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## Seeing Beyond the Habitus - on action, art and healing

Tarquam McKenna  
*Edith Cowan University*

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### **Seeing *beyond* the habitus – A conversation on Action Art and Healing**

This paper is written as a conversation had at the ARTCAP Symposium in Perth 2003. It was a conversation that alluded to the imaginal realm and action art therapy as a way into understanding. It is offered as a spoken comment to bring voice to the reader. The format of the paper is such that the reader is encouraged to see it as a series of statements that are a conversation between a group of people. The paper begs questions which are still unanswered.

"It is through articulation...we engage in the concrete in order to change it...articulation is not just a process of creating connections, much in the same way that hegemony is not domination but the process of creating and maintaining consensus of co-ordinating interests" (Slack 1996: 114). A key splintered articulation is "false self-behaviour [which] involves the speaker in not saying what one thinks or believes".

Action methods for the purpose of this talk are the therapeutic field (which reconceptualize the interests of our patients and clients) where we employ rituals that can hold them to a defined, confined or refined in a place of being through **enactment or performance**. I am not using 'drama therapy' as a term nor attending to a definition through 'psychodrama' but I must admit that my commentary this morning is marked by enthusiasm for the work of the psychodramatists around the world, drama therapists and of course my playback life.

The British Art Therapists Joy Schavarién, Michael Edwards and American educator Peter McLaren have influenced my notion of the rendering of being that we will think about this morning. McLaren especially considers the **embodiment of being and performance as ways of being** and knowing. He is implying that the act of doing is as valuable as the act of speaking in making who we believe we are. The visual and kinaesthetic field of performance art has become meaningful for all of us here and today it is the notion performance applied to healing that I want to address. Schavarién writes of the therapeutic space and the art form as talisman. The talisman is a sacred object worn to heal. So there will be some consideration on how the people we work with make art forms and how these people heal in action. Michael Edwards has a place in my mind as he considers how the therapist holds a special place and the art experience (or art work) is an intermediary to the complex healing process.

Additionally the scholar, Judith Butler describes performance as the regulations that prescribe "conduct" where performance and performer is engaged in both the "**circularity of fabrication**"

and self “ **censorship**” (1997:107). In health and education I hear the call that the subject brings into being the ‘care of the self’ and I want us to extend this notion to what I might call self ‘governmentality’ but in so doing I also am holding to the notion of community which might be read as ‘care of the population’ (Ford 1996).

In hospitals, workplaces and social circumstances there appears to be unanimity to ‘embrace inclusion’, but the suggestion of inclusion largely depends on ‘which version’ we might accept. So this morning I will thread the idea of inclusion alongside how the work of action methods can be engaged. **I wonder if many of us have thought on how we usually hear and see accounts of the complicated psychology of privileged white subjects in our therapeutic workplaces?** I acknowledge too that the Indigenous voices and how their art forms have become central to my work. This session then considers how we as a group of people – as Australian art and drama therapists can we decide on which actions, enactments and conversations (or stories) are appropriate? How do we decide which images belong in the therapeutic space? We have said that drama and art therapy are vehicles for healing but there is an implicit moral examination going on and being enacted and it is a plurality of views that I hope to consider in this morning. I want to suggest that we are now obliged to undertake a critical evaluation of the various versions of being in the world that comes with our patients and clients. If we are truly therapists who value inclusivity then the community of minds here today has some serious questions which we must continue to ask. There is a risk that we can become intensely self-consciousness, conditioned to our license, maybe feel fault, perhaps prejudice, and paralysis but as therapists we must make well-intentioned attempts to “de-privilege” ourselves and give voice and presence to others we work with. Many of the issues I raise today will already be familiar to us but it is here that we have a rarefied air to hear the ‘tales of the fields’ of belonging. This is the wonder of this first ARTCAP. A place to look at the landscapes. Perhaps some other questions will inevitably be begged in the context of this conversation, which we will have with you today. I want to try not only to recognize the practice of marginality but also to interrogate the occurrence of our privilege with increased acuity. If we give up on the possibility of such conversations or choose not to have them at all then what could be the alternative?

