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Gals, guys and gender construction: What's in it for art therapy

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Gals Guys and Gender Construction: What's in it
for Art Therapy?

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M.A. (Art Therapy)**

1994

GALS, GUYS AND GENDER CONSTRUCTION: WHAT'S IN IT FOR
ART THERAPY?

BY

E.A. JEPPE B.A. Dip. Ed.

A Thesis Submitted in Partial Fulfilment of the
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Edith Cowan University

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ABSTRACT

The aim of this thesis is to orient the reader towards an art therapy which is conscious of external dynamics of power in western society. In order to do this it is necessary to look at art therapy in the light of feminism and recent post-modern theories, which include critical theory and deconstruction. Critical theory is a social theory integrating the works of Karl Marx and Sigmund Freud, which when merged with a feminist praxis (the active relationship between theory and practice) provides a method of critical analysis to investigate traditional therapeutic theories which gave rise to art therapy. The established therapeutic theories (for example Psychoanalysis, Jungian analytic psychology, family and systems theories) generally do not examine this culture's issues of power (organized in varying degrees around the four primary areas of class, race, gender and age) in relation to the construction of the individual. A critical analysis enables investigation into not only the construction of gender in society, but also the institutions that maintain and perpetuate oppression. One of the myths of traditional therapy is that it is value free or value neutral. "Value free" therapy functions as a mechanism of social control, implicitly supporting the status quo by "therapising" the client to adjust to or come to terms with the problematic situation. Unless these areas are taken into account, therapy becomes another site of reproduction for inequalities and injustices in society. Strategies of challenge regarding a gender aware art therapy for therapists both male and female will be suggested. There is potential for a socially conscious art therapy, in breaking away from traditional theories, to be in a position to offer a bond between individual insight and external social dynamics.

Power inequalities in society lead those who have little power or control in their lives to suffer from various forms of distress, depression and mental disorders. Because the number of women being diagnosed with mental ill health and depression is more than double the amount of men, and 95% of anorexics are female, this paper will also look at gender construction and women in western society. Working from the principle that the personal is political, the possibility of a gender aware art therapy is examined, in particular for women with anorexia, negative body image and low self-esteem. The nature of art therapy, with its unique image making content, has the potential to generate its own framework and break away from its originating theories which will enable its own wisdom to emerge.

DECLARATION

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature

Date.....15th September 1995

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1. INTRODUCTION

Universalization and evolution go together, writes educational theorist Robert Young (1992). The world now is becoming one world, and the new problems arising cannot be solved by old problem-solving methods. Young writes that it is important to equip people with attitudes and problem-solving powers beyond those taught or offered by the old generation. In the field of therapy recent views on the construction of knowledge and the individual also question old methods. Some therapists now perceive the world and knowledge as being created by the individual's interaction with the environment (Dean & Fleck-Henderdon, 1992). This line of inquiry sees the origins of difference in gender as largely social and cultural, rather than biological. This thesis aims to orient therapists towards an understanding of gender and the implications of gender construction. Research has shown that oppressive and limiting gender roles can lead to the suffering of individuals (Caplan, 1992; Gove, 1980; Kitzinger, 1991; Steen, 1991). Studies have revealed that the subordinate gender (that is, women) suffer depression more than double that of men (Cook, 1990; Gove, 1980; Steen, 1991), and 95% of anorexics are female (DSM 111 1987; Mahowald, 1992; Wolf, 1990). This thesis suggests that understanding the causative effects of suffering will enable the therapist to offer interventions which may not only assist the client but also in the long term affect and change the oppressive system we live in.

Gender cannot be investigated without a corresponding exploration of culture and power, as society is based on the required powerlessness of women (Avis, 1991). With the interest of the art therapist and his or her client in mind, this thesis will explore some recent epistemologies which have been considered relevant to the field of therapy. Social theories looked at, in broad terms, will be critical theory, feminism, and aspects of deconstruction. Post-modern movements of critical theory and deconstruction, integrated with a feminist analysis, challenge established beliefs and attitudes, and reveal society's power mechanisms. These theories will be examined in relation to the social construction of knowledge, and how subjects and disciplines are established. Social conceptions of mental health regarding women and counselling and therapy, including that of art therapy, are examined. Although the sections regarding social construction of knowledge, disciplines and the subject are not all directly related to art

therapy, all art therapy and therapeutic discourse is permeated with the ideology discussed above. No theory is value neutral, and theory that does claim a neutrality indicates a tacit agreement with the status quo. This maintains the established order of domination and subordination along the axis of class, race and gender.

Some therapists are now looking towards a merging of critical theory with a feminist perspective, which enables investigation of external cultural factors as well as the internal dynamics of an individual, in an attempt to understand and treat their client's problems (Alford, 1993; Dean, 1993; Lee, 1987; Fenby, 1991; Hare-Mustin & Marecek, 1988; Lewis, 1989; Richters & Bonsel, 1987; Sipe, 1986). This involves looking not only at methodologies used in therapy, but also involves an inquiry into gender. An investigation of such a kind reveals an asymmetry of power imbued in gender construction. The implications of such power imbalances have encouraged some clinicians to believe it is time to look beyond the personal psyche of an individual in regards to their treatment. An understanding of society's power mechanisms, with its subsequent effects on groups and individuals is relevant in order for therapy to be more than another agent complicit in the reproduction of inequality.

Chapter two looks at the ideology of positivism, how it emerged, and the forces challenging it. Most traditional therapists practice therapy from a positivist standpoint, that is, individuals and their problems are abstracted and removed from their social contexts (Sipe, 1986). Investigations into the covert processes of positivism can prevent this artificial separation from happening. The ideology of positivism (which stems from the 17th century movement the Enlightenment) is challenged because of its so-called "natural" assumptions. Positivism's central tenet is that "it is possible to reflect the world without presuppositions, without intruding philosophical and theoretical assumptions into one's work" writes Ben Agger (1991, p.106). It is this position of perceived neutrality that critical theory and feminism challenge.

The third chapter looks at the epistemologies of feminism, critical theory and post-modernism as effective critiques of positivism. These theories and their practice are also explored as regards their usefulness within therapeutic situations. Political scientist Jane Flax (1987) writes that psychoanalysis, feminist theory and post-modernist theory, while partially constituted by Enlightenment beliefs, "offer ideas and insights ... only possible because of

the breakdown of Enlightenment beliefs". In different ways they have all contributed to an investigation of at least one facet of what has become problematic in this age: gender, knowledge, social relations and culture, without resorting to "linear, teleological, hierarchical, holistic or binary ways of thinking and being" (p. 622).

The fourth chapter investigates gender construction and effects of the gender role on women and mental health, with particular attention paid to marriage and societal roles. Issues of why so many women go into therapy are discussed, and diagnostic methods are examined. The particular emphasis of this paper is concerned with the effects of oppression on women, and areas investigated include why the incidence of women's depression doubles that of men (Cook, 1990; Gove, 1980; Steen, 1991) and also why around ninety-five percent of individuals with eating disorders are female (DSM 111 1987; Mahowald, 1992; Wolf, 1990). This chapter also explores the consideration that gender reflects the persistence of asymmetrical power relationships rather than biological differences (Flax, 1993). Gender is constituted through these asymmetrical dualisms (for example, mind/body, reason/emotion, culture/nature), which are hierarchical and perceived as biological and essentialist. It is important for the therapist to recognize these oppressive differences as cultural and therefore ultimately flexible.

In chapter five, therapy and cultural bias within therapy is examined. Therapies looked at are psychoanalysis, psychology and family therapy, and these fields are found to require "tempering by post-modernist skepticism about essences and unitary or homogenous substances and [require] a feminist attention to gender" writes Flax (1987, p.333). These traditional therapies protect the status quo against attempts to change it, and depoliticize social issues. Psychology is imbued with positivism's highly individualistic philosophy which ignore the power differences in society which shape and maintain gender and behaviour. The therapist here looks for determinants of behaviour from within the individual, with no examination of the client's historical and cultural context, and this view directs attention away from the understanding that changes in society can induce changes in behaviour.

Chapter six looks at art therapy and socio-cultural awareness. The usefulness of merging critical theory and therapy is looked at, and gender aware interventions with art therapy are explored. The aspects of

consciousness raising and empowerment are examined, and suggestions are made emerging from ideas discussed previously in this thesis. This thesis is investigative and provides a perspective for art therapists rather than a specific method of working. Guidelines are offered for an art therapy that does not ignore gender issues and is empowering for women. Chapter seven investigates anorexia from a socio-cultural perspective, and examines possible reasons why anorexics are particularly responsive to art therapy. There has been much research done regarding the negative effects on individuals resulting from various forms of subordination within society, and recent research has led to the conclusion that the problems of depression, anxiety and eating disorders amongst women and girls are due to their position within society. Art therapy has been found to provide a valid form of therapy for these women and girls in the areas of anorexia and body-image problems (Ellis, 1989; Hutchinson, 1982; Kaslow & Eicher, 1986; Schaverien, 1989; Wolf, Wilmuth & Watkins, 1986).

Chapter eight is the conclusion, and this final chapter draws together concepts reached from earlier sections. Here the potential of a gender aware art therapy is discussed, with a focus on the client recognizing the connections between their inner world and the society which constructs our reality.

As this thesis draws from a range of differing disciplines, the following section contains a list of definitions of terms that are not generally found within the field of art therapy.

Definitions

Cartesian Subject: the "autonomous ego", a rational, autonomous individual whose reality is dependent on logic. This notion emerged from Cartesian (Descartes') philosophy (MacDonald, 1991).

Constructivism: a philosophical position (now beginning to be used by some therapists) which challenges the scientific tradition of positivism. Constructivists believe we cannot know reality apart from our interpretations of it; our individual and interpersonal ways of making meaning are situated in larger contexts and come from the social domains of which we are part. Knowledge or mental images are seen as the creations of the observer interacting with the environment. (This is in opposition to the objectivist model, where

the world is composed of stable structures existing independently of the observer. The observer, considered neutral, can discover the "real" world by building hypotheses and testing them) (Dean, 1993, p.128).

Criticism: often used in the colloquial sense of making a negative statement about something (Young, 1992, p.vii).

Critique: "appraisal, identification of both good *and* bad points of something" (Young, 1992, p. vii).

Critical Theory: the theory of critique instigated by the Frankfurt School (see below). A theory guided by emancipatory interests, seeking to combine individual insight or "reflexivity" (the capacity of individuals to reflect on their own histories) with social and political action. Jurgen Habermas (a contemporary philosopher, see below), understood the notion of reflexivity to be an important aspect of social change. The main themes of critical theory are a cultural as well as an economic critique, a strong critique of positivism, and a critical social investigation of domination and emancipation (Marshall, 1988, p.210). Critical theory gave rise to the field sometimes called "psychoanalytic feminism" (Alford, 1993, p.207).

Deconstruction: a term which means, in a broad sense, revealing concepts to be constructs of our culture, and not "natural" phenomena. The term is more directly connected to Jacques Derrida (a French post-structuralist), for whom it refers to deciphering metaphors to expose their unseen logic. This exposure usually reveals a dualism such as male/female, public/ private, head/heart, of which there is always one side dominant to the other (Alcoff, 1988).

Derrida (Jacques) : a French post-structuralist, who uses grammar to deconstruct the subject (Alcoff, 1988).

Descartes: (see Cartesian Subject above) a 17th century philosopher, Descartes wrote at a time in history when religious beliefs were weakening. From his philosophy emerged the notion of the individual as rational and autonomous, whose sense of being relied on logic rather than religion or superstition (MacDonald, 1991).

Discourse: a communicative process inclusive of speech, images, gestures and writing (Dean & Fenby, 1989).

Dualisms: "differences" which emerged and consolidated after the 17th century (see Cartesian Subject), for example, the binary opposites of male/female, mind/body, reason/emotion (MacDonald, 1991).

The Enlightenment: a philosophical movement initiated by Descartes at a time religion was losing its hold. From Descartes' philosophy emerged the concept of the Cartesian Subject and the ideology of positivism. The Enlightenment criticized religious, mythical and superstitious belief systems from the past and argued that it was science which could improve humanity (Fuhrman & Snizek, 1980).

Epistemology: the study of the nature of knowledge; of the conditions under which a knower is justified in holding a proposition to be warranted (Young, 1992, p.vii).

False Consciousness: false consciousness (or internalized oppression) is what causes oppressed groups to lack a privileged perspective on their own oppression, they cannot escape their daily struggle for survival long enough to step outside of it and see how their own actions are contributing to their own oppression (see also hegemony), (Stoecker, 1989). False consciousness is a belief that the existing social system is both inevitable and rational (Agger, 1991).

Feminism: at present there are many different definitions of feminism. In its broadest sense, feminism refers to everyone who is aware of and seeking to end women's subordination (Tuttle, 1986).

Foucault (Michel): a French post-structuralist, who uses the history of discourses to draw out the connections between knowledge and power, epistemology and politics (Alcoff, 1988).

Frankfurt School: a group of European social theorists who in the 1920's developed the social theory called Critical Theory. This theory, driven by emancipatory interests, integrated the works of Freud and Marx in an effort to explain not only external oppression but also the subjective sources of domination, that is, internalized oppression/false consciousness (Harms, 1992).

Gender: gender is a social construct in which society defines the task, behaviours, beliefs and attitudes that become labelled masculine or

feminine, whereas sex is a biological category which refers only to anatomical differences (Lewis, 1989, p.126).

Gender (DSM 111): gender is the private experience of gender role, and gender role is the public expression of gender identity. Gender role can be defined as everything that one says and does to indicate to others or to oneself the degree to which one is male or female (DSM 111, 1987, p.71)

Habermas (Jurgen): a contemporary European philosopher whose complex insights and attempts to reunite theory and practice have generated the reconceptualization of value, knowledge and action. Habermas perceives knowledge as being determined by the interests that underlie it (Fenby, 1991, p.25).

Hegemony: the means by which an oppressed group is led to consent in and comply with their own oppression (see false consciousness). Medicine, the state, the law, the educational system, the media and the family are all institutions producing sense, knowledge and meaning. These institutions are perceived as impartial or neutral, representative of everyone without apparent reference to class, gender or race. Hegemony thus naturalises ideology, rendering it into the form of common sense. This allows for power to be exercised not as force, but as authority (O'Sullivan, Hartley, Saunders & Fiske, 1983, p.103).

Lacan (Jacques): a French post-structuralist who uses psychoanalysis to deconstruct the subject (Moi, 1986).

Logocentricism: a key word of Derrida's, an aspect of the Symbolic Order that he criticizes. Logocentricism is the primacy of the spoken word, which is less subject to interpretation than the written word (Tong, 1989). Logocentricism is an essentialist discourse of hierarchies of difference from which women have in a sense been excluded (Alcoff, 1988, p.419).

Logical Positivism/Logical Empiricism: a philosophical movement combining empiricism and positivism, the scientific attitude, the logical analysis of language, symbolic logic, and methodology (Agger, 1991).

Positivism: positivism (also called logical empiricism) is an ideological movement (emerging from the Enlightenment) that believes scientific certainty leads to human progress. Positivism is ahistoric, and purports a "neutral", quantifiable, objective reality. It is imbued with gender and class bias, and generates elitism (Lee, 1987).

Post-modernism: various movements (for example deconstruction and post-structuralism) which make us aware of connections among meaning, power and language. Post-modernism creates distance from the seemingly fixed language of established meanings and fosters skepticism about the fixed nature of reality. It accepts randomness, incoherence, indeterminacy and paradox, which positivism is designed to exclude (Hare-Mustin & Maracek, 1988, p.461).

Post-structuralism: (sometimes used in the same sense as post-modernism) offers a critique of subjectivity (see deconstruction). The front-runners are Lacan, Derrida and Foucault, whose common theme is that "the self-contained authentic subject", conceived by humanism to be discovered beneath a cultural veneer, is in reality a construct of that very humanist discourse itself (Alcoff, 1988). Lacan uses psychoanalysis, Derrida uses grammar and Foucault uses the history of discourses "all to attack and deconstruct our concept of the subject as having an essential identity and an authentic core that has been repressed by society" (p.415).

Praxis: the active relationship between theory and practice (Lee, 1987).

Reflexivity: the capacity of individuals to reflect on their own history (Fuhrman & Snizek, 1980).

Reify: to think of in a materialistic and absolutist sense (Stoecker, 1989).

Subject: this word has a dual meaning: either simply an individual, or an individual under the authority of another. For the purposes of this thesis the word "subject" is used in the second sense, as this interpretation ascribes it with the sense of being an agency of potential resistance.

Telos: a guiding interest (Luepnitz, 1988).

