperative that we detoxify and become clear channels of creativity again for ourselves and for those with whom we work.

In the landscape of disenchantment it seems we are craving aliveness and for this we suffer. Our workplaces have changed dramatically and they will never be the same. But as artists committed to a more just, compassionate world, we can choose the life-giving process of art making as an antidote to life breaking. Art transforms the violence and in this process we make peace. The inward quest for wholeness becomes, in peacemaking, a quest for outward relationship or community. In

Chapter Four, I present a community intervention called the Reflective Circle of Peers, which came to be known among the art therapist participants as their “radical sewing circle.” Weekly, art therapists came together to explore their disenchantment and make magic from it. We kicked at the walls that bound us, claimed and surrendered victimhood, bore witness to suffering and challenged each other to live life between the paradoxes. Through these rituals we performed an ancient method of soul-retrieval and re-enchanted our practices by making a space for dreaming born into creative action.

Ultimately the question is not how to keep our creativity and ourselves from harm in the toxic, dispirited environments that need our compassionate attending but rather, how boldly will we live? In Chapter Five, I take up the challenge from my peers in the radical sewing circle and return to the spaces between the paradoxes. This is the threshold of “between” where I face that which keeps me from my own transformation: the encounter with the one who is me and not-me—whether that takes form in the medium of my art, the client, my inner selves or outer roles and personas, the externalized enemy or something alien I do not recognize, or other categories with which I define my experience. On the threshold, I let go of the rules to discover deeper rules; I enter the dream state that is nonetheless real and embodied, practiced in “adventurous play.” I seek out thresholds in places of power and let go of intentional, purposeful action. I find “playgrounds” everywhere and eventually locate the *temenos* or sacred space of the studio as a capacity I carry within me wherever I seek to practice.

Someone once said, “When you love something so much, the only way to get out of trouble is to go deeper into it.” We must enter into, not evade or fear, the natural entanglements of the dynamic, shape-shifting world in which art therapists live and create. Transformational practice holds both the desire to act in the world and to withdraw in contemplation of it. It calls us to set our inner and outer lives in motion, demanding constant renewal and reinvention. When we dare to move through what troubles us we trade some of our most precious, enchanting illusions for a reciprocating, living partnership with the world that has its own enchantment. This paradoxical relationship is the canvas upon which we re-enthrall our practices.

Chapter 1

ACCEPTING THE DEMANDS OF CREATIVE POWER

*Things fall apart; the centre cannot hold,
mere anarchy is loosed upon the world.*

—Yeats

PLAYING WITH CHAOS

The myriad ways that the world conspires to keep art therapists from the creativity that feeds their practice are easily identifiable. Ask the question “What is killing the creativity of art therapists?” and innumerable answers will point to the constraints of time and place, the speed of daily life and the burden of ever larger expectations, the failure of employers to provide the conditions favorable to creative productivity, or the regulatory culture that has forced art therapy into a one-size-fits-all mold of the mental health care worker. More difficult is to recognize the obstacles we erect on our own when struggling with the demands of creative power to freely do its work of transformation. Our creative possibilities draw from the free movement of the psyche that may as easily wander into deep and formless, unknown terrains as bask comfortably in the light. Sensing the pull of fomenting chaos, no one is exempt from the temptation to block it since it stirs the excitement of new creation at the same time that it accompanies strange discomfort and fear.

I think of Mary, a graduate art therapy student who, for her thesis research, was investigating the hundred or so boxes, collages, and

assemblages she'd made throughout her studies.¹ Her creative process exemplified the psyche's embrace of completely fluid, constant change and abrupt shifts of direction. She would carefully construct her pieces of creatively synthesized data but then suddenly would take them apart and reconstruct them, with exhilarating passion, as she discovered new arguments and insights in her inquiry.

I was her thesis advisor with an eye out for delivering her to graduation. I was a creativity killer, though I did not know it at the time. Maybe I was acting the part of the outside world's time-limited reality, like an employer looking at the bottom line or a disapproving head nurse armed with an efficient protocol for getting the work done. Mary's process drove me crazy. Reading drafts of her thesis was like rustling around in a paper scrap box: I saw lots of interesting pieces of things but nothing of a structure to hold and relate the pieces to one another. The incoherence surprised me: Mary had a background in fine arts, solid clinical experience, always wrote high quality graduate papers—what was going on? As a collage artist, I knew that she had to play around with pieces of data and imagery, rearrange them on the page, and use her artistic methods to discover hidden relationships. This in itself is not unusual among researchers yet Mary pushed far beyond comfortable limits. Tension arose as time drew short; I wanted to impose order on her process. I politely told her that I accepted how she had been guided by collage in her process, but the way she had paperclipped things together seemed random and I urged her to put some structure in the draft. Patronizingly, I explained to her what “chapters” were, saying “I am looking for the holding frame that says, in effect, ‘these ideas group together as a chapter called ‘x’, here is an introduction to the ideas contained in this chapter, and this is a conclusion about why I think these things belong together.’ This will go far in creating a sense of understanding in your reader’s mind.”