In a published chapter entitled “Layers of Meaning: Research and Playback Theatre—A Soulful Construct” I attempted to address how Playback Theatre attends to the interiority of people and their inner world. In Playback we might be considered like anthropologists or ethnographers who are faced this problem in seeking to understand the meanings of ‘foreign tribes’. We can emulate these sociological disciplines if we let the truth reside in an interpretation of meanings for the stories we hear. This morning I want to address action methods as a way of knowing the interior world of the protagonist or patient. The protagonists for this community of art and drama therapists might be

a kid in a school, referred to drama therapy; an adult with dementia in a home or a patient in a palliative care context.

The Thursday evening this group were invited by Robyn Bett to ask questions and answer calls for the 'bringing into the light the darkness of being recognized'. We are always as therapists suggesting that a 'problem' can be brought into knowing through recognition. The recognised (*noun*) and the field of interrogation of this morning session is revealed in the life and worlds of the patients and clients in our health and education systems.

In our therapeutic liaisons we are trying to extend the individual by attempting to reach an understanding of these other persons, of stories embodied in the external rituals beyond their illness. Action methods in therapy can be used to construct a sense of purposeful engagement and is a way to develop an 'essential understanding of the self,' by moving beyond a mere 'functional' 'discourse' notion of identity. In this therapeutic work there is a relationship between interiority and artistry and ultimately action methods in therapy can be seen as a way to redress *understandings that we are yet to make*. Most therapists using action methods in their work are yearning for the mysterious stories, the intangible accounts of understanding that have been put upon people. The therapist uses an arts based aesthetic experience to traverse the landscapes of psycho social self and build a richer sense of the self. The therapists in training I know still allude to the 'growth of the self' through this work and I am thankful that they still do that and believe that the art form of drama in action or art therapy is a mode of inquiry that enables a strengthening of the value of the individual and the community in the return to wellness, acceptance, tolerance, understanding and ultimately wholeness.

If many of our patients and clients have been robbed of their true biography, then action method therapy is a way to remember the dismembering. It brings biography, intimacy and what I have written elsewhere as 'soulfulness' together. Action method provides us with an explicit vehicle to reach the community and the individual. Action methods have moments when it attends to collectivity, identity, and ritual, using the drama and theatre methods as a way to life making. The stories in action method are often the journeys towards the realm that hold the patient in their truths which are sometimes 'hidden' to the patient and therapist alike. I hold that each of us is a vehicle for the stories that must be spoken, enacted and drawn as we come to a place of understanding of our varied selves and worlds: we need to view the self as a fluid collection of meanings; the self can and must now be expressed by a commitment to co-operative story making and to multivoiced accounts that are constructed through relationships each of us has with ourselves, others and our world agencies. Action method in therapy then is an occasion to experience a moment or 'memoir'

where in the action method therapies there is a place for the person we sit with whether a patient or client to 'search for grand narratives' which will be enmeshed with personal stories or 'more local, small scale theories' which are 'tales of the field.' (The activity to be used here is authentic movement process.)

The experience for the patient or client in the enactment in action method is not only a retelling, but also an occasion of deeper and fuller knowing. It may be that there is a different consciousness 'raising' as a consequence of this therapeutic art form. Action method therapies are always a ritualistic occasion. In this therapeutic form a human being attends to his or her self and at times to something greater than the self. In educational, psychotherapeutic, social, and community contexts action methods can be engaged as a means of collaboration for entering multiple realities, which can include those beyond the *habitus* of daily life. Action method provides a place for a disciplined approach to artistry, which brings a shaking of our roots, where the action is like a conversation leading to conversion to another way of being, behaving, and gnosis. The telling of the story or a conversation is the first stage of awareness and in choosing to have action engaged the story is told through this active art so that we can see our lives mirrored in the re-actions of others. This representation is both privately and publicly reflexive. Most people who come to a therapeutic mode do so as they yearn for wholeness (conversion) and the action method form is *one* unique representation of this call to wholeness. The action method therapy form becomes then an occasion for the 'fitting together' of lost pieces. I have stressed in the model in the following table that that which is crucial to this therapeutic method is a patient or client's awareness of the group to whom she feels compelled to share her story. As the patient enters into the telling in a confessional or 'profound storied' manner, then she requires others to witness. In witnessing the story, the move towards integration occurs.