2. POSITIVISM

Positivism (also called logical empiricism) is an ideological approach stemming from the Enlightenment, a philosophical movement which sought to debunk mythology and superstition. Agger (1991) writes that positivism itself, however, is seen by the critical theorists as having emerged with its own mythology. He writes that positivism has become "a new mythology and ideology in the sense that it fails to understand its own investment in the status quo [through positivism] people are taught to accept the world 'as it is' thus unthinkingly perpetuating it" (p.109). Positivists believe truth is observable, unverifiable statements are opinions, and that any statement that cannot be proven analytically lacks value. Positivism entails the formulation of laws and predictions about events according to external objective views by purporting a supposedly "value-free" relationship between research subject and object, and believes scientific certainty leads to human progress.

The ideology of positivism eliminates the ability for individuals to construct alternative thoughts about society, and the method in which people are to organize it. Agger (1991) writes that positivism functions ideologically as it gives rise to passivity and fatalism. It excludes reflection on the interests guiding knowledge and social inquiry (reflection being the capacity of individuals to reflect on their own history). From this, Howard Ross (1992) notes, it follows that positivistic ideology is virtually unable to reflect on or understand the constitutive role of the individual in the creation of knowledge and facts (p.67). Some consider the empirical and positivist practice to be most likely to result in ethical practice, as the methods used would have been empirically tested. Ruth Dean and Barbara Fenby (1989, p.48) offer a quote that voices the positivist belief: "intervention theories that do not lend themselves to empirical specification are of questionable value for a scientific profession" (Briar, 1979).

A critical analysis reveals how positivistic traditional theory (and this includes therapeutic theory) is a site of reproduction for power imbalances in society, as positivism propogates class bias and elitism whilst posing an objective reality (Lee, 1987). Positivism and analytic science came under question in the late 1960's when the whole establishment was questioned. Although some changes were made in certain areas, the ideology of positivism and empirical analysis remain powerful and still have a

stronghold in many areas including the social sciences. The ideology of positivism is discussed further on in this thesis regarding therapeutic theory, where it is argued that no theory is value neutral, and theories claiming neutrality are tacitly reinforcing the status quo.

Descartes and The Enlightenment

The ideology of positivism can be traced back to the philosopher Descartes when he put forward his writings on the Enlightenment. This was an era in history when religion and religiously sanctioned social hierarchies had lost their hold, and Descartes sought to reestablish the subject's self-certainty by asserting the ability of subjects to reason their own existence, hence the terms "autonomous ego" and Cartesian subject. The Enlightenment sought to remove religious, mythical and superstitious belief systems from the cognitive realm, however the ideology it generated, positivism, emerged with its own mythology.

Cartesian philosophical assumptions arose from Descartes' writings. His philosophy gave rise to the notion of the "autonomous ego" and hierarchical and limiting binary opposites (see dualisms below), which are generally taken for granted as "essential". A Cartesian subject is a person assumed to be rational and individualistic, acting according to the principles of autonomy and reason in the public world, and whose existence is dependent on logic (MacDonald, 1991, p.14). Critics of this movement and the positivistic ideology that it generated perceive the essentialist Cartesian subject as male, white and from a socially privileged class (MacDonald, 1991). Critics also point to Descartes' lack of attention to the concrete social relations which construct the subject. Descartes philosophy strove to reestablish the individual's sense of self and containment (in a climate of fading religious faith), by contending that logic and reason can ascertain one's own existence. The Cartesian mind is supposed to transcend bodily differences, in Descartes' mind/body dualism a "a self-contained intellectual substance causally interacts with the body" (Lloyd, 1989). The split between the mind and body led to further oppressive dualisms perceived as biological and essential.

Dualisms

Dualisms are socially generated "differences" which emerged along with the notion of the Cartesian subject, for example: male/female, mind/body, reason/emotion. Gender is constituted by the circular logic of these hierarchical dualisms (this is elaborated in chapter four on gender), with the female always the lesser side of the male (Flax,1993). The gender polarity of male/female is steeped in what Barbara Marshall (1991) defines as "biological essentialism, philosophical essentialism and historical reification" (p.177). Kay Salleh (1981) writes "Cartesian dualism ... [with its] epistemological split between subject and object would pave the way for detached rational manipulation of the objective world, and the concomitant cleavage between spontaneous sensuous self and reflectively controlled self exacted its price in a brutalisation of the modern sensibility" (p.7). This aspect of the split between mind and body is explored in other sections, particularly the section on anorexia and art therapy.

3. A BRIEF OVERVIEW OF CRITICAL THEORY, POST-MODERNISM, AND FEMINISM

As educational theorist Robert Young (1992) notes, the term "critical theory" presents problems as it is widely misunderstood. He suggests the term "theory and practice of critique" would be a far more acceptable name, however that would mean abandoning a term used for more than seventy years.

Robert Sipe (1986) writes that to some extent we all share a capitalist consciousness, composed of authoritarian, class-ridden, racist, sexist, and status oriented attitudes and behaviours. Sipe believes that we need a therapy that can transform that internalized oppression, a therapy that "recognizes our latent powers and engages our energies in self and social transformation" (p.64). Poverty, sexism and racism cannot be eliminated through "good vibes" and spiritual awareness. Sipe writes of psychiatrist Claude Steiner's "radical therapy", a therapy which employs radical political analyses of internalized oppression of such things as racism and sexism. Steiner (in Sipe, 1986, p.66) defines three main principles of radical therapy. The first principle is that in the absence of oppression, humans will, due to their basic nature to preserve their species, live in harmony with one another. The second principle is that alienation is the essence of all psychiatric conditions, apart from those which are clearly organic in origin. The last principle, Steiner writes, is that all alienation is the result of oppression about which the oppressed has been mystified or deceived.

Sipe writes that it is often difficult to know what mystifies or oppresses us. He puts forward the question - how are we to understand "oppression" in terms of the connection between external factors to the internalized oppression within our psyche? He believes that a promising avenue of development lies with critical theory and post-modern theory as both deal with the concept of false consciousness, as do the psychoanalytic feminists. The complexity and diversity of these theories on the construction of knowledge are beyond the scope of this thesis. With a focus on therapy, therefore what follows are brief interpretations of these sometimes merging and very complex theories, integrated with a perspective on therapy.

Critical Theory

Frankfurt School

Driven by emancipatory interests, critical theory originated with the Frankfurt School in Germany in the 1920's, with aims to develop a critique of positivist dogmatism in the social sciences, which involves the investigation of power hierarchies in society. Critical theory sought to encourage dialogue between people and the society they collectively create, and which thus acts back and constrains their individual lives, writes John Harms (1992). The Frankfurt School members (originally Pollock, Lowenthal, Horkheimer, Marcuse and Adorno), were intent on attempting to understand not only how domination and subordination worked through external mechanisms of society, but also how the psyche of the subject (the individual) is affected by these power mechanisms. The Frankfurt School was the first to integrate the writings of Karl Marx with the psychoanalytical theories of Sigmund Freud, in an effort to explain internalized oppression, or false consciousness. Unlike traditional social theory, critical theory attempts, through the power of self-reflection, to "go beyond or explode the contradiction of present reality" (Fuhrman & Snizek, 1980, p.43).

Jurgen Habermas

Jurgen Habermas is a contemporary European critical theorist, whose complex philosophical writings attempt to unite theory with practice regarding the emancipation of individuals across the axis of class, race and gender. Fenby (1991), writes that the influence of the critical theory of Habermas has been widespread among social theorists and philosophically grounds the work of action theorists (p.25). Habermas has explored the limitations of the rational, empirical, positivist approach, which he terms technical rationality. He believes the limitations of this approach lie in the reduction of moral questions to technical ones, and also in the disregard of complex social change which cannot occur by the positivist approach (Fenby, 1991, p.26). According to Habermas, we live in a world of "ideological distortion that controls and subverts our own repressed needs for truth-speaking" (Fuhrman et al., 1980, p.38). Habermas believes that "the pathologies of modernism" stem from the differentiation and splitting apart of what he terms the "life spheres" of science, morality, art and language,

and the underdevelopment of the three last areas (morality, art and language), notes David Ashley (1989, p.486). An overdevelopment of the sphere of science by cognitive-instrumentalism would lead to a deformation and underdevelopment of areas within it, and applying the same positivist theories would lead to "irrationality and retardation" within the life spheres of morality, art and language where such cognitive-instrumentalism is inappropriate (p.487). Habermas stresses the importance of self-reflection (reflexivity) regarding the meaning and understanding of knowledge. He believes without self-reflection knowledge itself is irrational. He goes on to distinguish between nontherapeutic self-reflection and therapeutic reflection in Fuhrman et al. (1980). Generally, therapeutic self-reflection is a more profound understanding of how the subject (the individual) is formed, and how this "forming" or construction ideologically determines our behaviour and views of the world. Therapeutic self-reflection is a telos (that is, a guiding interest), for the construction of social theories which consider not just social life but also the "ends" of theories as well. Therapeutic self-reflection successfully results in "insight which satisfies not only the conditions of the discursive realization of a claim to truth, but also satisfies the condition of the realization of a claim to authenticity, which normally is not to be attained discursively at all" (Habermas, 1974, p.24, cited in Fuhrman et al., 1980, p.43). Nontherapeutic self-reflection would be more like a rational reconstruction of a set of rules which remained hidden from the individual, thus endorsing the status quo.

Fantasy and Imagination

Fuhrman et al. (1980) write that the power of self-reflection suggests the importance of aesthetics and imagination or fantasy in the construction of critical theory. Weber notes that the aesthetic experience refers "directly to a model of the ideal reciprocal relationship between subject, others, and object; and both intervene directly on behalf of potential wholeness and autonomy" (cited in Fuhrman et al., p.43). Critical theory has much in common with imagination and fantasy as both seek to provide an image of the future. Fuhrman et al. write that fantasy not only holds the goal (emancipation) up to view, but can also provide an escape from the past and the present. There is obvious potential here for art therapy, and this aspect is discussed further in chapter six, in the section on art therapy.

Summary of Critical Theory

Critical theory looks at all forms of exploitation and domination, but unlike traditional theory its goal is not simply explanation or interpretation, but rather emancipation. The focus on distorted or false consciousness suggests that one of the major problems in modern society is "subjective" thinking (as opposed to reflective thinking and ways of knowing). Unlike other social theories, critical theory exposes its own interest and makes it known, that is, it is reflective. It emphasizes the significance of imagination and fantasy for the construction of social theories, as this allows for the thinking of what has not been thought, thus providing for a possible expansion of human organization (Fuhrman et al., 1980, p.49).

Challenges to Critical Theory

There have been criticisms and challenges to critical theory. Randy Stoecker (1989) in his paper *Critical Theory and Feminist Praxis* believes the four main problems are the following. Firstly, that the critical theory was produced from thought and not action, in that the theory was constructed in isolation from the everyday life of oppression. Secondly, the theory is not constructed by those in whose interests it is produced. Thirdly, by writing theory in isolation from oppression, critical theory reified social structure and culture. And finally, because culture and social structure were reified, they theoretically "denied any hope of change by refusing to recognize attempts to resist structure ... [critical theory] lacks utopian theorizing which can guide action" (Stoecker, p.344). In other words, there was no sense of a utopian vision, critical theory did not provide a practical program which could work towards a different reality. Another important criticism focusses on the lack of attention to gender, as despite the intent of the critical theorists to investigate all forms of oppression, very little attention was paid to gender issues (Fleming, 1990; Marshall, 1988; Stoecker, 1989). These challenges are taken up in the following section regarding the integration of various views on the construction of knowledge.

Critical Theory, Feminist Praxis and Therapy

There is now a growing number of therapists, both men and women, who are of the view that knowledge is socially, historically and culturally situated. They feel it is necessary to look beyond established theories which

support the status quo, and incorporate an ideological perspective into their practice and theory that addresses realities of poverty, oppression and power. Critical theory has been deemed lacking in the areas mentioned above. Integrated with a feminist praxis however, there is the potential for merging theory with action, writes Stoecker (1989). A feminist praxis includes the concepts of consciousness-raising, utopian theorizing and action-based theorizing, which are discussed further in chapter six. For therapists to develop an informed perspective regarding oppression, there is a need to be aware of the traditions of social science theory and the recent trends in philosophic thought. This is relevant for all art therapists, especially those concerned with client's issues that could possibly be gender-related, that is, emerge as a result of the gender role. Examples of these issues for women could be depression, anorexia and negative body image.

Feminism and Critical Theory

Feminism is a perspective for ordering social reality, and is also a political theory which advocates social and political activism writes Dr. Janet Lee (1987). It attempts to analyse women's oppression and its relations to other oppressions along the axis of race, class, age and sexuality. Generally the aim is to improve women's condition in society. Feminism has developed practical programs for social change whilst drawing on Marx, the Frankfurt School, Habermas and Freud, which, in merging action with theory, has attempted to offer more practical solutions. The psychoanalytic feminists who draw upon psychoanalysis to explain subjective sources of domination are the true legatees of the Frankfurt School's integration of Freud and Marx, writes psychologist C. Fred Alford (1993). This is echoed by Harry Brod (1988) in his book *A Mensch Among Men, Explorations in Jewish Masculinity*, when he suggests that "much of the most innovative feminist theory has emerged from the synthesis of psychoanalysis and Marxism" (p.13). Jeff Hearn (1989) writes that this synthesis is a clear link with the project of critical theory (p.675).

Feminist theory, unlike critical theory, is inherently utopian, ultimately driven by (to do it injustice but to put it simply) a concept of gender equality. A therapy where the therapist incorporates an understanding of power and oppression into his or her knowledge and attitude is necessary as this allows for the therapist to become an agent of social change and not simply an agent for the perpetuation of oppression.

A critical theory approach focused within the parameters of a feminist analysis enables the unmasking of power relationships inherent in the social values of class, gender and race. As Lee (1987) notes in her paper *The Radical Potential of Social Work: Integrating a Feminist Critical Perspective*, a feminist analysis is a critical analysis. However (outside of this paper) a critical analysis (and this includes critical theory) does not necessarily include feminist insights. "As such, a feminist critical approach embraces and goes beyond critical theory" (Lee, p.29). The post-structuralist and feminist movements in general are involved in the deconstruction of the subject, and in the investigation of power imbalances. For the purposes of this paper the term "critical analysis" indicates an interpretive outlook that utilizes a merging of critical theory with feminism.

Betty Friedan (1963) writes in her classic text *The Feminine Mystique* how in the early sixties, groups of women began to group together to discuss, with quiet desperation "the problem" (p. 15). This was the beginning of consciousness raising groups, and Stoecker (1989) describes these stirrings not as an actual critical theory in the traditional sense, but a critical praxis, out of which came common meaning from individual despair. Stoecker writes that these women were compelled to find original ways of understanding their common suffering, and "in fact had to work against psychological theories which individualized their collective suffering" (p.350).

So feminism, unlike critical theory, arose out of the interaction and action of those who were suffering. Understanding did not come from a packaged deal offered by outsiders who were not experiencing the detrimental nature of society. The theories of feminism arose directly from those who were suffering the effects of an oppressive society. Catherine MacKinnon (1982) writes that feminism is the first theory to emerge from the experience of the group in whose interests it is developed, and the method of theorizing is consciousness-raising. She notes that this method dissolves the split between experience and theory. MacKinnon writes that a "feminist method is consciousness-raising: the collective critical reconstitution of the meaning of women's social experience, as women live through it" (p.543). Stoecker (1989) contends that consciousness-raising has great potential for use by therapists and their clients, and this is discussed in detail in chapter six on art therapy and socio-cultural awareness.

Critical Analysis of Knowledge

Lee (1987) believes there are three interrelated propositions central to a critical analysis of knowledge and the world. The first is the social construction of knowledge, the second is a perspective which sees all social life as a dynamic process of becoming, and thirdly, that science is a method of self-conscious action. For a therapist (acting as agent of social change rather than as maintainer of the status quo), all the following speculations would be relevant, but most attention will be paid to the first proposition as this has relevance for art therapy in regard to women.

Regarding the first proposition, the social construction of knowledge, Lee writes that knowledge is a product of a socio-cultural context, at a specific time. The process of interaction creates subjective definitions, which provide the basis for reality and forms of knowledge. An androcentric (male) interpretation of history and reality by the conflation of "male" with "human", and the objectification of women as "other" has "allowed certain groups to construct reality and provide explanations of ultimate meanings" (p.29). That is, meanings of a hierarchical order, with essentialist tenets which place these meanings beyond critique. Lee believes an understanding of this is crucial, as is a commitment to change. An implication of feminism is the valuing and affirmation of women, whilst rejecting culturally constructed images and accounts of women. These are valid notions for art therapists whose clients suffer from, for example, depression or body-image problems, and this aspect is investigated further on in this thesis. This androcentric ordering of reality has determined society's dominant cultural perspective. Lee writes that this perspective involves binary thinking, "the creation and polarization of categories into hierarchical properties, and the dichotomization of human nature into 'masculine' (instrumental) and 'feminine' (expressive) components" (p.29). Artist Jyanni Steffansen (1994) refers to these dualisms as illegitimate fusions that are ethically unproductive from those that are critically speculative. These socially generated opposites stem from the previously mentioned Enlightenment philosophy, which separated mind from body, and from which present gender constructions developed.. These "illegitimate fusions" are of relevance for art therapists attempting to understand their client's psyche and internalized stereotypes, particularly with anorexics. This is discussed further in chapters four (regarding gender construction) and seven (regarding anorexia and art therapy).