The chaotic rustling through the scrap box as Mary worked made it difficult to find and maintain a connection. I saw Mary's creative chaos as a problem where perhaps I should have seen it as a vital life sign, the proof of her courageous acceptance of the demands of creative power implicit in her inquiry. I kept wanting to give her advice that would “stick.” One day I even told her in a near rage that she had to stop it and “glue things down” into a final form, after the fourth draft and two weeks before graduation when she had taken the entire thesis apart and reordered it into something completely new and unrecognizable to

me. Only in hindsight did I see that Mary was teaching me something about her remarkable capacity to use her artistic process to sustain an open field of awareness. She was searching for some sort of internal logic and my imposing a structure on it, simply to manage my own anxiety, would have destroyed the integrity of her research findings.

Creative Chaos and the Clash of Worldviews

This fluid stance, which does not accept fixed or reductive causality, preferring “whole galaxies of meaning to emerge from a limited set of phenomena,” characterizes postmodern thinking presently occupying our cultural habitat.² Mary’s worldview, which rejects the idea of a single, universal reality, is part of a cultural “shift to incoherence” that is occurring, where there is no individual essence to which one remains true and committed.³ Mary’s process was tied to a postmodern belief that our present social and ecological disasters cannot be overcome until the worldview that created them is rejected.⁴ Intent on deconstructivism, postmodern artists like Mary carry a profound disenchantment with the modern world. Their preference for freely appropriating, counterfeiting, mixing and re-mixing images violates the modernist view of creativity that is based in innovation, authenticity, and originality.⁵

Mary’s highly relative, fluid process matched the flux of the fragmenting culture in which she lived. As an art therapist she was acutely aware that even though she and her clients didn’t have identical or even very similar life experiences, “the larger, shared events of racism, sexism, terrorism, environmental disaster, mass murder, and war joined them together,” she said, “as global residents and neighbors.” The ideal of continual growth and progress, of reason triumphing over unreason, felt as unreal to her as a happy ending in a movie intent on repressing the reality of evil and despair. The postmodern view in art therapy takes issue with the presumed authority of our educational and clinical institutions while it also rejects simplistic or overdetermined treatment methods that favor a singular view of reality. In its concern for the multiplistic, overwhelming demands of today’s therapeutic workplace, it insists that art therapists cannot responsibly treat the clinical issues of race, culture, gender, and socioeconomic status without including the impact of the outside world on how we construct reality.⁶

The key to the professional survival of creative art therapists in the face of toxic, unstable and overwhelming work environments may well be this creative capacity of Mary's, applied to shaping and reshaping a continuously adaptable therapeutic framework that is comfortable with chaos.

As Mary's thesis advisor, though, I was in trouble: my education and career were founded on modernist ideals rooted in a linear concept of selfhood that linked birth to death as a causal history of consequences.⁷ Mary stood on the other side of the doorway: the postmodern heretic opposed to the notion of a rational intellect that determines and fixes meaning. She was skeptical of universalist ideas that downplay how distinct and different people really are and she was especially suspicious of positivist psychological outcomes linked to categorical diagnosis. She wrote of how insulting it was for her clients to be examined by a physician or psychologist only in the context of their disability, for the singular, narrow purpose of diagnosing a problem or dispensing medication with no attempt made to understand the person. As she put it, even the construct of "change for the better" in the eyes of a physician unfamiliar to the person might not be what the person or family would know as better. Mary saw in the shorthand taxonomy of clinical diagnosis a pessimistic "conclusion or grand narrative about an individual or meaning in his or her life."