<b>Perspective</b>	<b>Drama as Group Therapeutic Action</b>
<b>Focus</b>	Liberation
<b>Vehicle</b>	Connectivity
<b>Clients and Therapists' Intention</b>	To interrogate meaning to deepen personal and collective meanings
<b>Therapist's Stance</b>	Us - Service with Dignity – Client and Therapist are in service to healing
<b>Stance on Knowledge</b>	Co-creational
<b>Procedure</b>	Movement through the action therapy leading toward Integration
<b>Methodological Stance</b>	Transformational
<b>Path to Healing and Understanding</b>	Inter-Reflexivity (Public) Intra-Reflexivity (Private)
<b>Role of Therapy Relative to Our Society</b>	The individual is engaged in imaginative, soulful and emotional knowledge
<b>How Significance is Determined</b>	Witnessing connectivity through intimacy
<b>Group and Individual Therapeutic Results</b>	Invitation to 'Entrancement' and communion
<b>Presentational Form</b>	The praxis – method and theory
<b>Product</b>	Healing Spaces

Table - A Place for Drama as Action

The conversation metaphor does not assume that we can only construct the idea of a self in relation to the reactions of other social beings. Action method is a way of revealing beyond mere reconstructing. Conversation also implies intentionality on the part of all participants, and this is one of the things that makes action method therapies so different from harder more quantitative models — not just action therapy's search for meanings, but also the purposeful and shared revelations of meanings.

In the immediacy of the therapy patients or clients are invited to see their individual and collective lives from a new perspective. Sometimes this conversion brings a total shift, as the self is confronted; other times a softer, gentler transformation occurs, as the self undergoes a subtle metamorphosis. In all instances participants are enticed to a new way of seeing, behaving, and knowing. However, it is the seeing *beyond* the habitus that interests me as a teacher, researcher, and therapist.

Action method therapies offer occasions to develop multiple meanings, the opening up of wider or new horizons, so different to the seizing of the one correct representation to fit a theory. Action therapy is able to move beyond the known horizons to a place where there are other aspects of truth, a place that gives us as patients and community of clients other ways of looking at ourselves.

Given this discussion, questions arise which warrant further examination:

Are action therapies practitioners concerned with the potency of the imperceptible world and the inner culture of people?

Does action method cosmology embrace a strong correspondence between the macrocosm and the microcosm?

Does action therapy embrace "quality praxis," including all dimensions of phenomenal reality?

In action method are both the macrocosm and microcosm lived out through creative endeavour, thereby enabling the community of clients or patient to reflect on a variety of models to interpret their individual and collective 'consciousness' beyond the mundane?

Does action method therapies offer a quest for wholeness whilst not precluding social concerns?

In action therapies are we asked to look at areas of life that are complex central institutions of inner-world views alongside the macro-sociological views?



Can action therapies attend to the manner in which we confer meaning that is expressive of the foundations or *raison d'être* of our inner (micro-sociological) life?

I hold that drama and action therapies can be fully occupied with the present focus, and can at the same time, with sensitive performing, acknowledge the ancestral roots of our contemporary practice. The forms in action therapies fulfil a bonding function that attends to the community of clients. Action within the therapeutic space can be either reinforcing of accomplishments for patient or a reframing of “failure,” or parts of life that may still be unknown in the patient's mind. Action therapies as a voice can be a place for new beginnings or a reflection on memories of the past.

It might not be enough to see action therapies only as a way to know what researchers call cultural literacy or cultural diversity. Action method moves the client to a place of deeper knowing or 'gnosis' that are transcendent to the word or the action. The patient is taken to a place of union within themselves. This self-fulfilment occurs because the intimate, numinous, and aesthetic comes together in this therapeutic art form.