The second proposition of a feminist critical approach sees social life as that of people creating their own history, while at the same time being conditioned and constrained by (covert) established power relations. Conflict and power are involved at the interpersonal and the external levels. Biological categories male and female are transformed or constructed into the genders of women and men, which are hierarchical and asymmetrical.

The third proposition is that science is a method of self-conscious action. This involves a feminist critique of positivism (or scientific objectivity) which it views as essentially androcentric. The universality of knowledge, which is how positivism views itself, is critiqued, exposing its androcentric value orientations and bias. Here Lee writes that since social science knowledge (which includes therapy) is composed through values and goals of groups (usually consisting of privileged, white males) a feminist critical analysis attempts the self emancipation of minority groups which presently experience oppression, along with the cultural eradication of sexism and racism (Lee, 1987, p.30).

Post-modernism and Deconstruction

Post-modernism (which includes deconstruction) reveals connections between meaning, power and language, write psychologists Dr. Rachel Hare-Mustin and Jeanne Maracek (1988). Representations of gender in therapies obscure both men and women from the uncomfortable recognition of inequality. Deconstruction brings attention to hidden meanings in culturally embedded metaphors, and the authors write that applying deconstruction to the discourse of therapy reveals how metaphors can simplify gender by "obscuring and marginalizing alternative meanings of gender". A post-modernist viewpoint offers no single "correct" view of gender, but many views that present certain paradoxes, and allows us to see that as observers of gender and culture we are also its creators (Hare-Mustin & Maracek, 1988, p.462).

The article *Exploring Epistemologies: Social Work Action as a Reflection of Philosophical Assumptions*, by Dean and Fenby (1989) is relevant for art therapists inquiring into the recent philosophical trends of critical theory and deconstruction. The paper is geared towards educators of therapy, but contains informative and constructive suggestions for all therapists including art therapists. The authors apply the frameworks of

deconstruction and critical theory to their practical work, as they believe that the actions of clinicians reflect the philosophical assumptions of their underlying method of knowing, be it consciously or unconsciously. They believe clinicians need to examine the epistemologies that inform their own views of practice and research. This places the client's (and the therapist's) behaviour within the context of the sociopolitical environment in which it occurs, thus allowing for an attitude of reflexivity with therapeutic interventions.

The authors discuss Schaefer's use of the word "fiction", which he proposed to refer to "an organized set of beliefs and a corresponding way of defining facts" (Schaefer, 1979, cited in Dean et al., 1989, p.47). Schaefer writes that when fictions crystallized into unchangeable assertions about reality, they become myths. The field of therapy has over the years been steered by many different fictions (for example psychoanalysis, psychology, family systems theory), and without examining these fictions (that is without incorporating a reflexivity) there is the danger of them becoming myths, resulting in a rigidity of practice. Dean et al. also term the recent theories of deconstruction and critical theory fictions in Schaefer's sense, that is, both theories contain an organized set of beliefs, and a way of defining facts which corresponds to that set of beliefs. They utilize critical theory and deconstruction to investigate social work theories.

Therapy and Recent Critical Theory

Jurgen Habermas' recent critical theory strives to combine individual insight with social and political action, and there are potential connections between critical theory and therapy (Hare-Mustin & Maracek, 1988; Lee, 1987; Richters & Bonsel, 1987; Sipe, 1986). Therapists are in a position to guide clients to critically reflect on their lives and actively change. Although Dean et al. (1989) note that critical theorists have long advocated individual and social action, links between critical theory and professional action have only recently begun to develop. The authors write that in traditional psychodynamic models, social change and individual insight do not mix. Therapists have been unwilling to assist or guide clients in their quest for social change, as there was "widespread concern that therapist activism would contaminate the treatment and have negative transference implications" (Dean et al., 1989, p.53).

Deconstruction

The theory of deconstruction emerged as theorists "proposed that metaphysics could not be brought up to date as it was based on mistaken premises about the nature of reality; therefore deconstruction was necessary" (Giddens, 1985, cited in Dean et al., 1989, p.51). Deconstruction directs the individual to explore and consider limitations of any theoretical position through the exploration of language and culture, and the insistence on the subject (the individual) as an agent of discourse (p.51). The theory of deconstruction examines all existing discourse and structures which exclude the marginalized voices at the boundaries of groups without power (for example, women, people of colour). Generally, deconstruction is a conflict theory that assaults those in positions of dominance, and has come to mean "the exposure of a concept as ideological or culturally constructed rather than natural or a simple reflection of reality" (Alcoff, 1988, p.415).

Specifically the term is associated with Derrida, for whom it refers to the process of unravelling metaphors to reveal their underlying logic which usually consists of a simple binary opposition, for example man/woman, subject/object, fact/feeling, head/heart. Alcoff writes that Derrida has demonstrated that within these dualisms there is always one side superior to the other, such that there is never any pure difference without domination. Psychologist Arnold Mundell (1992) writes: "cessation of the male/female battle can only happen when there is global appropriation of all minority groups; ... when there is neither male nor female, neither Yin nor Yang, just the awareness of change - where we avoid categorizing and typologizing, and understand people as eternally changing" (p. 123).

Dean et al. (1989) write that deconstructive theorists claimed "any myth whether Freudian, object relations theory or Marxist, represented a power position that defined the discourse between the signifier [for example Freud the clinician] and the subject - the signified [for example the client]" (p.51). The signifier within this discourse (Freud) defined the subject (client), which therefore was transformed into an object. This parallels the power position of male and female, where the male (the signifier) defines the female, the subject (the signified), then transforms into an object. This process is demonstrated when John Berger (1972) writes about women's objectification. Berger notes that women can be treated by men according to how they appear, and to gain some control over this, women interiorize this process. Berger writes that women appear, and men act. "Men look at women,

women watch themselves being looked at" (p.47). Relations between men and women are determined by this, and also how the women relate to themselves. The "surveyor" of the woman in herself is male. Not only does the woman become the subject (the signified) and is objectified through the male surveyor, but also she turns herself into an object by becoming the surveyed female through her own eyes.

Deconstruction brings attention to ossified theoretical positions that have achieved dominance. Christina Zwarg (1988) writes that "deconstructionists, following the lead of Jacques Derrida, have put 'woman' into discourse in order to reverse and ultimately displace the metaphysical tradition" (p.129). There have been challenges to deconstruction however. Anthropologist Malla Stevens puts forward the following criticism: "The ... proclaiming of the death of the author looks very suspicious coming at a point when the white male cultural elite was beginning to have to share its status with the women and the peoples of other races and cultures" (in Grieve & Burns, 1994). None the less, post-modern movements can still be used to deconstruct constructively, particularly within the field of therapy, as deconstruction constantly questions the power position of any one way of perceiving the world and attempts to provide a voice for those that have been marginalized. It is in this sense and for these groups that art therapy can provide a "voice". An art therapist with an understanding of the cultural processes of domination may be more able to guide his or her client towards a self-knowledge that could lead to new transformations. This aspect is explored in chapter six in the section on art therapy and socio-cultural awareness.

Summary of Overview of Critical Theory, Feminism and Deconstruction

To sum up, having briefly looked at the areas of critical theory, feminism and post-modernism, and with possibly a more thoughtful understanding of the cliched slogan "the personal is political", the art therapist can more fully realise the term's consuming implications. Personal issues have political and cultural causes and consequences, and an understanding of institutionalized oppression is important. Blaming the individual (that is, implicitly, not explicitly, and sometimes disguised as medical interpretation), which has been the case of most traditional therapies, is now reexamined in the light of the above epistemologies. In clinical practice, the therapist is in a position to facilitate individual empowerment with their

client. This concept of empowerment is important for the art therapist and is discussed in length in the section on art therapy and socio-cultural awareness. Sipe (1986) believes that personal power or empowerment, when integrated with an understanding of oppression, could lead to what he terms effective psychosocial praxis. F² contends that a realization that unmet needs could be fulfilled is a precondition to mobilizing for social change (p.63).

Annemiek Richters and Eduard Bonsel (1987) write that critical analysis has revealed that "the fiction of a unified meta-subject of history has expressed the tacit hegemony of white, heterosexual, patriarchal males; [and] a complex of intricate presuppositions ... used as a background for professional advice". That is, history, and thus theory, produces positivistic and androcentric notions that, through hegemonic processes, are placed beyond critique. The authors write that the therapist should be made aware of these presuppositions, and they continue: "In how these presuppositions are demonstrated and legitimized, there lies of course a tale, but it should not shun us from exposing their true nature" (p.92).

4. GENDER

Gender is conceptualized as a principle of social organization that structures the relations, especially the power relation, between men and women. (Crawford & Maracek, 1989)

Gender construction results from regarding designated behaviours, attitudes, and feelings as appropriate to only one sex, these differences then being perceived as real and natural, rather than socially shaped. By contrast, "sex" is a biological category referring only to anatomical differences. Gender role stereotypes have a profound effect on the construction of the individual, on the way they act, react, and interact in our culture. The therapeutic process is reflective of the broader social context, and both therapists and clients are affected by societal gender role stereotypes (Kaplan, 1979).

Flax (1993) writes that humans are not a closed system where there is a clear and defined set of isolated and independent influences which are identifiable. The extreme complexity of humans makes it impossible to render definitive statements about a basic human nature. Flax notes the paradox when she writes "the categories we use to conceptualize ourselves are themselves our constructions and hence to an unknowable extent bear the traces of all that we are trying to isolate or explain" (p.337). She believes that theories of subjectivity (construction of the individual), need to be flexible, and there is no absolute correct theory, but rather that some are more adequate than others by the fact that they leave space for the complexity of the subject.

As this paper is in part looking at women and mental health, it is necessary to look beyond the internal psyche of the individual and begin to explore external socio-political aspects that leave an imprint on the psyche. (There is some recent research on gender and men; however, for the purposes of this thesis research is concentrated primarily on women). In looking at women and their position in society, it is important to investigate not only how a woman is supposed to "be", but also how the construction of the gender identity "woman" serves to reproduce that system with its inherent power imbalances. This is an extremely complex and multifarious area and it is also important to recognize that women's lives are shaped by ethnicity and class, as well as gender. Sociologist Dr. Karen Pugliesi (1992) writes that "sex differences in distress vary by race and by class within race groups, and

that sources of distress varied by class and race" (p.51). More research is needed on the impact of intersecting social positions, and an analysis of that extent is beyond the scope of this thesis. For the purposes of this paper therefore the following is a brief investigation of the social construction of gender. A knowledge of gender construction is important for the art therapist so he or she can gain a clearer understanding of a client's distress. In this way the art therapist is in a position to effect some deeper understanding within the clients themselves. This in turn presents the possibility of the client creating a greater change within their environment.

A critical analysis reveals that power structures are rendered invisible and maintained through the process of hegemony, which is the means by which an oppressed group is led to consent and agree with the system that subordinates them. Through institutions and forms taken to be impartial, (for example medicine, the law, education, the military, science), hegemony naturalizes ideology rendering it into the form of "common sense" just as the gendering of the male and female individual into masculine and feminine is perceived as natural and normal. Once naturalized, the area is beyond discourse and not accessible to rational questioning; the cultural aspects of life are depoliticised. The hegemonic and covert effect of power in our culture which produces gender and class, and "classifies" race, undoubtedly effects the formation of an individual's psyche. Only recently within therapeutic discourse have a few therapists and theorists begun to take these areas into consideration. The limitations of gender construction diminish in some way the psyche of both male and female.

Socio-economic studies have revealed that the sex-gender system is connected intimately with a society's economic and political factors, and that women's condition in her culture is largely dependent on the nature of that society's economy and power structure, and on her role within them. The construction of gender, and the asymmetry that is imbued in all gender systems cross-culturally (in various ways) is contingent to the organization of social inequality, according to feminist writer Teresa de Lauretis (1987). De Lauretis writes that: "The cultural conceptions of male and female as two complementary yet mutually exclusive categories ... constitute within culture a gender system, a symbolic or system of meanings, that correlates sex to cultural contents according to social values and hierarchies" (p.5).

Women's knowledge that they are valued by how they appear effectuates their sense of self, body image and role. The engendering of women's

psyche (and thus the negativity towards the body/self) can be educed by examining kinship systems. This can assist in the understanding of male and female gender construction, and how sexuality is organized. The anthropologist Levi-Strauss ascribes three systems of exchange to culture: signs (words, meanings), goods, and women (cited in Cowie, 1978). The understanding of women as a commodity in an exchange system leads us to a greater understanding of women existing as the negative, or "other". As Flax (1990) writes, the essence of kinship is the exchange of women among men, and the incest taboo, Lacan's concept of the "law-of-the-father" is a means of regulating this trade. Lacan, like Freud and Levi-Strauss, believed the internalizing of the incest taboo to be the founding act of culture (p.99). (This parallels the "overcoming of instinct" which is generally understood as the origin of culture). External forces are required to rend the powerful precultural bonding of mother and child. The son's erotic tie to the mother must be broken to seek an outside wife. Alliances (Flax continues) are formed between family groups through the exchange of women. These groups then form into larger social groups governed by phallogocentric kinship rules. The understanding of women as an exchangeable commodity within this system, leads to a greater understanding of women existing as the negative or "other" outside the system, and the effect this has on the psyche.

A critical analysis incorporates the notion of the subjectivity of the individual into psychoanalysis. This approach can assist in unmasking the conditions behind the existence of the conflict many women feel between the self and the body, which then engenders a split within the psyche. Women as object or commodity within an exchange system are positioned as the "other", the negative, outside the system. This negative positioning of women has relevance firstly to how they perceive their role in society. On a deeper and more fundamental level it also affects the construction of their sense of self and their sense of body image. The construction of the psyche, or the "subjection" of the individual to culture, is an important aspect of a feminist critical analysis. When women are positioned (through the subtle powers of hegemony) as products of exchange, the individual is depersonalized and women have the negative status of "other". Anything that consolidates a definition does so by excluding various kinds of "others". In the case presented here, (that is, woman as "other"), the sign "man" (the norm) is perceived as history-transcendent, which is consolidated as truth by the exclusion of the sign "woman" (the other). In other words, patriarchal

values normalize phallic power. (The phallus is a symbol of masculine power and dominance in western culture, however it has not always been viewed this way. In mythology and folklore there are benevolent phallic images that are thought of as instruments of fertility and nurturance associated, like the female, with the earth, seed, growth and rebirth. The archetype of the Earth Father, one who nurtures and cares for growing entities, is not a strong archetypal force appearing in western society. Rather it is the archetype of the Sky Father, who stands for separateness, adventure and power. See *The Father Mythology and Changing Roles*, by Colman & Colman, 1988).

Using Lacan's notion of the phallus, the phallus designates the privilege of the "symbolic order" of the father (civilization and language) and most communication is based on phallic discourse (Duchen, 1986). Thus the "symbolic order" which the speaking subject (individual) enters into, already embodies the cultural values ascribed to sexual difference. Lacan's crucial argument is that this order is phallogentric, constructed according to the terms of a binary opposition which privileges the phallus as signifier at the expense of the feminine, which comes to signify, simply, its "lack", or, as above, the feminine as the "other". Here the notion of "lack" in women is arrived at because women lack the phallus (which stems from Freud's penis envy concept). What is at issue however with women's "lack" is not lacking the penis but lacking the cultural privileges which define the male subject as potent and sufficient. (As Freudian analyst Karen Horney wrote in the 1930's, penis envy is symbolic of women envying male power in a male dominated society). It is suggested that the split in the psyche of women is generated by women's negative positioning within the culture and the extreme and value-laden emphasis placed on their physical image.

Flax (1993) writes that gender reflects the persistence of asymmetrical power relationships rather than natural or biological differences. Since the the Enlightenment, gender has been constituted through the imbalanced logic of dualisms. Psychologist Erica Burman (in Bohan, 1992) believes deconstruction reveals to us the errant politics at work, "the cultural imperialism, the individualization and denial of oppression, and ultimately the reinstatement of the mind/body, self/other, reason/emotion oppositions that have structured western philosophy and politics since the 'coincidental meeting' of Descartes and capitalism" (p.211).

