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## Arts therapies in educational settings: an intercultural encounter

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### Introduction

The effectiveness and necessity of therapy in a school setting is no longer contested between school psychologists and counselors (Prout & Brown, 1999; Kazdin & Johnson, 1994). A number of analyses of school-based psychotherapies have all concluded that the therapies are productive (Brantley, Brantley & Baer-Barkley, 1996; Prout & DeMartino, 1986; Kazdin & Johnson, 1994; Prout & Prout, 1998; Shechtman, 1993). Despite this, there is still very little written about the use of arts therapies in educational settings, and there are those who remain skeptical about its viability. Therapists who work in schools occasionally feel that they are expected to intervene as teachers of art, rather than therapists. They feel that the unique nature of their professional identity goes unrecognized. They are occasionally confronted by teachers and school principals who balk at requests for “unusual” work arrangements, such as class observations and regroupings, that are not always compatible with the class-organization. These teachers and principals do not view child observation as part of the therapeutic workload.

My twenty years of working as a movement therapist, clinical supervisor, and educational counselor in educational institutions have led me to believe that both therapists and schools could only benefit from a reconceptualization regarding the integration of one with the other.

This needs to be done on two levels: conceptually—arriving at a general understanding of the partner-

ship between the therapists and educators; and practically—focusing on the strategies and tactics involved in a successful partnership of this kind.

In this article I approach the issue by defining the aforementioned partnership as an intercultural encounter, with education and therapy seen as distinct cultures who share certain perspectives about human beings and the world, but which differ from one another. The principles of these two cultures are presented, and proposals are made for bridging the gaps between them. I also bring forth studies supporting therapeutic work in schools and suggest strategies and tactics useful to both educators and therapists.

### Culture

Over the past three decades, the term “culture” has taken on a very broad meaning, going way beyond classic anthropological definitions. Today, the term refers to a system of meanings shared by a group of people by virtue of their affiliation and identification with groups that are defined by ethnic association, age, sexual identity, sexual preference, and so forth (Kincheloe & Steinberg, 1997). These affiliations and identifications constitute a culture in a double sense, in that the aforementioned groups not only produce an internal culture, they are constructed within—or by—a culture as well. This perspective enables us to apply the term “culture” to a profession itself, and not merely to the organizations in which the professionals work, as has been the case in the past (Frost, 1985). In their article, Lefley and Pedersen (1986) also concluded that particular jobs and

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professions could be said to constitute their own culture.

Geertz (1973) defined culture as a structure of the meanings of life within a particular community, wherein people use these meanings to create their identity, while also establishing their identity from and within these particular meanings. Culture fosters identity, common characteristics and language, and enables the development of interaction. Using this definition, a profession can be understood as a culture. Furthermore, if we look at the sociological discourse on professions, the idea of culture is perceived as a defining element. Payne's "characteristics approach," (Payne, 1996) for example, makes the claim that a central component of a profession is its unique culture, a feature of which is the claim to a specific and unique field of knowledge, and the claim of authority in that field.

The establishment of a professional culture promotes the type of communication found at international conferences. Here one can find people from diverse geographic locations who are able to communicate with each other using technical jargon, and who share similar areas of interest, dilemmas, and professional literature—be they mathematicians, physicians, or mental health practitioners.

In this article, the profession of arts therapies and that of school-based education are defined as different cultures. Much has been said and written about how the central formulations of psychotherapy and arts therapies and their basic conceptualizations are essentially the products of Western culture; more has been written about their foundation upon a particular outlook and its attendant norms (on this position within arts therapies see Dokter, 1995; Lewis, 1997). According to the definitions provided by Geertz (1973) and Ariño (1997), culture enables the establishment of an identity, an outlook, and strategic means and tactics for thought and action. Following these criteria, it can be posited that a profession is thus a culture in and of itself. Abraham (1993) also brings sources for the idea of a professional culture, which influences all the people who fulfill professional roles. She adds that the organizations in which such roles are performed, carefully maintain that culture.

Ariño (1997) states that each particular culture provides four different types of information, of a comprehensive as well as pragmatic nature:

World outlook and descriptive information: It says how the world is, what there is and what there is not, it depicts human beings and reality. For example, Zen Buddhist culture fosters a picture of man and the world that is very different from that fostered by Western, postindustrialist

societies or that of the culture of people living in the mountainous regions of South America.

Technical information: Each unique culture provides modes of behavior and tools for problem solving.

Normative information: Culture creates and transmits values, norms, aims, and restrictions.

Prospective information: It consists of the view of the future: the dreams, expectations, utopias, and ideals that people create grow out of culture, but can also be used to expand it (see also Leledakis, 1995).

Presented below is a brief portrayal of the culture of therapy, and the culture of school-based education, according to Ariño (1997). Although both these cultures have shared elements, I would like to focus on the differences, as they are a cause of the difficulties met in the intercultural encounter (see Table 1).

#### *Arts therapies as culture*

In the culture of therapy, the person and the world are rife with conflicts and internal contradictions. Importance is attached to introspection and anxieties. Therapists see their role as accepting the child as he is, with all his distress and uniqueness, while at the same time attempting to accompany him in his process of change. Occasionally, emphasis is placed on the difficulties and on the deficiencies, rather than on the existing strengths and adaptive compensations that the child is capable of creating for him.

According to this ontological view, the therapeutic task is accomplished by a bond and a process, the results of which can sometimes be measured better qualitatively rather than through quantitative indices. Each and every session is different, not only between patients but also during the course of the treatment of a single individual. Significance is attributed to privacy, respect for the process, and the patient's personal time, and as a result, the need to provide freedom of expression and a secluded location. Another aspect is that the planning is comprehensive and focuses on defining objectives and less on specific session designing. Even in short-term therapy, the patient and the process are allowed to lead themselves, although to a lesser degree. To better understand what happened, much thought is invested in reviewing the sessions, going over the interaction that was generated, and the emotional involvement of both patient and therapist. In long-term treatment, the therapist appears to be passive, and is rarely, if ever, the initiator, and intervenes only in the wake of the patient's actions.

In order to analyze the session and create a certain

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