From the table above it can be seen that with action therapies we have an indirect, culturally constituted medium through which this private distress can be viewed or voiced, acknowledged, and potentially both the patient. An intrapsychic reconstitution or transformation occurs for the patient through deepening the level of accessibility to unconscious materials transcending the ordinary sense of self. I have engaged Jo Salas' notion of “entrancement” to consider one outcome of action therapies.<sup>i</sup> Western consciousness is too heavily centred on a rationalizing, abstracting, and controlling ego. Frequently the individual no longer has the ability to perceive other realities. Action therapies can be used as 'gestures of soul'. These gestures of soul are the call to emotional literacy and beyond to moments where there is a sense of ultimacy and consequently soulful literacy.<sup>ii</sup> The path to understanding for the individual is both a private (intra-reflexive) and public (inter-reflexive) process. Indigenous cultures have always had a special, codified, and ritualised awareness of the Self, the archetype of wholeness and the regulating centre of the personality that transcends the ego. Transcendence in the action therapies performance results in a 'communion' or a quality of mutual relatedness based on a co-created relationship.

We are reminded that culture itself is not precisely boundaried and continually evolves.<sup>iii</sup> In this sense action therapies replicates the metaphors and symbols of a culture. The patients and therapists recreate an incomplete, imprecisely boundaried picture, and action method therapies are a reflection, or mirror, of the patient's field of inquiry. In the telling and re-telling of the story a continual transformation occurs. It is as close as we can get to recreation of the world of the patient with attention to his or her interiority. This seems to be the goal of action therapies.

### Action therapies as a Journey Acknowledging Connectivity

Action therapies as a way to autobiography affirms the importance of spontaneity, intuition, and creativity. The strength of autobiography is becoming more apparent as researchers employ this mode of inquiry more frequently. Louise Smith in Denzin writes of biographical methods. Reflecting on her own experiences in qualitative research, she suggests that the autobiography became “the most important experience in my life,” a “turning point.” She considers that autobiography is one of the most rapidly developing and, recently, one of the most controversial forms of research. “Autobiography suggests the power of agency in social and literary affairs... It usually, but not always, eulogizes the subjective, the important part of human existence, over the objective.”<sup>iv</sup> This is another essential reason to include autobiography as a way of recollecting within the framework of action method. Action therapies is by its very nature autobiographical. It is writing your own and often a new story with the attention of the community. The community of clients or patients serves as witnesses to what the patient is becoming in a profoundly intimate manner.

Action therapies closely correlates with heuristics, as it demands the in-dwelling of questions so that answers arise spontaneously and creatively. The emphasis on self-disclosure requires an immersion that is self-searching. The acquisition of personal and public information is created and adds to what is known in the researcher's mind. In action therapies the narrator or patient is always in the patient's chair to spontaneously witness the intuitive and creative interplay. The realization phase in the action itself is the synthesis, which brings a fuller dimension of understanding to community and patient.<sup>v</sup> The patient in this instance may have her epiphany at the moment of performance, or after the event. The ultimate purpose of the performance is to cast light on a focused problem or theme by living through a series of questions internally. It is the patients' task to address sources of being and non-being as the stories are witnessed in their action method. It is the therapists' task to perform from hunches, ideas, and essences as they emerge.

The quality of decisions that will be made in the action therapies performance are constituted by ambiguity, excitement, and agony and require the development of a metacognition which is not built only on factual weight or the theoretical places being created, but rather brings a narrative strength based on rhetorical devices, convincing the community of clients that this is another person's way of being. Action therapies brings the community of witnesses mentioned above to a place where the performance is seen as being totally alive. This aliveness may be a reflection on the past or a moment of insight about the future. Action therapies require that the client and community of clients as participant observers undergo a 'living through' of the concern of the hosting culture (the patient) created inside the performance contract.