Flax (1993) notes that:

these differences are also conceived as oppositional, asymmetric dualisms on a hierarchal, binary and absolute scale rather than as pluralisms in an indefinite and open ended universe. 'Woman' is defined as and by the cohering of certain elements, always the lesser side of the dualistic pairs. Man, her superior opposite, 'naturally' incorporates and is constituted by the greater". (p.336)

Flax continues that in this culture it seems that the recognition of differences is intertwined and inseparable from asymmetric dualism and relations of domination. The gender dichotomies of male/female are perceived as innate, both biologically and philosophically.

When looking at masculine and feminine traits, Karen Gail Lewis (1989) writes that it is clear society has "defined the male gender as dominant and more valued, the female gender as subordinate and less valued the female traits of nurturance, affiliation and interdependence have less societal value, and have been labelled by researchers as less mentally healthy". This is in line with the study *Sex-Role Stereotypes and Clinical Judgements of Mental Health* by researchers Inge Broverman, Donald Broverman, Susan Vogel, Clarkson and Paul Rosenkrantz (1970). This research revealed that attributes of a healthy male are perceived as the same as those of a healthy adult, whereas attributes of a healthy female are perceived as those of an unhealthy adult.

Women And Mental Health

Research has indicated that women (from many different cultures) are at least twice as likely as men to suffer from depression and become mentally ill (Chodorow, 1989; Cook, 1990; Gove, 1980; Steen, 1991; Weissman & Klerman, 1977), and ninety-five percent of people with eating disorders are women and girls (DSM 111 1987; Mahowald, 1992; Wolf, 1990). Exploring the reasons behind this necessitates not only an examination of gender and its implication, but also an inquiry into methods of diagnosis and treatments for women. Pugliesi (1991) writes that social science literature offers two schools of thought that attempt to explain these higher rates of psychological stress and disorders in women. The first is the social causation perspective, which contends women are more vulnerable to depression, distress and other mental health problems because of the consequences of

gender differences. The second perspective is that of the social constructionists. Here it is considered that the methodology of researchers and the practices of clinicians is the area which needs to be examined. Both of these perspectives are in line with Walter Gove's (1980) investigations further below, and both perspectives Gove believes are valid. Pugliesi writes that although these two areas have remained to some degree separate, both are valuable as part of a broad feminist perspective on mental health, and a feminist therapy can be used as a model for an integration of the two approaches.

Why Do Women Go into Therapy?

In looking from the social causation perspective, the reasons may be greater than just suffering from the mild existential angst of "housewives' neurosis". Psychologist Dr. Paula Caplan (1992) writes that a system that subjects a group of people (women and children) to "domination, dehumanization and violence, would ... conclude that members of that group might well suffer from depression, terrible self-esteem and self-doubt, confusion, bouts of rage and other disturbing states and feelings" (p.6). If a therapist, on understanding a woman's particular problems, then helps that woman to come to terms with and accept those problems, the responsibility for the problem's solution has been with the individual woman alone. In no way has an attempt been made to make the client aware of the conditions that oppress and do violence to women as a class, notes psychologist Mollie Whalen (1992). An awareness of covert oppressive processes on subordinate groups can help in the understanding of that group's particular sufferings and mental disorders.

Effects of Oppression on Subordinate Groups

In looking at relationships between dominant and subordinate groups, Jean Baker Miller (1986) isolated certain characteristics of the subordinate groups, and found these characteristics " typical of any irrationally unequal power relation based on ascribed status such as race, religion or sex" (cited in Steen, 1991, p.366). The need to survive is utmost however, and when given destructive treatment a direct response must be avoided or it may be met with rejection, punishment or death. Miller goes on to say that women who do not act or behave according to the dominant rule can suffer a combination of social ostracism, economic hardship and psychological

isolation. Depression can be related to oppression, because if conflict cannot be expressed the individual turns it inwards, and once identified as depression she is blamed for her disorder. Psychologist Dr. Melva Steen (1991) writes that if women do not conform to their male-defined role, they may be diagnosed as having a personality disorder. Here therapy functions as an agent of social control, preserving established tradition and perpetuating sex-role stereotypes.

Women and madness

Pugliesi (1992) writes that insanity is essentially a feminine malady, and has been since the early nineteenth century. She quotes Dr. Elaine Showalter (1985) from Showalter's book *The Female Malady: Women, Madness, and English Culture, 1830-1980* :

While the name of the symbolic female disorder may change from one historical period to the next, the gender asymmetry of the representational tradition remains constant. This madness, even when experienced by men, is metaphorically represented as feminine: a female malady.
(p.4)

Women have been institutionalized and subjected to harsh and cruel psychiatric "treatments" at far greater rates than men. The previously mentioned study by Broverman et al. (1970) reveals that the clinicians' conceptions of a "health adult" were similar to those of a "healthy male", and an "unhealthy adult" was most similar to a "healthy female". Pugliesi (1992) writes that on reviewing research done in the following decade, Sherman (1980) found little change. Gender biases in diagnostic criteria are still evident in the Diagnostic and statistical manual 111 (see Kaplan, 1983; Loring & Powell, 1988; Rosewater & Walker, 1985). Marti Loring and Brian Powell (1988) conducted research where the study involved exploring the impact of both race and gender of the client on the diagnosis by the psychiatrists. Their results showed that "despite clear diagnostic criteria, gender and race are important factors affecting diagnosis" (cited in Pugliesi, 1992, p.57). Regarding gender biases of mental health and the DSM 111, Marcie Kaplan (1983) writes that another explanation for the higher rates of disorder amongst women:

is that adaptiveness and maladaptiveness are arbitrarily defined.... not only are women being punished (by being diagnosed) for acting out of line (not

acting like women) and not only are traditional roles driving women crazy, but also male centred assumptions - the sunglasses through which we view each other - are causing clinicians to see normal females as abnormal. (p.791)

Gove (1980) in his article *Mental Illness and Psychiatric Treatment among Women* examines issues that lead to the conclusion that women have higher rates of mental illness than men. He also discusses how mental illness should be defined, and the possible biases that might determine its incidence. Gove uses the term "mental illness" to refer to a "functional disorder involving the overt manifestation of distress, or mental disorganization, or both" (p.351). He does not include persons who have a personality disorder as being mentally ill, as they do not experience personal discomfort and are not anxious nor distressed. Data from non-western societies would indicate a similar finding, that is, these individuals are seen as deviants but not as ill, and healers and shamans believe that the behaviour cannot be cured or changed (Murphy, 1976, cited in Gove, p.349). Neither does Gove include alcoholism, drug addiction, mental retardation or senility under the definition of mental illness. Those four categories are "socially recognized categories with relatively clearly defined expectations for behaviour", they are not "residual rule breaking" (p.349). Mental illness is defined by Gove as residual deviance, that is, deviance for which there is no societal role, and which does not have a name. As mentioned previously, Friedan (1963) used that term: "the problem with no name", in the early sixties to define what it was that women were starting to talk to each other about. That era is often deemed the start of women's consciousness raising.

Regarding possible biases that might determine the incidence of mental illness, Gove notes that the study done by Broverman et al. (1970) indicates that clinicians tend to see the average man as more emotionally healthy than the average woman. These results have, at times, over the last couple of decades been disputed by other studies. If clinicians, however, do not discriminate against women, as some of these studies claim, then it would appear that the study by Broverman et al. is an accurate perception of reality, that is, the average woman is in poorer mental health. Gove writes that the findings of the different conclusions of the studies are both valid, and not contradictory (p.353). He reaches the conclusion that "the evidence strongly suggests that the higher rates of mental illness among women ... reflect real differences and are not artifactual" (p.354).

Marriage and Societal Roles

Explanations of the higher rate of mental illness among women could "plausibly be due to the characteristics of their societal roles and life experiences, or to biological factors" (Gove, 1980, p.354). Gove goes on to say that studies have provided detailed evidence that differences are not due to innate biological factors. The major factors pointing to societal and not biological causes is that the factors appear to be specific to particular societies at particular times, and what is more important is that women have higher rates of mental disorders only within specific roles.

It is noted in particular that "higher rates of mental illness appear to be limited to married women, with never-married, widowed, and divorced women having comparable if not lower rates than their male counterparts" (Gove, 1980, p.354). Studies reveal that higher rates of depression amongst women was mainly due to their disadvantaged social status (Caplan, 1992; Gove, 1980; Kitzinger, 1991; Steen, 1991), and links were made between marriage and depression, and constraints associated with their marital role.

Role expectations for women are generally more diffuse than for men, and what with the interaction of marriage, children and work, a less structured career path is experienced by most women. Gove writes that it is believed "that the contingent nature and subordinate status of the feminine role result in many women having little control over their life ... this may explain the higher rate of mental illness among women, particularly depression" (p.356) (see also Bagley, 1977; Radloff, 1975; Weissman & Klerman, 1977). This has been termed the "learned helplessness hypothesis" and although some evidence appears to support this aspect, Gove tends to give credence to the premise that it is aspects of their marital role that lead to the higher rates of mental illness.

5. THERAPY AND CULTURAL BIAS

"Value Free" Therapy

The many competing and merging schools of therapy, including the differing humanistic, cognitive, behavioural, psychodynamic (which is inclusive of art therapy) and familial therapies are all imbued with cultural bias. Therapists cannot ignore the fact that their research and clinical interventions reflect the philosophical assumptions that provide a basis for their knowledge. All our actions as therapists are based on theory, and a "value free" therapy is a myth politically in line with sustaining established traditions. In their attempts to explain and alleviate mental suffering, what has been missing in therapeutic theories and methodologies is the inclusion of a social and political perspective of the client's existence. Jung's studies as well as Freud's were seen to have revitalized the spiritual, the symbolic and the sexual continuities of humanity (McNiff, 1981), however they offered little investigation into the broader areas of culture. The locus is purely in the biological and/or the individual, inequalities of power and how it is structured in society are ignored.

Therapeutic theories that have been considered neutral must come under scrutiny as components of the cultural hegemony by the dominant class and order. A substantial number of mainstream personality theories have been written from a (white and middle class) male-gendered and male-centred viewpoint, with blinkered vision regarding race, class and gender.

Methodologies used are taken for granted and not questioned (Avis, 1985; Goldner, 1987; Goodrich, 1991; Hare-Mustin, 1986; Osborne, 1983).

Psychologist Celia Kitzinger (1991), when speaking of traditional therapy and women, puts it bluntly when perceiving its history and field as:

a discipline which has taken man as norm and woman as deviant, labelling us intellectually and morally inferior when we comply with patriarchal models of femininity, and mad when we refuse; a discipline deeply implicated in the enforcement of compulsory heterosexuality and the pathologizing of lesbians; a discipline which blames women for our own oppression, locating the cause of men's violence against us in the inadequate mothers, seductive daughters, collusive or masochistic wives". (p.49)

Psychotherapy

Psychotherapy has been defined as a form of social control in that it "protects the status quo against those who would change it; it psychologizes, personalizes and depoliticizes social issues" (Hurvitz, cited in Enns, 1993, p.10). Many authors have expressed the need for therapy and counselling that has a knowledge and depth of understanding regarding gender issues to counteract the negative control of traditional psychotherapy. Freud, like many other psychoanalysts, (including those of the present day), offered a paternal, logos-based psychology, writes psychotherapist Peter O'Connor (1985). Freud considered his concepts unbiased and not conditioned by the ideology of a specific culture at a specific historical time. O'Connor contends that Jung's struggle to find a personal myth by which he could live, and his early life experiences, led to this myth being primarily concerned with the reconciliation of opposites within himself. This possibly provided the foundation for Jung's theories and archetypes which are based in essentialism, a (supposedly) ahistorical, apolitical essence. The dualism of the anima/animus and his female/male archetypes exist in terms of opposites instead of difference, with a positive value being ascribed to the masculine. Within psychoanalysis, Freud had conceived of an enduring set of antinomies. Flax (1990) writes that the most recurring of these dualisms are as follows: nature versus culture, other versus self, libido economics versus object relations theory, body versus mind and patient versus analyst (p.77). Each of these dualisms is gendered, with the second concept of each pair being "inscribed" by masculinity, and the initial concept being associated with the feminine. These socially generated dichotomies are falsely represented as opposites and are often accepted as pure "common sense" and beyond question. Again they are heavily value-laden in favour of the masculine. Horney criticizes Freud's account of female development by arguing that women's childbearing ability was at the root of male misogyny (that is, "penis envy" translates into "womb envy"). Cultural devaluation of women concealed and served to counter men's unconscious dread of women's power to create life (Marecek & Hare-Mustin, 1991).

This raises the question that if society were not male dominated, would different unconscious formations occur? Feminist theorists suggest that only a fundamental change in the sexual division of labour, with women ceasing to be primary caretakers, can lead to a basic restructuring of men's and women's unconscious processes. Feminist oriented therapy avoids the

traditional framework of what has gone wrong with an individual's development, and symptoms are seen in new light, no longer as defences or manoeuvres, but as struggles to preserve or express some deeply needed aspects of personal integrity in a social milieu that will not allow for direct expression (Dr. M. Campanelli, personal communication, 28th July, 1994).

Psychology

A task force of the American Psychological Association identified four areas of bias regarding gender in counselling and therapy: fostering traditional sex roles; bias in expectations and devaluation of women; sexist use of psychoanalytic concepts, and last, responding to women as sex objects, including seduction of female clients (Good, Gilbert, & Scher, 1990). The general feeling towards the field of psychology is succinctly summed up by psychologist Sue Wilkinson: "a major dissatisfaction with that discipline's [psychology's] failure to engage with the lives of the majority of women, and the distortion and damage often produced when it does engage" (1991). Kahn and Yoder (1989) suggest two reasons for the failure of psychology to live up to its expectations regarding healing the emotional wounds of people and generally improving the mental state of its clients. Firstly, psychology is individualistic, that is, it focuses purely on the individual with little or no examination of the surrounding historical and cultural context. This lack of critical analysis in its methodology leads the clinician to look for determinants of behaviour from within, which often leads to self-blame in the client, particularly with women. Self-blame perpetuates the false consciousness engendered in society, in which not only are women and mothers blamed and victimized, but they are then indoctrinated to blame themselves and accept their situation. Such a view "ignores the role of the social order as a potent determinant of an individual's current situation, and directs attention away from viewing changes in society as a mechanism for producing changes in behaviour" (Kahn et al., p.418). A second reason for the conservatism in the field of psychology, is the socialization of psychologists themselves, and the culture in which they practice. The dominant research paradigm of psychology is that of positivist empiricism. Psychologists have been inculcated with many traditional positivist beliefs, for example, "the basic social order is good and should not be questioned", and "people are responsible for their fates" (p.419). Psychology is imbued with positivism's highly individualistic philosophy, a philosophy which

ignores the power differences in the social order which shape and maintain gender and behaviour.

Family Therapy

Psychoanalyst Dr. Deborah Luepnitz (1988) in her book *The Family Interpreted* is one of the many authors who have recently exposed the ahistoric and sexist assumptions in family therapy. Luepnitz writes that family systems theorists have placed beyond critique the family itself and the position of women within it. What is often defined as "dysfunction" is the dominant viewpoint of those in the larger socio-economic system. A critical analysis of the institution of the family reveals that this is where women's oppression and male power is enacted most clearly, maintaining and reproducing patriarchy through the family structure and the family process. Injustices within the family are legitimated by a range of explanations, and Goodrich (1991), names a few: "biological differences, psychological proclivities, separate but equal realms, anatomical destiny, God's plan" (p.14).

Individuation and Attachment

The work of family therapists Talcott Parsons and Robert Bales offer a theory of male and female functioning which psychologist Dr. Molly Layton (1984) believes is responsible for the basic attitudes of many contemporary therapists. Parsons and Bales' theory concerns the complementary nature of masculine and feminine sex roles: "expressive-affectual" roles for females, and "instrumental-adaptive" roles for males. Women are perceived as caring and nurturing, emotionally expressive, irrational and accommodating. Being rational, competitive and logical are thought of as male attributes. A family systems parallel to Parsons and Bales' gender divisions is Bowen's scale of the differentiation of the self. Here, the undifferentiated self is rational, able to draw boundaries and autonomous, qualities attributed to the successful male in society, therefore seen in a positive light. Within family systems theory are the concepts of enmeshment and disengagement, which are descriptions of the interactional distances in the family. Layton writes of Minuchin's depiction of how "functional" boundaries operating in families view "enmeshment and "disengagement" in the traditional manner. The mother bonds with the children (enmeshment) when they are small, whilst the father at that

time may take a peripheral, disengaged position towards the mother and children. When the children are older the father then enters to engage them in separating them from the mother's bonds. There is no investigation of gender and power relationships within the family, the focus is entirely on the actions the family members take, not the members themselves.

