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Dominant narratives: Complicity and the need for vigilance in the creative arts therapies

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ABSTRACT

We live in societies in which we are shaped and positioned by dominant/subjugating narratives including patriarchy, Eurocentricism, heterosexism, capitalism, psychiatry/psychology, and medical science. This paper explores the ways in which our understandings of ourselves and others are fundamentally shaped by such narratives. These narratives shape how creative arts therapists understand concepts such as therapy, health and wellness, and issues of identity such as gender, race, ability, and sexuality. The author contends that it is imperative that creative arts therapists examine all aspects of identity in therapy, not only aspects of the client's identity, but also those of the therapist, and how these aspects of identity impact, structure, and mediate the therapeutic relationship. That is, as therapists we are not above the fray of complex identity formation shaped by dominant/subjugating narratives. The author discusses the need for creative arts therapists to examine how dominant/subjugating narratives are communicated through the art forms that we engage in within the therapeutic process. Also explored are the ways in which creative arts therapists are complicit with these dominant/subjugating narratives through our educational and research practices. Finally, the author discusses the need for constant vigilance against such dominant/subjugating narratives in order to work toward anti-oppressive practice and social justice.

"I am not ready to abandon the quest for a society in which human beings are appreciated for abilities and talents; assisted based on their needs; and where differences in skin color, gender, sexual orientation are not occasions for exclusionary or pejorative treatment."
—Adrienne Asche (2004, p. 10)

". . .therapy is absolutely a political act and no one can escape from the problem; there is no outside."
—Hiroko Miyake (2008, para 27)

Personal context

Before learning about music therapy in the 1980s, I wanted to work with homeless youth and decided that one way to build a relationship with them would be through music, an early belief in an approach that has become known as community music therapy. From early on in my privileged middle class life, I was concerned about the uneven distribution of power in society. I was always drawn to the plight of those who were not given the advantages that others were afforded. This was why music therapy was so appealing to me. In this profession, I could help groups of people who were disadvantaged in society. However, by the time I was nearing the end of my undergraduate studies in music therapy, I became worried that perhaps I was doing music therapy for the wrong reasons. Being a music therapist made me feel good about myself. It fulfilled my need to be needed, it gave me a sense of purpose, and I felt good that I was doing "good" *for* others. At the time, I worked through this struggle with my professor and felt comforted that having awareness of these feelings could help me not to fall prey to them. While this was an important place to be at that point in my life, I have since realized that while awareness is certainly an important component, it is not enough.

While engaging in graduate studies in music therapy in the 1990s, I learned more about the importance of therapist self-awareness in terms of recognizing the impact of one's feelings, attitudes, and actions on the client and the therapy process (AMTA, 2009). I was taught to be aware of my personal limitations, problems, and values that might interfere with my professional work and to take whatever action was necessary to ensure that services to clients were not affected by these limitations, problems, and values (AMTA, 2008). The underlying assumption was that these

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personal characteristics could be addressed at the individual level and rectified with focused attention.

At this time, outside of my music therapy classes, I was being introduced to concepts from Lewin's field theory (Wheelan, Pepitone, & Apt, 1990), the influence of Bertalanffy's general systems theory on family therapy (Nichols & Schwartz, 1995), social constructionism (Gergen, 1994), and narrative inquiry (Polkinghorne, 1988). What I learned from these schools of thought shifted my thinking in various ways. I could no longer see the individual without thinking about the myriad systems of which s/he is a part and to understand the importance of looking at *both* micro levels (e.g., individual) *and* macro levels (e.g., society), and the interdependence of various interlocking systems. I began to question grand narratives which espoused a single objective truth as I learned about the ways in which language, values, and social interactions inform our perception of reality. Thus, I became more skeptical about theoretical generalizations, realizing that they were "really only context-specific insights produced by particular discourse communities" (Brookfield, 2005, p. 1).

I also learned about the role of narrative in our lives (White & Epston, 1990). By that I mean the process by which we, as humans, create narratives about ourselves, our lives, and others, by linking various events together over time in order to interpret our experiences in meaningful ways. We use these narratives to explain and make sense of our experiences. These narratives shape and are shaped by individuals, groups, and societies—systems which are interdependent. Furthermore, we are always part of multiple narratives occurring simultaneously—narratives about our abilities, our struggles, our relationships, our work, our perceptions, etc. Given that we cannot weave all we experience into these narratives, certain events are selected and privileged over others. Over time, dominant narratives about ourselves and our experiences are formed and *seem* to become truths. Dominant narratives about others are also formed. As we have new experiences, certain events are selected to support these dominant narratives, and those that do not fit within the dominant narrative tend to remain hidden or less significant. These dominant narratives can be empowering; they can be oppressive. We are born into a socio-cultural historical matrix of dominant narratives which continually shape or position us in various ways. Within this inherited framework, though, there are many possibilities for how we narrate who we are. In other words, we both create narratives about ourselves and others while simultaneously narratives are always shaping who we are and how we see ourselves and others.