As her advisor and supervisor I resisted this invasion of Mary's postmodernism into my authoritative, modernist domain and petulantly questioned whether there were any rules in this game Mary was playing. Negatively, I wondered if she and her clients also experienced each other as surfaces and fragments—as bits and pieces of whole people floating in amorphous, undifferentiated space with little to contain them. Her images and the meaning she assigned to them, I thought, all seemed to "slide past one another, dissociated and decontextualized, failing to link up into a coherent sequence."⁸ So I reproved her, accusing her of having deliberately pulled everything out of the context and jumbled them all up just so the reader couldn't tell which came first, second, or third. "We need the unfolding chronology of time and space to help us find coherent order in our experience," I instructed her, alarmed, as she fluidly constructed and then deconstructed every draft. "We need the structure. *Put it back!*"

I heard my modernist plea for coherence and order in organizing and patterning Mary's lived experience. I had faith in the belief that

people make sense of life by arranging their experiences in sequences across time. But in Mary's world people also arrange their lives as simultaneously presented pictures or compounded "scenes," not linear narratives. Their stories may be a re-assemblage of competing traditions, speaking in any voice that appeals. Their lives may be like the characters in soap operas, playing different parts in different stories, or enmeshed in simultaneous stories. No grand narrative is completed; life simply goes on with minor dramas postponed or abandoned and new stories emerging with each new scene.⁹

The Suffering of Taking Things Apart

In Mary's re-mixed collaging of preexisting images, like the rap music my generation loves to hate, a cyclic process was at work that could be discovered only by first suffering the formlessness of taking things apart. As I witnessed her art-based inquiry unfold, I learned that her worldview was not nearly as chaotic as it first appeared. Neither was it based in cynicism or negativity. Probably I would never have arrived at this subtler understanding of what she was doing had I insisted, as her mentor and advisor, that she bring closure to her inquiry sooner rather than later. Stretched along the continuum of the creative process unfolding are the two poles of deconstruction and reconstruction. Eventually disenchantment is transformed into its enchanted, reconstructed version. I would learn this over and over again as I conducted my own research. Both sides are part of a larger whole.

From her intimate relationship with the materials of artistic inquiry, Mary gradually was able to articulate her work as an art therapist in helping clients bring together the elements of their fragmented lives, lived in constant flux, into something newly whole. Her artistry found value in all the *bricolage* generated, discarded, found, traded, and created in a society awash in excess materialism, technology, and information. Her particular desire, she saw, was to bring the compassion of the art therapist and the focused attentions of the artist to what had been discarded and declared useless. She wrote that while she had been aware of this aspect of her creative process for a long time, she never thought she was making art or that she was an artist. "I was simply reconstructing what had been discarded, making something new from something old, or bringing something back to life," she wrote, since after all, "combining what appear to be unlike things often leads to a

new perspective as the individual while unmatched fragments become transformed into a whole, new image.”

Mary, and other postmodern artists coming of age as art therapists are creating a new art form of social and creative action since they do not view art as a separate enterprise that must be integrated into a therapeutic relationship. But to arrive at this new form, they need to deconstruct some of art therapy’s most cherished ideas in order to see the world anew. Mary wrote:

My responses, while consistent overall, are unique to each person with whom I work. It seems to me there is a continual cycle, or rhythm, of relationship. As an art therapist, skill in remaining fluid enough to allow for differences in relationship while maintaining my sense of self, is an ongoing concern. In this way, I work with the pieces of myself in new combinations or arrangements each time.

Mary was invited by the demands of the creative power that freely flowed within her to take part in her continuous formation, letting it operate and create what it wished of her. Working with Mary was like working with water, in the swirling combinations of essential stuff she was playing into existence and gradually finding coherence. Water has an impressive ability to adapt, to shift the configurations, to change the balance of power, and to create new structures.¹⁰ Water is a unique “process structure” that can maintain its integrity over time without becoming rigid. What drives this organic adaptability seems to be a vital need to flow. It is as though we have within ourselves a river that constantly flows with vitality, whose energies are needed for a creative life lived in motion.

Unfortunately, such relational and process ideas can hardly be said to have penetrated very deeply into the consciousness of our culture.¹¹ A characteristic response to the fluid, chaotic reality of our age is to hammer organization and structure into place through the mechanisms of control, predictability and imposed order. We want to “glue things down” and “make things stick.” Wheatley writes that the organizations and structures we create in this way are based on an underlying fear of things falling apart.¹² We resist the flow of creative power by building dams, locks, levies, and massive containment reservoirs. We manage it through parts, separations, subjects and categories, and complex planning for prediction and control. It doesn’t work, though; the center cannot hold and chaos is loosed upon the world. One only needs to look at the Soviet Union in the late twentieth century to see what can hap-