As mentioned previously, the following are socially generated dualisms: enmeshment/disengagement, undifferentiation/differentiation; and expressive-affectional as opposed to instrumental-adaptive. It is the former terms, undifferentiation, expressive-affectional and enmeshment which are regarded in the negative sense and which apply to women in this society. These polarizations require lopsided individuals to maintain equilibrium to achieve an internal balance. Clinicians using such concepts can believe they reflect reality. However such differences attain their capacity to convey meaning as an effect of the gender system not because of a logic (biological or individual) independent of social relation. The social origins of the relationships must be understood. The results of the unjust polarities of the highly valued individuation opposed to the devalued attachment, can be seen in the family therapy myth of the all dominating mother. No matter how desperate or unwell she may be, she is still ascribed with amazing powers of control, manipulation and intrusiveness (Luepnitz, 1988). Many therapists see the mother's connection with the children as the root of all family problems, one reason being the family systems theories valuing the concept of individuation, while devaluing the concept of attachment. At the very least, family systems theories replace "blaming mom" with blaming the family, which means (still) "blaming mom".

Language

The language used in therapy, especially family therapy models, uses verbiage which is often alienating and sterile, and which appears to be dominated by the impersonal idiom of technology. This positivistic language reflects masculine values, and the proscribers of this instrumentalism resolve the aforementioned dualism problem by simply ignoring the expressive domain. Some examples of this detached impersonal "input" are: output, power-neutral variable, analog, function, program, and amplification which all hark to computer and cybernetic language, and "manoeuvre", "strategy", "ploy" and "blasting" echo military

lexicon. Luepnitz (1984) mentions the cold, high-tech talk of family therapy and wonders whether engaging in this type of talk actually diminishes an understanding of families. The confusing objectivity of official language operates to conceal inequities, violence, people and passion, not to mention gender and power. The absence created by the fact that there are no metaphors for intimacy and connection (the expressive "female" sphere) illuminates their negative positioning.

Summary to Therapy and Cultural Bias

Psychologist Dr. Phyllis Chesler writes in 1990 that her book *Woman and Madness* published in 1972, is still unfortunately quite up-to-date, despite the many feminists in psychiatry, social work, psychology, etc. "Many male (and anti-feminist) therapists still pay no attention to what 'women's libbers' are saying. Most do not read the literature or invite feminists ... to address them as authorities" (p.316, [70]). Locating therapeutic theory, including that of art therapy theory, within the wider field of culture enables an investigation not only of the causes of mental suffering but also assists in the quest for more politically aware models and interventions. It is essential for a therapist to have an informed awareness of the many social and economic processes which sustain the cultures power relations that exist in class, gender and race. Past therapeutic theorists have misunderstood or marginalized women's subordination in the family, and in society in general. As psychoanalyst Jeffrey Masson (1988) writes: "In the writings of family therapists there is no class analysis, no awareness of poverty, inequality ... or traumas such as war, rape and child abuse" (p.208). A critical analysis of the various traditional therapies exposes the in built power structure. This will hopefully encourage therapists to focus not only on interpersonal issues, but also the way in which class prejudices, racism, sexism and ageism affect not only the client but also the therapeutic situation. These issues must form part of the process of self-exploration development, as without them the art therapist may underestimate or distort what it is the client is going through.

6. ART THERAPY AND SOCIO-CULTURAL AWARENESS

"It is time to end the era of sexism and obliviousness to gender by the mental health profession ... to help clients learn to act in new ways that will allow them to develop healthier and more fulfilling lives". (Good, Gilbert & Scher, 1990, p.379)

Many therapists and writers today believe that critical theory and post-modern theories are of importance for any practice, theory or critique of counselling and therapy (Alford, 1993; Dean, 1993; Dean & Fleck-Henderson, 1992; Hare-Mustin & Maracek, 1988; Richters & Bonsel, 1987; Sipe, 1986). Richters and Bonsel (1987) note that a truly critical therapeutic theory should recognize the innate connection between cognition, emotion and interest, as well as their structural constraints. They write that Jurgen Habermas' evolutionary epistemological position attacks the traditional (Kantian) view of the transcendental subject with its a-historical nature (p.90). Humans are practical beings, not theoretical, and social theory needs to derive data from the practice of daily life that gives form to (or constructs) the individual's cognition, emotion, and interests, and also their constraints. Richters and Bonsel believe that theory at the level of application is justified as it contributes to learning processes that "might lead to consensus aimed at practical discourse among participants" (p.91). That is, it is therapists, including art therapists, who by engaging in practical discourse, can contribute to the learning processes of their clients (this aspect is discussed further on in this chapter under consciousness-raising). The authors write that counselling is to do with making clients aware of the "missing, wrong and/or false knowledge they use to define their situations and the acts accordingly derived from such (non)-knowledge" (p.91).

This thesis as mentioned earlier is investigative, and provides a perspective for art therapists, rather than a specific method of working. The very nature of the investigations undertaken regarding post-modernism and deconstruction, are themselves open-ended and open to paradox. (For example as Richters and Bonsel put it: "sadly enough it is almost intrinsically impossible for ideas about fooling ourselves to gain our critical attention" , p.92). This thesis attempts an explanation of phenomena and their relations in reality, rather than provide a specific formula for efficiency in art therapy. It does not therefore purport to be able to supply all the answers towards providing a perfect socio-culturally aware art therapy

model or technique. The possibilities of critical reflection of therapy as a socio-historical construct however, write Richters and Bonsel, should neither be neglected nor underestimated.

Guidelines and suggestions are made incorporating art therapy with the ideas and concepts discussed previously in this thesis. The suggestions that follow concern a therapeutic attitude that is flexible and does not exclude cognizance of the mechanisms of power in the external world and in the therapeutic relationship. Some therapy scenarios are offered, with suggestions regarding appropriate interventions and guidelines for the art therapist.

Literature on Women and Art Therapy

A therapeutic attitude that embodies a knowledge of the construction of the self and of gender is valid for women suffering from societal or gender-related problems such as negative body-image and eating disorders. Up until very recently however (see following paragraph), there has been a dearth of writing regarding the synthesis of critical analysis, feminism and art therapy. This phenomenon exists despite the fact that 90-95% of art therapists are women, writes psychotherapist Dr. David Read Johnson (1989). Johnson suggests the high proportion of female art therapists may be explained by the way the sexist culture we live in views women, health care and the arts. He writes that women predominate in the underpaid health care position, women make up the majority of people trained in the arts, most psychotherapy clients are women, and mothers are the only parent turning up at child guidance clinics with their children. Johnson writes that men are more likely to stay away from the arts, from therapy, from expressing their emotions and from exploring their inner worlds. "Men prefer to control the arts, control the health care field, and do battle" (1989, p.235).

Taking into account that the majority of art therapists are women, there has been a surprisingly minimal amount of literature regarding the aforementioned modes of thought. The following theses and papers on art therapy and women reflect the investigative inquiries discussed. The thesis *Women and Art Therapy* written by art therapist Mary Lynne Ellis (1989), merges art therapy with a feminist perspective, and she is perhaps one of the forerunners in this area, along with art therapist Nancy Wight (1989?) with her thesis *Feminist Art Therapy*. Jen Barnard's (1993) thesis *Reconstructing*

Barbie: The use of art therapy to explore female body image utilizes a feminist framework with art therapy in investigating issues surrounding body-image. There have been a few papers written from a sociopolitical perspective on art therapy and anorexia, and art therapy and body-image (Hutchinson, 1982; Kaslow & Eicher, 1988; Miller, 1991). Art therapist Ann Kirby's (1994) thesis *Perceptions of Mother-Daughter Relationships in the Art of Adult Incest Survivors* is an investigation into the mother-blaming phenomena, in this case the "colluding mother" in incest cases, using a feminist framework with art therapy. The above theses and articles incorporate a feminist attention to gender, and in varying degrees, engage in a critical analysis of aspects of western culture.

Women and Therapy

Therapist Dr. Thelma Goodrich (1991) writes of the old therapy for women: the therapist would usually help her adjust, tone down her expectations, help her accommodate to her husband's suggestion for concrete behavioural changes, and so on. The emphasis is on the individual. The new therapy for women would be to help her view her problems within the larger context of society, assist her to make commitments to work for change and to monitor the erosion of her energy and self-esteem in the process, and to find relationships where she can act with authenticity (p.27). Gove (1980) also suggests a therapy that encourages women to locate the source of their problem within society.

The therapist or clinician, Gove notes, responds to the client by following either one or the other positions. The clinician who utilizes procedures "that alleviate the disturbance by helping the person to adjust to characteristics of the social structure as it exists is correctly seen as an agent who helps maintain the status quo" (p.357). This is contrasted to the clinician who is seen as an agent of social change. This clinician engages in a procedure with the client that leads to a "change in aspects of the client's environment that are reflective of the basic social structure" (p.357). Gove finds neither solution particularly satisfactory. The first procedure attempts to adjust the client to what is appropriately perceived as a situation that is unjust, unfair, and perhaps unchangeable. The second solution involves changing the behaviour of others (for example husband and children). The therapist may not have contact with these others, and they may very well not want to change. If some changes are made however the client's

immediate situation may deteriorate. Gove is slightly more positive when he offers the suggestion that drastic changes may lead to long-term improvement.

Consciousness Raising

Consciousness-raising is, in effect, connecting the personal to the political. It has great potential for use by therapists and their clients, both male and female, writes Stoecker (1989). Firstly, the power of theorizing, or creative understanding, is placed in the hands of those suffering. The client is able to redefine her suffering through interaction with others (in this case the therapist), and builds on self worth. Next, consciousness-raising allows the person to "contextualize their suffering and change disabling interpretations of emotional experience to enabling interpretations of emotional experience" (Stoecker, p.353). That is, rather than seeing the problem as one within oneself, the client realizes she is not alone and the problem stems from an unjust social system. As a consequence, this understanding can lead the client to discovering hidden ideologies, and Stoecker writes that this includes the discovery that investigative critical theories themselves can neglect patriarchy and serve to mystify and justify social problems. Consciousness raising in therapy has great relevance for the concept of self-esteem. Self-esteem is not just the product of greater understanding of one's self and the environment, but of reaching that new understanding through one's own actions.

Stoecker writes of a tension between developing a sense of power and self-worth (through consciousness-raising), and understanding just how much is the extent and embeddedness of the oppressive social culture. He writes that oppression takes two forms, emotional/mental and material, and a sense of self-worth is important. When a person learns of the extent of their oppression prior to gaining a sense of self-worth, they are not involved in providing their own reinterpretation, their feelings of powerlessness are reinforced thus reifying an oppressive culture. This is a vital point to note for the art therapist, as the act of becoming aware of and overcoming one's oppression is a gradual and unfolding process, which with its success, produces further understanding.

Gender Awareness and Empowerment

Gender Awareness

A therapeutic attitude that embodies a knowledge of the construction of the self, and thus of gender as well, is necessary if an art therapist does not simply, be it unknowingly, reinforce gender stereotypes. Recent knowledge about gender has not yet been incorporated into therapeutic models and practice, write psychologists Glenn Good, Lucia Gilbert and Murray Scher (1990). They believe that all the various schools of therapy (humanistic, cognitive, behavioural, psychodynamic and family therapies) warrant incorporation of a therapy that is imbued with an awareness and knowledge of gender in their approaches. They discuss the integration of feminist therapy and knowledge of gender into principles of counselling and therapy for men and women. Gender aware therapy, GAT, they believe, is such a synthesis, and suggest five main principles of a gender aware therapy which are discussed below. All these principles could be accommodated into psychodynamic art therapy clinical situations.

The first principle is to regard gender as an integral aspect of counselling and mental health. This has to some extent been discussed previously, where gender socialization results in very different issues arising from the same incident. The authors write that many therapists and counsellors assume that gender plays no part in client's lives or the therapeutic process (p.377). Therapists must understand their client's difficulties within a gender perspective. The second principle, is the much mentioned consideration of perceiving the personal as political. This principle is largely what this thesis explores. The third principle is to actively seek to change gender injustices experienced by women and men. The authors write that although therapy is a means of change within the individual, having a knowledge and awareness of sexism and gender issues can shape and direct the purpose of the therapy in so far as "individual issues are understood in the context of a patriarchy that ... denies women and men equal access to social, political, and economic resources" (p.377). The fourth principle is to emphasize an egalitarian relationship between client and therapist. This in itself is empowering for women, and the therapeutic process becomes one where clients are encouraged to find optimal solutions for themselves. The fifth principle is for the therapist to respect the client's freedom to choose. A gender aware therapy advocates choice, and respects the rights of people to

"select views, behaviours and feelings that are most congruent for them despite the gender scripts they may have learnt" (Good et al., 1990, p.377).

Empowerment

Sipe (1986) writes that when clients recognize the unfulfillment and oppression in their lives, therapists can stimulate their interest in personal power, a term which psychologist Dr. Judith Myers Avis (1991) below prefers to refer to as empowerment. Sipe believes that personal power, integrated with "a dialectical understanding of capitalist social reality", that is, an understanding of oppression, could lead to effective psychosocial praxis. Awakened and primed to the possibility that unmet needs and desires can be realized and fulfilled, Sipe believes is a precondition to mobilizing for social change (p.63).

Women must realize that powerlessness is not an attitude problem, writes Avis, society is based on the required powerlessness of women. There are many structures and institutions which work at maintaining and perpetuating the power asymmetries, for example, medicine (which includes mental health), education, the law, religion, and the media (Avis, 1991). It is important for the client to recognize her depression/anger is proper and right; it can be a potential source of energy and action. Feminist counselling with art therapy acknowledges the victimization of women and politicizes it. This can help women value their anger as not being purely personal but as part of a collective response to women's position. Clients' internalized belief systems, their false consciousness, must be challenged. This connects the personal to the political and (hopefully) releases the client from the self-blaming process. This is not easy, as Avis succinctly puts it: "It is hard to fight an enemy who has outposts in your own head".

Avis writes about the differences between feeling powerful, and having power. In empowering a woman, the clinician can often assist her to make choices which still occur within the fundamental context of oppression, and do not change the social context or remove the client from it (p.141). The process of successful therapeutic empowerment involves interventions that reflect an integration of the private and personal with the socio-cultural. As Avis notes, the empowering of women in therapy involves the challenging of men. She writes that a therapist cannot empower without challenging, and respectful challenging empowers.

Lee (1987) discusses the patriarchal conception of power as "power over", and believes that this interpretation connotes ownership and domination and can create power dualisms and hierarchies. She writes that patriarchal societies thrive on the ability to control access to power, "creating dependencies and forms of oppression ... and many individuals who are not able to be fully in control of their humanity" (p.31). Internalized oppression, or false consciousness, is what a critically aware art therapy can elucidate. Lee continues that feminists have discussed power not as the notion of "power over" and domination, but power as empowerment to action. Power is not interpreted as a commodity which is finite and can be controlled, but rather, it can be facilitative and can promote efficiency. Lee writes that as people become empowered and make efforts to control life choices, this affects society's functioning, which may in turn "promote a systematic understanding of institutionalized forms of oppression" (Lee, 1987, p.31). This would encourage people to strive for external structural change. Empowerment then becomes a political act as the individual gains an awareness of their own internalized oppression, and from this awareness, empowerment can facilitate an individual's control over the self.

Guidelines for a Gender Aware Art Therapy

The following components are suggested as guidelines to provide an art therapy that is gender aware, and strives for therapeutically empowering women. Some of these principles have been mentioned previously.

1. A safe holding environment, which is essential for any form of therapy.
2. Gender is regarded by the therapist as an integral aspect of counselling and mental health.
3. Self-disclosure, that is, the therapist sharing stories, or revealing aspects of themselves to their clients (when appropriate) is important, at the same time including (if pertinent) their reservations for doing so (Dean, 1993).
4. The therapist welcomes and encourages inquiries regarding their values, orientation and methods. By doing this, the client's right to be an educated and conscientious consumer is reinforced (Laidlaw & Malmo, 1990).