Sometimes a dominant narrative takes hold and limits the ways in which people perceive themselves and others. The narrative seems to become rigid and leads people to have what narrative therapists refer to as thin descriptions of a person, a relationship, or an event (Morgan, 2000). When this happens, people are in many ways oppressed by the dominant narrative and its resultant thin descriptions. Narrative therapists refer to cultures that have been oppressed as "subjugated cultures," and view capitalism, psychiatry/psychology, patriarchy, heterosexism, and Eurocentricity as "subjugating narratives" (Wever, n.d.). However, given that narratives are not static, in this theoretical framework the self is not fixed, and neither are groups or societies. When a narrative becomes rigid and limits perceptions, there is a need to foster alternative narratives, ones that allow for thicker descriptions, ones that are more liberating. The fluid nature of narratives provides us with the potential for shifting dominant narratives. Thus, there are various narratives or discourses that we may adopt or reject which play a part in structuring our "personal" and social identities.

This expanded way of thinking about identities was appealing to me. However, I became somewhat disillusioned with therapy and the focus on "changing" individuals or helping individuals to function more adequately in a system/world not wired for them. It seemed in many ways that the focus was going in the wrong direction. Why not work on changing the system, challenging dominant narratives? It became obvious to me that it was dominant systems/dominant narratives which were limiting what it was to be fully human. This was when I became engaged with movements that fall under the broader category of critical theories—feminism, disability studies, critical theories of race, and, queer theory/sexuality studies.

Dominant narratives/critical theories

In general terms, critical theories are ones which seek to expose and therefore create an impetus for action against subjugation. Thus, critical theory has been connected with many social movements. Critical Theory, in its original form, began with the development of the Institute for Social Research (1929–1930), and is associated with philosophers from the "Frankfurt School" including Horkheimer (1937, 1982), Horkheimer and Adorno (1972), Adorno (1972, 1973), Marcuse (1937, 1969), Benjamin (1936), Fromm (1941), and later Habermas (1971). Other philosophical approaches that can be under the umbrella of critical theories include feminism (Harding, 1991), critical race theory (Delgado & Stefancic, 2001), and queer theory (Butler, 1990; Rich, 1995). More recently, disability studies has also been linked with critical theory (Asche, 2004).

Drawing from the work of influential critical theorists, Brookfield (2005) outlines five distinctive characteristics of critical theory:

1) That it is grounded in a particular political analysis that shows that the "commodity exchange economy" that we find in capitalism inevitably creates tensions between those who desire emancipation and those who wish to prevent this desire from being realized.
2) That it is concerned with providing people with knowledge and understandings intended to free them from oppression.
3) That it breaks down the separation of subject and object and of researcher and focus of research.
4) That it not only critiques current society, but envisions a fairer, less alienated, more democratic world.
5) That verification of the theory is impossible until the social vision it inspires is realized.

Some of the important concepts in critical theory, according to Brookfield (2005), are to challenge ideology, contest hegemony, unmask power, learn liberation, and practice democracy. Ideology is viewed as "the broadly accepted set of values, beliefs, myths, explanations, and justifications that appear self-evidently true, empirically accurate, personally relevant, and morally desirable to a majority of the populace" (Brookfield, 2005, p. 41). Ideology refers to "*repressive trains of thought* that makes it possible for subordinates to accept their social position as 'natural' or 'inevitable'" (Stige, 2002, p. 332). Ideology is difficult to recognize because it is "embedded in language, social habits, and cultural forms" and because it appears "as common sense, as givens, rather than as beliefs that are deliberately skewed to support the interests of a powerful minority. . . . while appearing to advance the interests of all" (Brookfield, 2005, p. 41). Furthermore, it "conceals the power relations involved" (Stige, 2002, p. 332). Thus, in order to challenge ideology, or engage in "ideology critique," it is important to make visible the oppression and inequities that have been taken to be the natural order of things.

Hegemony is integrally related to ideology in that it is "the process by which we learn to embrace enthusiastically a system of beliefs and practices that end up harming us" (Brookfield, 2005,