We are obliged to consider the art works created in action therapies as reflections of a rich culture and the journeys of our patients as ways into relationship with multiple layers of reality for the community of witnesses. I hope I have encouraged action therapies practitioners to move beyond the post-modern critiques of 'documentary' through this praxis, to move beyond a mere development of a 'sociology of life' or the slice of life approach, and thereby consider action therapies as a means of developing a series of expressions of artistic and soulful engagements.

The quality of relatedness that I have alluded to in this essay requires that we move to a place where we can inquire of action therapies with attention to the depth of interiority, where imagination, mystery, art, poetry, music, and intuition are equally valued. The attention to the deep stories is unique to our research and critiquing of action therapies. Deep stories are unique to the art form of action therapies and are central to its identity. The recognizing of the aesthetic realm which "analyses" truths or "comprehends" from gesture and tone *is more* holistic than a mere scientific propositional mode of knowing. Action therapies are a soulful place where there is a yearning for transcendence alongside a sense of reverence for the mysteries of the performance and the process of art-making.

This talk has considered how silence about diversity and differences flows through our lives. Our task is to describe and define the silences, ignorances and the notions of differences that continue to naturalise the line of exclusion that divide the patients and clients who have 'right' stories from those that have the 'wrong' stories. The more poignant and confessional task is in hearing what maladaptive action has been inflicted on our clients, as they have become the people they are. In effect excluding or silencing any patients and clients from our conversations and their rites of identity along with the failure to treat them with respect appears to me to constitute a violation of justice afforded to all people.

McLaren told us at the beginning of this paper that the body is a way to liberate us from the text and is a cultural artefact . So the patients and clients we engage with produce their own identities , through interactions of flesh leading to meaning for *that* community of patients and clients. Because some of our patients and clients experience other "modes of desire," "modes of production" and "modes of subjectivity" they can become somewhat obscured from each other and from themselves. Regrettably the imposing language of the therapeutic space is not immaterial as can be seen from the narratives of our patients and clients where the practice has been to use language to intensify and enlarges their politics from a **negative** viewpoint. In the main any emphasis on keeping the alienated or excluded client invisible creates a air of narrow-mindedness, intolerance and vilification towards patients and clients who self define as outsiders.

The client who is alienated; self perceiving as being 'operated upon' from a place of censorship; where as subjects they are forced to obey the norms governing what is speakable. Butler refers to this as 'speakability' The consequence of 'not speaking' for our patients and clients is to be enforced to embody the norms of those that govern speakability and "to move outside the domain of speakability is to risk one's status" (Butler 1997:133).

Action therapies research now requires that we attempt to uncover ways to tell some of the hidden meanings beyond classical statements which still use the predominant psychological, social and political philosophies to tell others who our patients and clients are. These ways of understanding conspire to cause these patients and clients to lose their voices (Harter, Waters, Whitesell : 1997). The usual research into concepts of identity especially include narrow samples and a prejudiced focus on the undeviating nature of. The old stories and research seemed to be characterised by a lack of detail to the larger sociohistorical and psychosocial contexts of those who deviate from the norm. The consequence is the minoritising of their identity. As one of the 'others' some of our patients and clients are enforced to the realm of silence or benign acceptance. The alienating of those who do not fit the linear samples of standard research is one premise underpinning this paper and the eventual costs we pay is denial of the self (Eliason, 1996). New stories of our patients and clients must not only deconstruct the "textual" experience of the confining practices of our modern society. Research and inquiry must employ alternative ways to re-invent self knowing - such as art making and other ritual practices briefly mentioned. Only through making visible the others can they potentially reconstruct themselves *in their own ways*. The acts of becoming who we really are is the call of this paper (Heilman, Goodman, 1996).

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<sup>i</sup> See chapter one.

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<sup>ii</sup> See Carroll, *Video Lives*.

<sup>iii</sup> Denzin & Lincoln, Eds. *Handbook*, 407.

<sup>iv</sup> Smith, in Denzin & Lincoln, Eds. *Handbook*, 288.

<sup>v</sup> Douglass and Moustakas, "Heuristic Inquiry," 39-55.