5. A sharing of the therapeutic process and a consciousness of the nature of the power dynamic between the client and therapist is important. (Dean, 1993, notes that while this position lessens the authority of the therapist, it does not eliminate his or her expertise). Viewing the therapist/client relationship as egalitarian demystifies the therapeutic process.
6. Challenging the internalized belief system of the client. This is an examination of the false consciousness absorbed from the dominant culture which blinds women to their subordination and keeps them in their place. The therapist would take into account the social, political and economic contributions to the client's distress, that is, the personal is perceived as political. Rather than pathologizing clients for feelings of helplessness, unworthiness and timidity, psychologist Kate Osborne writes that the therapist would "provide an analysis which reflects their understanding of the contribution of their [the client's] socialization to their emotional state" (1983, p.6).
7. Helping the client to take action in her own life, for herself, and according to what she sees as being best for herself. This involves encouraging the client to express her anger and recognize it as a valid emotion, and act assertively without guilt on demands they are not willing to meet. Working with other women in therapy groups, Avis (1991) believes, has much more potential than seeing women on an individual basis, as the feelings of isolation, guilt and shame are defused.
8. Good et al. (1990) write that it is important for the therapist to change gender injustices experienced by women and men. They note that although counselling is a means of primarily individual change, awareness of gender issues and sexism can effect the therapy in as much that individual issues are understood in the broader context to be part of a patriarchy that still denies equality to women (p.377).
9. Respecting the client's freedom to choose their own behaviours and lifestyle is important.

By the art therapist encouraging clients to take an active role in whom they see for therapy, by the art therapist being open about values and orientation, by validating the client's understanding of her life, and by using well-timed

disclosures, the client is encouraged to learn to trust themselves, write Toni Laidlaw and Cheryl Malmø (1991). This is a precondition for the client's empowerment, and the above concepts assist the art therapist to act as facilitator or a guide, and a companion or witness in the client's therapeutic journey.

The above guidelines can be absorbed into most therapeutic methodologies, particularly that of an art therapy framework, which does not hold to rigid criteria. What they involve is an attitude, that is, the attitude of the art therapist, whose knowledge and awareness of the social context in which women live is integrated into therapeutic procedure. The above approach has potential for the therapist as well, as Dean (1993) believes: "this approach would lead to more openness and freedom for therapists to use their impression and reactions in spontaneous and creative, albeit reflective and disciplined ways" (p.139). A collaborative relationship between art therapist and client would be sought, and the nature of art therapy, with its particular fluidity and flexibility in its methods, could accommodate the above principles with ease.

In clinical practice, engaging in the guidelines above, the therapist is in a position to facilitate individual empowerment with their client, whilst keeping in mind the client's strengths and vulnerabilities. The client can create a new form of expression for herself through the artwork, a language other than verbal with which to break through her socially limited avenues of expression. As Ellis (1989) notes further on in this section, this can initiate new perceptions of the world which can lead to new possibilities of living.

Some Suggested Interventions

Interventions that incorporate a client's individuality with an awareness of gender and social context could be employed in art therapy. Thus during the course of therapy, the client may be introduced to emerging views of socialization and gender, and also how they personally have been affected (Good et. al., 1990, p.378). All of the general counselling skills, support, clarification, interpretation, self-disclosure, and guided fantasy would be included with the interventions. Reading material and support groups would be suggested. Art therapy is useful for clients as it allows them to share previously unmentionable images. As a visual exploration, it is a valid form of therapy for clients who tend to be verbally uncommunicative,

for example, anorexics (this is discussed at length in the section on anorexia). The making of images is less threatening than speech, and can be a means of gaining self-awareness. An example of this could be a client, sexually abused as a child, who now has internalized stereotypic views of male and female. This might be evident in artwork produced, and the therapist could work with the client to facilitate the client's understanding and recognition of these views, and help the client realize they could not possibly be responsible for causing the act or preventing it (Good et al., 1990, p.378).

The therapeutic relationship revolves around meaning, with language its medium (Hare-Mustin and Maracek, 1988). Art therapy fits well with the authors' deconstructive view of this process, which draws attention to the play of meanings in the dialogue and/or the art work engaged in between therapist and client, and the way a therapist uses alternative meanings to create possibilities for change (p.460). The therapeutic process from this standpoint is one in which the client asks the therapist to reveal something to the client the client did not realize, something that was beyond the client's awareness. The art therapist could work with the client visually and verbally to facilitate the client's understanding of how he or she may have internalized stereotypic views of men and women, and possibly guide the client to an understanding of the implications of these views. Clients in therapy paint, draw or model reconstructed memories of past events that resemble the events in certain ways, rather than the real experience. The client is a creator of his or her own world. The art therapist's task would be similar to that of a deconstructive reading of a text. Hare-Mustin and Maracek write that both seek to uncover hidden sub texts and multiple levels of meaning. The metaphor of therapy as healing obscures the other metaphor, that therapists manipulate meanings, however through this process, therapists can change clients' meanings (p.461).

An example of this could be used in the following scenario (Kirby, 1994). The therapy would be at a stage where a feeling of trust existed between client and art therapist, and the client would be relatively open to the art therapist's interpretations and suggestions. The client (an incest survivor) draws a picture of herself as a twelve year old, and her mother dressed in short red skirt and black top. The client is very angry and refers to her mother as "the old tart" and says how embarrassed she was about her, and despises her for the way she dressed. The client says that the mother dressed like that because that was how the father (the abuser) liked to see her. The

art therapist, taking into account the client's strengths and vulnerabilities, could talk to the client about how a woman appears to a man, can determine how she is treated. In this case for example, what would have been the consequences if her mother had not dressed to please her father. We will never know that, but it turns the thinking around for the client. The client's internalized belief system must be challenged, connecting the personal to the political. The art therapist could help the client recognize that her anger is valid and right, and to value her anger as a source of energy and action. The client would also be encouraged to recognize that her anger was not only personal, but (as previously mentioned) part of a collective response to the position of women in society. The client would be encouraged to express her anger visually, possibly with a more tactile art medium such as clay. This can provide the client with a language that is expressive and non-verbal.

Ellis (1989) believes that the creation of visual imagery has potential as a new language for women. She writes that drawing, painting and sculpting all "involve gestures that can break through the paralysis or masquerade that confines the bodily expression of women, allowing them to experiment with new gestures and new shapes" (p.34). This can allow clients new forms of expression, that which lies beyond the logocentricism of language. As a language that is non-linear and open, Ellis writes that visual art has potential for "opening out their creative experience, creating new possibilities of living in and perceiving the world" (p.34).

Hare-Mustin and Maracek write that "just as deconstructive readings disrupt the frame of reference within which conventional intervention of a text are organized, so a therapist's interventions disrupt the frame of reference within which the client sees the world" (p.461). The clients will gain new knowledge and perspectives from an art therapy that is deconstructive and considers gender issues. They will also generally benefit from the opportunity to consider and apply new knowledge and behaviours within the art therapy session so that they may incorporate them effectively in their life. This is possible in an art therapy which can enable women to "reflect on the inauthentic images with which they have identified, and to create new reflections of themselves" (Ellis, 1989, p.42).

Another art therapy scenario (Kirby, 1994) where a deconstructive gender sensitive approach could be engaged is as follows (again it is assumed trust has developed in the relationship between client and art therapist). The

client, an incest survivor, blames her mother for not protecting her from her father and the men solicited by him for his daughter for sexual purposes (the belief in the colluding mother, "mother blaming", is profound in this culture, see art therapist Ann Kirby's thesis, 1994 concerning this topic). The image drawn is the client at age twelve, after an abortion. An image of a baby is lying on the ground on the left, the young girl is next to it with her arms towards her mother, who is drawn on the right. The mother's eyes are averted and her posture is closed, with arms crossed. The young girl's hands express a pleading feeling as they emanate rays towards the mother, which are ignored. Although the mother knew about the abortion, she never knew about her husband's incest with her daughter. The image holds three generations, each separate, and each seeming to suffer their own pain. The art therapist could point this out, and mention how this society devalues attachment, and values individuation as one grows up. This divisiveness between the mother and daughter was encouraged by the father, and is also condoned in family therapy, as in Minuchin's "functional" depiction of boundaries in families (as opposed to "dysfunctional"). Here the mother engages in bonding and enmeshment with the children when they are young, and when they are older the father then enters to engage in separating them from the mother's bonds (Layton, 1984). The general acceptability of this "goaded" separation may have lent it more acceptability between the father and mother of the client.

The following are other suggestions for exercises where art therapy could be combined with a gender awareness. This first exercise starts with the collective, then hones in on the individual. The client is asked to consider how she might be disadvantaged as a woman in society, and then to draw symbols for what she perceives as disadvantages or oppressive circumstances for women in society. On completion of the drawings she is asked to consider how these circumstances affect her own life. Another exercise would be to explore conceptions of being a woman. How, when and where did she "learn" to be a woman? What were the different rules for males and females that she learnt? The client could consider what her mother's and father's views on masculinity and femininity were, and who were her early role models. The media (for example books, magazines, movies, television), is rich with potential information from which the client can gain insight and information from, if examined from a critical viewpoint. The next exercise explores male/female roles (sex role stereotypes). To escape them, we need to understand what they are, and for

this exercise the client, draws a picture of herself as a male. The client is asked about differences she feels, and to imagine how she would act. The art therapist suggests owning and integrating those qualities repressed in female roles that are reflected in the male role.

Another exercise would be to ask the client to imagine how the world would change if women were leaders in various political realms, what advantages would she bring. The client is asked to consider how her own life would be advantaged if this leader's way were an option, and what emotional changes happen as this difference is imagined. The client is asked to draw a picture related to this idea. Another exercise would be to have women explore the theme of power. What is power and what is empowerment? Is there a difference between power and strength? There are various types of power; where in their lives do they feel powerless, what prevents them from having control, and who in their life empowers them? The client could be asked to draw "power" and "powerlessness" symbolically, and then to draw herself as having power, being empowered, and being powerless. The client is invited to discuss how she feels regarding each image.

Hopefully the client will gain a new perspective from this consideration of gender issues in the art therapy session, and will recognize her anger is proper and right and can be a potential source of energy and action. It is hoped too that clients will benefit from the opportunity to consider and apply new knowledge and behaviours within the art therapy session, so that they may incorporate them effectively in their life. The victimization of the client is acknowledged and politicized and this can also help the client value her anger as not being purely personal but as part of a collective response to women's position. Connecting the personal to the political will release the client from the self-blaming process.

These changes may have a deep impact on clients and the people in their lives, and it is important for clients to explore what changes may occur and to anticipate potential difficulties. It is necessary also for the therapist to support the client through the anticipated reactions, and help the client to develop effective methods to manage the barriers to and consequences of the client's desired goals.

McNiff (1981) offers a more spiritual insight into healing the family using art therapy. This process however still incorporates an understanding that the family is not a separate entity but is part of the broader social spectrum.

McNiff writes that the arts increases the potency of therapeutic enactments and symbols. He sees present family therapy where the whole family participates in the healing process as akin to the shamanic practice, with its sharing of private visions and problems (1981, p.12). McNiff contends that involvement in art work has an innate power in resolving conflict, that is, it is the creative process itself which is healing. He suggests that the art process manifests unconscious imagery and the visual images produced are attributed to unconscious conflict, and the emphasis here would be on the client's interpretation of the images rather than the therapist's. The art therapist offers an attitude and consciousness that recognizes the family not as a hermetically sealed entity living in a vacuum, but as a social unit that expresses society's values, expectations, roles and stereotypes.

Summary to Art Therapy and Socio-Cultural Awareness

Many therapists have begun to question whether the various therapies of the dominant discourse are "band-aid" cures for those enduring life in an unjust social system deemed rational and inevitable. Positioning art therapy within the broader spectrum of culture enable questions regarding its origins and assumptions. What will hopefully follow will be the emergence of more relevant interventions and methodologies, and in breaking away from old disciplines will enable art therapy's own wisdom to emerge. Good et al. (1990) note that gender aware therapy is "a potentially powerful approach to the amelioration of psychological difficulties. This manner of viewing clients and their gender in their societal contexts is likely to change how they progress in dealing with their lives" (p.379). It is necessary in this light to consider psychologist Murray Scher's (1984) thoughts, when he writes of the importance of therapists using due care to the implications of this social, political and personal approach. The changing of rights, roles and privileges are political acts, and as repercussions are significant, this philosophical position is not one to be taken casually.

7. ANOREXIA NERVOSA AND ART THERAPY

Anorexia nervosa, according to the multiaxial system of the Diagnostic and Statistic Manual of Mental Disorders (DSM 111) (1987), classifies eating disorders under Axis 11, which covers Developmental Disorders and Personality Disorders. Developmental Disorders are usually first noticed in infancy, childhood or adolescence. The DSM 111 writes that anorexia is often first evident in adolescence or early adult life, and predominantly in females. The course of anorexia consists of usually a single episode and then a return to normal weight, but may also recur or be unremitting until death. Hospitalization is often necessary to prevent the patient dying, and follow-up studies indicate mortality rates of between 5% and 18%. Anorexia is more common among sisters and mothers with the disorder, rather than spread through the general population. The DSM 111 states that predisposing factors in some people could be stress, sometimes the patients have been described as "model children", and about one-third are slightly overweight prior to the illness.

To sum up, the DSM 111 writes that there are four diagnostic criteria for a person to be diagnosed with anorexia nervosa. The first is a refusal to maintain body weight over a minimal normal weight for age and height, and the second is an intense fear of gaining weight. Thirdly there is a distortion of body image where the patient, even when emaciated, claims to be too fat or believes certain body parts to be too fat. The fourth criterion (in females) is the absence of at least three consecutive menstrual cycles (1987, p.67).

There have been many challenges to the medical model approach taken by the DSM 111 concerning diagnostic methods regarding women. One of these criticisms is that anorexia nervosa is categorized as an eating disorder rather than a gender disorder. The definition of gender according to the DSM 111: "is the private experience of gender role, and gender role is the public expression of gender identity. Gender role can be defined as everything that one says and does to indicate to others or to oneself the degree to which one is male or female" (1987, p.71). As Mary Briody Mahowald (1992) notes, anorexia may illustrate a gender role disorder as defined above, in either of two seemingly contradictory ways. (p.238). The first is that the obsessive pursuit for thinness reveals the anorexic's insecurity in her gender identity, yet she drives herself to fulfil that

perceived gender role. Secondly, she fiercely strives not to fulfil her perceived role by becoming more masculine (boyish) and developing amenorrhoea (p.239). The DSM 111's failure to link anorexia with gender disorders, despite the fact that its principal pursuit (thinness) is a feminine ideal and 95% of anorexics are female, suggests the limitations of the DSM 111's consideration and interpretation of gender identity and gender role. These self-imposed limitations prevent the DSM 111 from breaking away from the positivist medical model of looking at the individual, and a diagnosis of anorexia separates the anorexic from the very culture in which he or she has absorbed their gender identity. The cultural implications of gender are ignored.

History

There is evidence to suggest that anorexia existed in the Middle Ages. Attaining godliness and holiness by denying or mutilating the body was prevalent among certain religious orders. It is also interesting to note that during this time the conception of the "witch" included notions that witches had voracious hunger and consuming appetites (the witch being a symbol of the repressed power of women, a negative projection of women's strength). Research, however, shows that dieting and thinness began to be major preoccupations with western women when they received the vote around 1920, writes author Naomi Wolf (1990, p.14). Wolf believes this correlation exists when women breach the power structure, for during the 1950's women briefly enjoyed their natural fullness as they were occupied in domestic seclusion. Over the last decade as more women have entered the work force, eating disorders increased exponentially and cosmetic surgery became the fastest growing medical specialty (Wolf, p.10). Women's magazines write that there are one million American anorexics, but the American Anorexic and Bulimic Association state that each year one million more American women become anorexic or bulimic, and that each year 150,000 American women die from anorexia (Wolf, p.182).

Possible Causes of Anorexia

There have been many suggestions and explanations as to the causes of anorexia; for example, organic problems (a malfunctioning hypothalamus), resistance to sexual maturity, family problems, control, perfectionism and low self-esteem. There are now greater attempts to understand the disorder

from wider perspectives, and one of these perspectives is to look not only at the family but to the broader cultural sphere in which we live. A broader investigation of this disorder has relevance for the art therapist who, in gaining a richer more vital understanding of their anorexic client, will incorporate interventions more germane to the client's lived experiences. Anorexia is not purely a psychological disease stemming from incorrect feeding during childhood by the mother, or sexual abuse, or an abnormal relationship with the mother. Anorexia is a western phenomenon, directly related to the powerful cultural forces of phallogocentric discourse. Within this discourse women are denied an authentic mirror image from which can emerge a true and autonomous sense of self.

The general attitude of the family towards weight is an extension of the cultural emphasis on thinness as a beauty ideal, and this is generally central for the development of an eating disorder. It is suggested that there are three main areas of conflict with the anorexic, these being the areas of self-esteem, self-image and control (Wolf, Wilmuth & Watkins, 1986). As anorexics (and many women and girls) have a confused and negative body image, it is relevant to investigate what engenders this negativity towards the body and self. A critical analysis explores the disorder and its possible inceptions through both the social and the psychoanalytical, as the two areas are interactive.

We live in a culture that places a high value on beauty and outer image, particularly for women. Physical beauty for women is a highly prized commodity. It is a currency system, and like any economy it is determined by politics (Wolf, p.12). Previously mentioned (in chapter three, under Gender) was Levi-Strauss's understanding of the three systems of exchange to culture: signs (words, meanings, symbolic systems); goods (for exchange, security); and women (Cowie, 1978, p.50). This value placed on how women look, leads to women being concerned or even obsessed about their appearance. Berger (1972), mentioned earlier, writes that to be born female means to be born into the keeping of men. He continues, with the albeit rather convoluted sentence: "The social presence of women has developed as a result of their ingenuity in living under such tutelage within such a limited space. But this has been at the cost of a woman's self being split in two" (p.46). From earliest childhood, through subtle processes of hegemony, females are taught to watch themselves continuously. So the identity of the female is split into two constituent yet always separate elements, the

surveyor and the surveyed. Berger writes that how a woman appears to a man can determine how she will be treated. In order for women to acquire some control over this, women watch themselves being watched. The "surveyor" of the woman in herself is male, and she turns herself into an object by becoming the surveyed female through her own eyes. When taken to extremes, this split within the psyche can lead women from a general dissatisfaction with their body image to a total battle zone between the body and the psyche, resulting in various disorders including anorexia nervosa.

Hilde Bruch (1979) writes of the two conflicting selves in anorexics, one the dominating male self, representing greater spirituality, intellectualism and will power, and the other a female self, representing uncontrollable appetites and flaws. Bruch writes that it is the male self the anorexic seeks to develop, as she comes to learn from her culture that male is better. Her sense of self-worth is threatened by being female, when she realizes she is a less valued person than the male. Susan Bordo (in Mahowald, 1992) contends anorexia is a crystallization of the psychopathology of contemporary culture. Bordo believes the disorder is the result of social manipulation of the female body that has emerged as a central strategy in the maintenance of power relations over the last century. The strategy has its roots "in the metaphysical dualism that characterizes the writings of Plato, Augustine and Descartes ... a mind/body dualism that does not simply separate but prioritizes mind over body" (cited in Mahowald, p.245). Gender (as mentioned earlier in chapter four), is formed by the circular logic of these binary opposites. As Flax (1993) writes, the female is always the lesser side of these pairs and the male, the opposite, the greater (p.336). Inequality will continue to prevail for as long as women are viewed, by themselves as well as men, as sex objects valued primarily for their bodies, Bordo writes. Cartesian polarities, with their split between subject and object, laid the path for a break between a spontaneous way of being, and a controlled, exacting way of being. The ensuing psychic conflict is seen, for example, in the battle-zone of the anorexic's war between the mind and body.

Strong gender difference develop as we incur our subjectivity within culture and the French psychoanalyst Julia Kristeva believes the body of the mother/woman is repressed and/or sacrificed for paternal social function, women are the "other" (Moi, 1986, p.204). There are connections here with the mirror phase in Object Relations theory where stress lies in the importance of the object/mother to provide the baby with a reflection

essential to the formation of its future identity. Ellis (1989), in her article *Women, the Mirage of the Perfect Image*, believes this ability is impaired by the demands of a society constructed according to rigid gender expectation, and a daughter will receive a limited reflection from her mother (p.264). The constraints of this reflection, Ellis writes, are also recognized by the French psychoanalyst Luce Irigaray, who sees a woman's reflection overlaid by masks of both her mother and her daughter. Irigaray makes a plea for a space and frame where a woman's face may show beyond all the masks and be autonomous. Ellis believes art therapy has great potential to offer a space and frame for allowing women to discover their true autonomy. Art therapy in this sense can hopefully assist anorexics heal the split within their psyche by helping them see themselves in a more holistic sense.

The general lack of human figures (apart from the long, thin, doll-like image) in anorexics' drawings (Murphy, in Dalley, 1984), could imply a metaphorical sense of exclusion from "man"-kind - anorexics do not "figure" in the (masculine parameters of) the human. Women already exist outside the symbolic order, they lack the phallus, they are the Other. Flax (1990) writes that ironically Lacan and Winnicott share one crucial concept: "that the subject comes to be(ing) in the field of the other" (p.126). For Lacan this constitution of the female invariably leads to alienation, splitting and self-estrangement. (For Winnicott that only occurs if the individual did not have "good enough" mothering). Lacan believes that outside of the symbolic law is psychosis, an alternative to the symbolic. Perhaps many anorexics, already estranged and compromised within phallogocentric culture, have compromised too much or too little, and find relief/release in the alternative: psychosis (in Lacan's sense), beyond the realm of "law-of-the-father". Perhaps that estrangement and compromise is also what causes more than double the number of women than men to suffer from depression, anxiety, and low self-esteem.

Art therapy and Anorexia

Generally, medical model treatment for the anorexic patient is to hospitalize the patient and have the staff work from a behaviourist therapy model. Hospitalization may be with or without individual group therapy, with any of the following: a psychiatrist, a psychotherapist, a psychologist, a counsellor and of course more recently, an art therapist. Family therapy may be included in these areas. The question of whether to place the patient

within a medical or psychiatric hospital should depend on which hospital has the greater experience in treating people with eating disorders. Originally treatment in hospitals was quite brutal involving heavy drugging, tube feeding and excessively cruel behaviour modification (Erichson, 1985, p.2). This has now changed although behavioural treatment is still often used, and unfortunately use of the art therapy room as a bargaining tool for weight gain or loss is still a behavioural treatment in existence.

Anorexics appear to respond positively to art therapy, possibly because it is primarily a visual exploration and anorexics tend to be verbally uncommunicative. The artwork could also become a transactional object for the anorexic, and because there is a corporeal, physical aliveness to art therapy, engaging in art could also be a way for the client to solve abstract issues through a tangible concrete medium. (This perspective is discussed further on by Wolf, Wilmuth and Watkins, 1986). Since the 1970's clinicians with anorexic clients have generally attempted to include family members in their treatment. (Vandereycken, Kog and Vanderlinden, 1989, write that the concept of parentectomy - separating parent from patient, goes as far back as the 19th century. By the 1950's however, the role of parental psychopathology in the development of childhood disorders began to be recognized).

Myth, religion and literature are imbued with alienating images of women, and media and advertising portray women as thin, young, beautiful and shaved of body hair. Women, as objects of exchange between men, serve as mirrors to men. Ellis (1989) believes this deprives women of genuine mirror reflections of themselves. Because being loved, desired and achieving security depends on their attractiveness (that is their value) to men, women often unconsciously have had little choice but to adjust their bodies and behaviour to act as mirrors for men's desire. This division between the inner self and the outer image, however, leaves women split within and dissociated from themselves. From this psychic disembodiment emerges intense and complex body and self-image conflict, which can lead to eating disorders. As French writer Helene Cixous succinctly puts it: "Hold still, we're going to paint your portrait so you can begin looking like it right away" (Marks & de Courtivron, 1981, p.248). Ellis's method of art therapy encourages the client to use her painting as a mirror rather than for self-expression. The mirroring process in art therapy has great potential for

enabling the emergence of a woman's understanding and awareness of herself in a culture that deprives her of authentic reflections. She is also thus deprived of an authentic identity not dependent on sex role norms. A critical analysis suggests sex role identification is an illusion, and is the result of women or men attempting to be the correct ideal model of male or female. This illusion is a social and political construction based on fiction or invention based on sexual injustice. As a mirror reflection of a client's "existential psychophysical existence" (Ellis, 1989, p.263), the painting in art therapy offers a possibility of self-reflection, and with that, the recognition of the various possibilities of existence. The capacity to reflect enables a dynamic integration where the client is involved in "constantly recreating her life, tolerant of ambiguity, separation, change, and death" (p.263). This integration is of particular importance for anorexics to enable the disempowering split within themselves to be healed.

Art therapist Joy Schaverien (1989) writes that for anorexics food is "an unconscious way of symbolising a conflict" (p.15), this conflict consisting of the splits and stresses of the person's inner self. What emerges from this is anorexia nervosa - the symbolic testimony to that conflict. Food for the anorexic becomes a transactional object, and through the many bargains made with food, it becomes a medium for relating to the world around her. Schaverien believes that art work produced by the anorexic can fulfil a similar role to that of food. The art can exist as a mediator between the person and the environment, it can provide an external tangible form to symbolize the anorexic's internal conflict. The sufferer is fearful of any investigation or change which might unfreeze old patterns or "mobilize unconscious forces" within her (p.16), so there is much resistance. The art therapist must tread delicately, and not appear too enthusiastic or too curious. It is important for the client to become involved in and take refuge in her own work rather than the art therapist see all the work and make comments on it. Schaverien believes that with anorexics, it appears that less verbalising regarding interpretations of artwork is of more value. In her case example she writes of a client who, after drawing many pretty postcard images, tentatively showed her a small drawing she had done on the reverse of one of these images. It consisted of an oval shape with a tiny crouched figure inside it. Schaverien felt the image spoke for itself and attempts to discuss or interpret it would have caused the client to withdraw. Less verbalising also keeps the therapy on a more sensory level, whereas interpretation may transform the experience into a more intellectual or

abstract exercise. A verbal diagnosis of the art experience can be the very intellectual positivist based interpretation that art therapy is seeking to avoid.

In their article regarding the role of art therapy in the treatment of anorexia, the authors psychiatrist Dr. Jane Wolf, psychologist Dr. Mary Willmuth and art therapist Alice Watkins (1986) write of three main conflict areas with anorexics: self-image, self-esteem and control. They believe the use of art therapy in treating anorexics enables the client to still engage in some form of control. A suggestion as to why anorexics tend to respond well to art therapy, is that the art work is in a sense perceived as a physical and substantial means through which to solve symbolic and psychic issues. Image-making is less threatening than speech and is a means of gaining self-awareness. The authors bring into their argument the concepts of shame and denial, and the anorexic's attempts to attain competence and avoid shame through the use of tangible concrete form of art work. Wolf et al. (1986) believe it is the concept of shame, as an affect state, which leads to the splitting of the real self in anorexics. Shame arises over feelings of "defectiveness and faulty boundary control" (p.44). Lack of control on that psychological level becomes, on an unconscious level, equated with lack of control on the physical (sphincter) level, thus producing shame. This leads to the splitting of the self which is an attempt to hide the self's shameful aspects. Denial protects the self from the shame. Various writers have agreed that the anorexic's attempt to solve psychological conflict is through the concrete manipulation of food and body shape. In their article, Wolf et al. offer Sours' theory that anorexia develops if the original pre-verbal separation/ individuation stage has not been successful (this could be interpreted as more mother-blaming). Anorexia becomes an attempt to solve abstract conflicts by way of a tangible source, in order to avoid shame and gain mastery. Although this theory does not examine sociopolitical possibilities of the disorder, its premise that the art work itself has a physical and tactile reality which helps anorexics explore abstract issues, is a valid and useful one for art therapists.

Art therapist June Murphy (in Dalley, 1984), in her article on the use of art therapy for treating anorexics, writes of the problems arising within a therapeutic approach. The difficulties lie with the ambivalent attitude of the anorexic towards her parents, the therapist and herself. The anorexic needs the relationships but fears being deceived and becoming too dependent.

Murphy discusses disappointing results of behavioural treatment for anorexics, and also results from psychoanalytical treatment tended only to confirm the client's own sense of inadequacy (p.100). Art therapy however is communication viewed as a viable form of treatment in as much as the central form of communication is pictorial, therefore far less threatening for the client. The visual image steps outside the inhibiting and restricting logocentric language, the "logic" of language. The French psychoanalyst Julia Kristeva writes in her article *The Speaking Subject* (in Blonsky, 1985, p.219) of logic imprisoning the subject, the logical imprisonment of the subject. There is a freedom in art therapy for the client in stepping out of and beyond that prison, the anorexic is free to express and explore through imagery a wide range of fantasies, emotions, obsessions and relationships. Of prime importance for recovery is that the client involve her or himself in the treatment (and this depends on the trust gained with the art therapist), as this is in itself empowering.

Murphy (in Dalley, 1984), writes that certain recurrences in images came to light when produced by anorexics, such as images of isolation, concise extrinsic patterns (for example whirlpools), animals (usually dogs and horses), flowers and plants (cacti and thorns), and landscapes and gardens (p.103). Regarding the human figure, it is rarely drawn, and when it is, it is distorted, usually long and androgynous, or doll-like and standing on flowers. This could suggest sexual immaturity, or a failure to fully accept a sexual identity. It could also suggest a turning away from the world, a refusal to incarnate. In western society there is a lack of ritual for girls for the transformation time of girlhood to womanhood. If anything, menstruation is still perceived in a negative light. As the majority of anorexics are female and adolescent, an art therapy that includes some form of nurturing ritual surrounding the passing of girlhood into womanhood could be of assistance in treatment.

Psychotherapist Marcia Hutchinson, a body-centred psychotherapist, offers a perspective on art therapy, self-esteem and body-image. Although not specifically for anorexics, the process might be relevant for the art therapist when engaged in therapy with an anorexic client who has moved beyond the fear of making an initial mark on paper. Hutchinson (1982) writes that women's physical beauty is a prized commodity. Her body is her fate - she values herself through her body image, thus there is a parallel between the body-self role. This sets the stage for the emergence of problematic

emotionally and psychically charged issues, particularly eating disorders. Hutchinson believes that the body image development is complex and variable. The family - the mouthpiece for cultural values, "plants the seeds of negativity which the culture later cultivates" (p.64). She writes of a state of disembodiment being at the centre of negative body image and eating disorders: "the body ... becomes something to ignore, deny, deprive or control ... the pain of separation of mind and body ranges from the dull ache of depression to the excruciation of self-torture" (p.60). Hutchinson incorporates a process called "Guided Imagery" or "Visualization" with her clients. The assumption is that body image is itself an image, which suggests that engaging in controlling an image or images can be an appropriate method for accessing and altering the subjective experience of the body. A brief outline of the eight week treatment is as follows. The body is drawn, emotionally charged areas (thighs, hips, stomach) are emphasized, deliberately distorting certain aspects in order to gain a sense of control over the subjective body experience. Family body valuation is explored with the rewriting of major psycho-historical events using adult resources, and figures from the past are confronted through imagery. Critical introjects embedded in the body image are explored, which is in line with Wilhelm Reich's theory of the neuromuscular basis for psychology, for example, "my father lurking in my shoulder or my mother crouching in my belly". Attachment to negative body imagery is identified and experimented with using various images. The body is drawn as a symbolic prison and then with an imagined escape. The "saboteur", the voice of resistance, is negotiated with, and a metaphor for representing the process of the gradual adoption of a positive body image is created. The final session involved processing, sharing and closing (Hutchinson, 1982, p.63). Obviously not all anorexics could cope with all these stages, and some would not be open to any. The emphasis on Hutchinson's treatment is on helping each woman own and accept the individuality of her body and self.

In their article, psychologist Dr. Nadine Kaslow and arts therapist Virginia Eicher (1986) write of an approach to body image therapy which incorporates a combined creative arts therapy with a verbal psychotherapy approach. There is little investigation here however of the powerful cultural forces which have generated an escalating number of women with eating disorders, depression and negative body-image. Their Creative Art Therapy methodology incorporates "relaxation training; sensory awareness explorations; mirroring; balancing; moderate exercise; sensate focus;

projective artwork; family body image, and improvisation. Their Verbal Psychotherapy methodology incorporates a holding environment; sensory processing; mirroring; reality testing; metaphor and imagery work; family therapy, and free association (p.180). It is the "projective artwork" which incorporates art therapy. The clients firstly do gesture and squiggle drawing to loosen up then "projective drawing" which involves using art materials to translate inner experiences into visual images. Clay is also used for clients to present how they have perceived their bodies at different times. The writers believe that body image is partly arrived at in response to our perception of how other significant people (in the family) perceive the body. So "family body image" work is important, and involves clients being asked to create an abstract collage out of geometrical shapes to represent family members or do a "kinetic family drawing" (p.183). Kaslow and Eicher (1986) feel that when body image issues are addressed through the above range of modalities, more substantive gains in therapy can be made. This combined treatment programme for anorexics has much to offer, however there is a major missing element. The client needs to be guided towards some form of dynamic integration and understanding between the body, the self, and the social context from which the body and self are constructed. The areas of "projective artwork" and "reality testing" would be fertile ground for this concept to emerge and be understood. It is crucial for the client to begin to develop some form of individual identity that is less confined to oppressive traditional gender role expectations.

It appears from the literature that art therapy is one of the most productive therapies when treating those suffering from anorexia. A combined therapy approach (for example movement, music, art and verbal) could be of benefit as well. It does seem, however that it is usually the actual image making that initially "draws" the uncommunicative anorexic out. The produced image, whether it be sculpted, drawn or painted, is a safe means of expression as it has clear, concrete boundaries. The anorexic lacks or is unclear about psychological and physical boundaries, and requires control to hide or deny her "shame". This control it is suggested, must be over something concrete and tangible, and for the anorexic this is food and body shape. The art therapist can offer an alternative that is still concrete and physical, and that is the engagement in the art process itself.

8. CONCLUSION

Traditional therapy reflects the dominant norms and values emanating from the social structure, and is a site for the reproduction of power imbalances and inequities. It is important for therapists to be conscious of how many models and interventions of therapy can perpetuate these inequalities. Art therapy itself emerged from established forms of psychodynamic theory and these traditional therapies have been found to perpetuate limiting gender stereotypes by not examining issues of power and gender. These tracts function as: "mechanisms of social control, preserving the status quo and protecting the patriarchal structure of society by perpetuating sex-role stereotypes in both their theoretical stance and practical application" (Sturdivant, 1980, p.20). Recent theoretical positions which challenge the established order will enable a richer understanding of the complexities and problems of western society. For the future of the practice of art therapy it is valuable to incorporate into its philosophy some understanding of how dominant and subordinate groups operate in society. An art therapist who comprehends the gender complexities of this culture will enable a more comprehensive and deeper understanding of their client's problems. Therapists need to incorporate an attitude of a knowledge of gender to the idiosyncratic needs of their individual clients, at the same time respecting their client's freedom to choose.

De Lauretis writes that "To deny gender is to deny the social relations of gender that constitute and validate the sexual oppression of women; to deny gender is to remain 'in ideology', an ideology which is manifestly self-serving to the male-gendered subject" (1987, p.5). The result of gender construction leads women to have less control and power in their lives and can result in depression, low self-esteem, body-image problems, and anorexia. Unmasking ideology's "blind spots" will help in the understanding of why gender construction perpetuates socially structured inequalities, and this unmasking will create a space for resistance to hegemonic processes. To refuse a critical analysis with an attention to gender within the field of art therapy is to do a great disservice not only to the field itself but also to its clients. The potential here is for art therapy to break away from the bonds of the "big daddies" of therapy in order to generate its own unique framework and philosophy.

Art therapy can be employed to enable the releasing and externalizing of unconscious and unexpressed experience. In investigating feelings of low self-esteem and low self-image the client needs to be guided to look not only inwards but also outwards to the culture they live in. Assistance is offered by the art therapist to recognize the interplay between internal worlds, and the broader social context which constructs our reality. Many clients may not have allowed themselves to understand that this division exists. An emerging awareness of external forces which effect the psyche and behaviour of individuals may offer the client a reflexivity, that is, an opportunity to reflect on their own history, which offers a chance for the client to feel less alone and alienated.

The discourse of art therapy can provide an alternative place beyond language and phallogentric discourse, where it can have great value for enabling women's (and men's) exploration of their identities and their body image. Attempting to understand how our behaviour and psyche is constructed from without, will enable a more successful elucidation from within. What can emerge from this is a bridging of the psychoanalytical definition of the individual with the social definition of the individual. For those who are struggling to discover a new space and a different framework in which they can see themselves and create new images of themselves, art therapy can offer significant opportunities for insight and renegotiation of perceptions of the subject, or the "self".

REFERENCES

- Agger, B. (1991). Critical theory, poststructuralism, postmodernism: their sociological relevance. *Annual review of sociology*, 17, 105-131.
- Alcoff, L. (1988). Cultural feminism versus post-structuralism. *Journal of Women in Culture and Society*, 13(3), 405-436.
- Alford, C.F. (1993). Introduction to the special issue on political psychology and political theory. *Political Psychology*, 14(2), 199-20.
- American Psychiatric Association. (1987). *Diagnostic and Statistic Manual of Mental Disorders*. (3rd rev. ed.). Washington D.C. : American Psychiatric Association.
- Ashley, D. (1989). Theory and the disintegration of modernity. *The Social Science Journal*, 26(4), 485-489.
- Avis, J.M. (1985). The politics of functional family therapy: a feminist critique. *Journal of Marital and Family Therapy*, 11(2), 127-138.
- Avis, J.M. (1991). Politics and empowerment in my therapy. *Journal of Feminist Family Therapy*, 3(1/2), 141-153.
- Bagley, M. (1977). *A preliminary look at female sex role learning and mental illness*. Paper presented at the Annual Meeting of the Southern Sociological Society, Atlanta, Georgia, 1977.
- Barnard, J. (1993). *Reconstructing Barbie: The use of art therapy to explore female body image*. Unpublished master's thesis, Edith Cowan University, Perth, Western Australia.
- Berger, J. (1972). *Ways of seeing*. Harmondsworth: Penguin Books.
- Brod, H. (ed.), (1988). *A mensch amongst men, explorations in Jewish masculinity*. Freedom, CA: Crossing.
- Broverman, I., Broverman, D.M., Clarkson, I.E., Rosenkrantz, P.S. & Vogel, S.R. (1970). Sex role stereotypes and clinical judgments of mental health. *Journal of Consulting and Clinical Psychology*, 34, 1-7.

- Bohan, J. S. (Ed.), (1992). *Seldom seen, rarely heard: Women's place in psychology*. Manchester, England: Westview Press, Boulder Co., US.
- Caplan, E. (1992). Driving us crazy: how oppression damages women's mental health and what we can do about it. *Women and Therapy*, 12 (3), 5-27.
- Chesler, P. (1990). Twenty years since *Women and Madness*: Toward a feminist institute of mental health and healing. *The Journal of Mind and Behaviour*, 11 (3/4), 313 [67]-322 [76].
- Chodorow, N. (1989). *Feminism and psychodynamic theory*. London: Yale University Press.
- Colman & Colman. (1988). *The father mythology and changing roles*. Illinois, USA: Chirion Publications.
- Cowie, E. (1978). Woman as sign. *M/F*, 1, 49-64.
- Crawford, M., & Maracek, J. (1989). Psychology reconstructs the female. *Psychology of Women Quarterly*, 13, 147-165.
- Dalley, T. (Ed.). (1984). *Art as therapy*. London: Tavistock Publications.
- Dean, R.G. (1993). Constructivism: An approach to clinical practice. *Smith College Studies in Social Work*, 63(2), 127-146.
- Dean, R.G. & Fenby B.L. (1989). Exploring epistemologies: social work action as a reflection of philosophical assumptions. *Journal of Social Work Education*, winter 1, 46-54.
- De Lauretis, T. (1987). *Technologies of gender: Essays of film, theory and fiction*. Indiana UP: Bloomington.
- De Voe, D. (1990). Feminist and non-sexist counseling: Implications for the male counselor. *Journal of counseling & Development*, 69, 33-36.
- Duchen, C. (1989). *Feminism in France*. London: Routledge & Kegan Paul.
- Ellis, M.L. (1989). Women: The mirage of the perfect image. *The Arts in Psychotherapy*, 16, 263-276.

- Ellis, M.L. (1989). *Women and art therapy*. Unpublished master's thesis, Hertfordshire College of Art and Design, U.K.
- Enns, C.Z. (1993). Twenty years of feminist counseling and therapy: From naming biases to implementing multifaceted practice. *The Counseling Psychologist*, 21(1), 3-87.
- Erichsen, A. (1985). *Anorexia Nervosa: The broken circle*. London: Faber & Faber Ltd.
- Fenby, B.L. (1991). Feminist theory: Critical theory, and management's romance with the technical. *Affilia*, 6(1), 20-37.
- Flax, J. (1987). Postmodernism and gender relations in feminist theory. *Signs: Journal of Women in Culture and Society*, 12(4), 621-643.
- Flax, J. (1990). *Thinking fragments: Psychoanalysis, feminism & post-modernism in the contemporary West*. Los Angeles: University of California Press.
- Flax, J. (1993). The play of justice: Justice as a transitional space. *Political Psychology*, 14(2), 1993.
- Fleming, M. (1990). The gender of critical theory. *Cultural Critique*, Fall, 119-141.
- Friedan, B. (1963). *The feminine mystique*. New York: Dell Publishing Co,
- Fuhrman E.R. & Snizek, W.E. (1980). Some observations on the nature and content of critical theory. *Humboldt Journal of Social Relations*, 7:1, 33-51.
- Good, G.E., Gilbert, L.A., & Scher, M. (1990). Gender aware therapy: A synthesis of feminist therapy and knowledge about gender. *Journal of Counseling and Development*, 68, 376-379.
- Goldner, V. (1987). Instrumentalism, feminism, and the limits of family therapy. *Journal of Family Psychology*, 1(1), 109-116.
- Goodrich, T.J., Rampage, C., Ellman, B., & Halstead, K., (1988). *Feminist family therapy*. New York: Penguin Books Canada, Ltd.

- Goodrich, T.J. (1991). Women, power and family therapy: What's wrong with this picture? *Journal of Feminist Family Therapy*, 3(1/2), 5-37.
- Gove, W. (1980). Mental illness and psychiatric treatment among women. *Psychology of Women Quarterly*, 4 (3), 345-362.
- Grieve N. & Burns, A. (Eds.). (1994). *Australian women: Contemporary feminist thought*. London: Oxford University Press.
- Hare-Mustin, R.T. (1986). The problem of gender in family therapy theory. *Family Process*, 6, 15-26.
- Hare-Mustin, R.T. & Maracek, J. (1988). The meaning of difference: Gender theory, postmodernism and psychology. *American Psychologist*, 43(6), 455-464.
- Harms, J.B. (1992). Critical theory and teaching sociology: Critique in the classroom. *Free Inquiry in Creative Sociology*, 20(2), 179-188.
- Hearn, J. (1989). Reviewing men and masculinities - or mostly Boy's Own papers. *Theory, Culture & Society*, 6, 665-689.
- Hutchinson, M.G. (1982). Transforming body image: Your body, friend or foe? *Current Feminist Issues in Psychotherapy*, 1(3), 59-67.
- Jayarathne, S. & Levy, R. (1979). *Empirical clinical practice*. New York: Columbia University Press.
- Johnson, D.R. (1989). Introduction to the special issue on women and the creative arts therapies. *The Arts in Psychotherapy*, 16, 235-238.
- Kaplan, A.G. (1979). Toward an analysis of sex-role related issues in the therapeutic relationship. *Psychiatry*, 43, 112-120.
- Kaplan, M. (1983). A women's view of DSM 111. *American Psychologist*, July, 786-792.
- Kaslow, N.J. & Eicher, V.W. (1988). Body image therapy: A combined creative arts therapy and verbal psychotherapy approach. *The Arts in Psychotherapy*, 15, 177-188.

- Kirby, A. (1994). *Perceptions of mother-daughter relationships in the art of adult incest survivors*. Unpublished master's thesis, Edith Cowan University, Perth, Western Australia.
- Kitzinger, C. (1991). Politicising psychology. *Feminism & Psychology*, 1(10), 49-54.
- Kitzinger, C. (1991). Feminism, psychology and the paradox of power. *Feminism & Psychology*, 1(1), 111-129.
- Layton, M. (1984). Tipping the therapeutic balance. *The Family Therapy Networker*, 9(3), 20-27.
- Lee, J. (1987). The radical potential of social work: Integrating a feminist critical perspective. *California Sociologist*, 10(2), 27-41.
- Lewis K.G. (1989). Teaching gender issues to male/female group therapists. *Journal of Independent Social Work*, 3(4), 125-139.
- Loring, M. & Powell, B. (1988). Gender, race and DSM 111: A study of the objectivity of psychiatric diagnostic behaviour. *Journal of Health and Social Behaviour*, 29, 1-22.
- Luepnitz, D.A. (1984). Cybernetic baroque: The hi-tech talk of family therapy. *The Family Therapy Networker*, 8(4), 37-41.
- Luepnitz, D.A. (1988). *The family interpreted: Psychoanalysis, feminism & family therapy*. United States of America: Harper Collins Publishers.
- MacKinnon, C. (1982). Feminism, marxism, method, and the state: An agenda for theory. *Signs: Journal of Women in Culture and Society*, 7(3), 515-544.
- Mahowald, M.B. (1992). To be or not to be a woman: Anorexia nervosa, normative gender roles, and feminism. *The Journal of Medicine and Philosophy*, 17, 233-251.
- Maracek, J. & Hare-Mustin, R. (1991). A short history of the future: Feminism and clinical psychology. *Psychology of Women Quarterly*, 15, 521-536.
- Marks, E. & de Courtivron I. (Eds.), (1981). *New French feminisms*. Brighton: Harvester.

- Marshall, B.L. (1988). Feminist theory and critical theory. *Canadian Rev. Soc. & Anth.* 25(2), 208-230.
- Masson, J.M. (1988). *Against therapy*. New York: Macmillan Publishing Company.
- McNiff, S. (1981). *The arts and psychotherapy*. Illinois: Charles C. Thomas.
- Miller, J.B. (1986). *Toward a new psychology of women* (2nd ed.). Boston: Beacon Press.
- Miller, K.D. (1991). Body-image therapy. *Nursing Clinics of North America*, 26(3), 727-736.
- Moi, T. (Ed.). (1986). *The Kristeva reader*. Oxford: Basil Blackwell Ltd.
- Mundell, A. (1992). *The leader as martial artist*. San Francisco: Harper.
- O'Connor, P. (1985). *Understanding Jung understanding yourself*. London: Methuen London Ltd.
- Osborne, K. (1983). Women in families: Feminist therapy and family systems. *Journal of Family Therapy*, 5, 1-10.
- O'Sullivan, T., Hartley, J., Saunders, D., & Fiske, J. (1983). *Key concepts in communication*. London: Methuen & Co. Ltd.
- Pugliesi, K. (1992). Women and mental health: Two traditions of feminist research. *Women & Health*, 19 (2/3), 43-68.
- Radloff, L. (1975). Sex differences in depression: The effects of occupation and marital status. *Sex Roles*, 1, 249-265.
- Reimers, R. & Dimmock, B. (1990). Mankind and kind men: An agenda for male family therapists. *Journal of Family Therapy*, 12, 167-181.
- Richters, A. & Bonsel, E. (1987). The relevance of Jurgen Habermas' work for counselling. *International Journal for the Advancement of Counselling*, 10, 85-102.
- Rosewater, L.B. & Walker, L.E. (Eds.). (1985). *Handbook of feminist therapy: Women's issues in psychotherapy*. New York: Springer.

- Ross, H. (1982). Critical theory, Habermas, and the critique of positivism. *Free Inquiry in Creative Sociology*, 10(1), 63-68.
- Schaverien, J. (1989). Transference and the picture, art therapy in the treatment of anorexia. *Inscape, Spring*, 14-17.
- Scher, M. (1984). Men in therapy: Commonalities and politics. *Voices*, 20, 41-45.
- Showalter, E. (1985). *The female malady: Women, madness and English culture, 1830-1980*. New York: Pantheon.
- Sipe, R.B. (1986). Dialectics and method: Reconstructing radical therapy. *Journal of Humanistic Psychology*, 26(2), 52-79.
- Steen, M. (1991). Historical perspectives on women and mental illness and preventing of depression in women, using a feminist framework. *Issues in Mental Health Nursing*, 12, 359-374.
- Steffensen, J. (1994). Girls in cyberspace. *Realtime*, 2, 17.
- Stoecker, R. (1989). Critical theory and feminist praxis. *Humanity & Society*, 13 (3), 344-364.
- Sturdivant, S. (1980). *Therapy with women: A feminist philosophy of treatment*. New York: Springer.
- Tuttle, L. (1986). *Encyclopedia of feminism*. London: Arrow Boks Ltd.
- Vandereycken, W., Kog, E., & Vanderlinden, J. (Eds.). (1989). *The family approach in eating disorders*. New York: PMA Publishing Corp.
- Weissman, M., & Klerman, G. (1977). Sex differences and the epidemiology of depression. *Archives of General Psychiatry*, 34, 98-116.
- Whalen, M. (1992, August). *Counseling as a subversive activity*. Paper presented at the Annual Convention of the American P.A., Washington, D.C.
- Wight, N. (1989?). *Feminist Art Therapy*. Unpublished master's thesis, Wright State University, Dayton, Ohio, USA.

- Wilkinson, S. (1991). *Feminism & psychology: From critique to reconstruction*. *Sage*, 1 (10), 5-18.
- Wolf, J.M., Willmuth, M.E., Watkins, A. (1986). Art therapy's role in the treatment of anorexia nervosa. *The American Journal of Art Therapy*, 25, 39-46.
- Wolf, N. (1990). *The beauty myth*. London: Chatto & Windus Ltd.
- Young, R. (1992). *Critical theory and classroom talk*. Multilingual Matters Ltd., England.
- Zwarg, C. (1988). Emerson's "scene" before the women: The feminist poetics of paraphernalia. *Social Text*, 18, 129-144.