



Specters of whiteness: Radical care for ghostly matters in art therapy

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ABSTRACT

The specters of whiteness in art therapy have continued to haunt the field since its formal foundation in the early 1970 s. The authors propose a radical care ethic for these ghostly matters in art therapy that centers the creative process as a critical method for white art therapists to develop the capacity for sincere antiracist work. The social and material conditions of neoliberalism are haunted by the specters of whiteness and colonialism, which, until recently, have been deliberately veiled within art therapy. The authors re-envision the studio as a critical site for intra-community antiracist practice and reclaiming of histories for a justice-to-come.

The profession of art therapy is crowded with ghosts. As authors, we became acutely aware of the ghosts as we perused and discussed archived correspondence between the early American Art Therapy Association (AATA) members as they struggled to define the parameters of the nascent field (Correspondence, 1973–1974; Gipson, 2019). The first author is a white,¹ queer, recent graduate of an art therapy training program and the second author is a white, older, cis-gender woman, art therapist who entered the field in the 1970 s when the architecture of the profession was being built. Our different positions in relation to the AATA's history figure in and inform our shared understanding of the meaning of early events in art therapy. We also share a vantage point of concern about the overwhelming whiteness of art therapy (American Art Therapy Association, 2021) and a desire to share our personal efforts of coming to terms with both the role of white culture in art therapy, our individual and collective responsibility to reckon with it, and our accountability to the ghosts of early art therapists of color whose contributions were disregarded and, to a large extent, still remain unseen.

Prominent among them is Lucille Venture, the first person to earn a Ph.D. in art therapy in 1977 from Union University in Cincinnati (Gipson, 2019; Potash, 2005; Stepney, 2019). Dr. Venture made her position clear: requiring a master's degree as the only entry point to the field would be a hardship to many, an exclusionary hurdle to anyone who could not afford two more years of expensive education post-college

(Venture, 1977). Through her work within communities of color in Baltimore, she knew how important it was for clients to be served by therapists who looked like them and who understood the challenges they faced. As she had studied with many of the early "founders" (Junge & Wadeson, 2006; Junge, 2010) of art therapy, all white women, she anticipated the history to come that we have been living. The majority of people in the field of art therapy continue to be white, cisgender women (American Art Therapy Association, 2021). She asked the AATA to implement efforts to recruit and support students of color to enter the field and was mostly met with ghostly silence (Venture, 1977).

In this paper, we name the larger problem, which we define as the specters of whiteness that permeate art therapy. That is, the ghosts of those who came before us continue to haunt us, wanting to be heard. Their absence creates a void in art therapy where aspects of white culture continue to displace the foundational threads of art-making, creative process, and spirituality, rendering the field itself a ghostly facsimile of what it could be. We offer suggestions for engagement with these realms of loss to reclaim and renew what art therapy might become. Our aim is to remind art therapists that our area of expertise is the imaginal realm. What can be imagined, can be created. We invite art therapists to reclaim the histories, make friends with our ghostly forebears, and metabolize the influence of whiteness as it has obscured what art therapy can be. We invite accountability among white art therapists and

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¹ We acknowledge that APA guidelines suggest that racial and ethnic groups are proper nouns and should be capitalized, however here we lower case the "W" in white, as an act of care and humility as we focus in this paper on decolonizing art therapy. See Pearlman, 2015 (June 23).

point to practices that can serve this goal. We use accountability here as a means of creating communal support for those impacted by systems of harm and collectively interrupting, challenging, stopping, and shifting behavior and the underlying systems that support ongoing harm (Russo, 2013).

The problem

Founded on unexamined individualist and universalist principles that permeate the larger culture (Gipson, 2019; Talwar, Iyer, & Doby-Copeland, 2004; Venture, 1977), art therapy remains plagued by an excess of absence, haunted by intellectual conquest and ideological domination that continues to this day. Dr. Venture used her dissertation to recommend that the architects of this new field use the methods of self-scrutiny available in art-making for this very enterprise: to interrogate their unconscious bias, root out self-serving thinking and explore alternative options before creating or assimilating to the existing structure of professionalism (Venture, 1977). Instead, the field became modeled on the medical establishment replete with hierarchies of status in which art therapy aimed to have a niche.

At the time of this writing, we are collectively witnessing the ongoing impacts of the COVID-19 global pandemic, which have demonstrated the deleterious outcomes systemic inequities have had on the health and wellbeing of minority and marginalized people (Centers for Disease Control and Prevention, 2022; Vasquez Reyes, 2020). Working within the mental health industrial complex (Talwar, 2022), art therapists are implicated in the same systems producing the conditions of dis-ease our clients seek to remedy, while simultaneously providing services using standardized methods of assessment, diagnosis, and practice that have roots in exclusionary and harmful paradigms arising from colonial logics (Derrida, 1994; Gipson, Norris, Amaral, Tesfaye, & Hiscox, 2021; Harris, 2021; Spivak, 1990). Important perspectives—of art, spirit, and activism—haunt the periphery of the field, unable to come into focus and guide us to a radical care praxis in art therapy rooted in justice and creativity.

As the nation grapples with the ever more brazen enactment of white supremacy in new legislative efforts (House Oversight & Reform Committee Confronting White, 2019), white art therapists must intentionally engage in an intersectional self-reflexive practice towards accountability and responsibility for our white privileges by expressing radical care for these ghostly matters. The social and material conditions of neoliberalism are haunted by the specters of whiteness and colonialism, which, until recently, have been deliberately veiled within art therapy. Art therapists of color have previously materialized this invisible veil (Talwar et al., 2004); yet, many white art therapists continue to remain either oblivious or complicit by debating or diminishing the actuality or severity of these injurious ghostly matters despite the overwhelming evidence to the contrary (George, Yancy, Sharpe, & Moore, 2020; Gipson et al., 2021; Gipson, Williams, & Norris, 2020; Johnson, Deaver, & Doby-Copeland, 2021).

In this paper, we urge white art therapists to commit to practicing antiracism within intracommunity (white affinity) spaces to effectively dismantle white supremacy (Hambrick and Byma, 2017) in ourselves, our professional practice, our organizations, and in the world. We acknowledge the complex affects that are activated by this call. We recognize from our own efforts the shame, guilt, fear, and even shock that accrues when we honestly reckon with the world and our field as it is, as it has been and how it will continue to be without our commitment to engage these ghostly matters. We must move through these frightening and challenging feelings by tending to them with radical care in the shared pursuit of fostering racial justice and social change in our local communities and in the profession of art therapy. We urge embracing what Chögyam Trungpa (1973) calls *upāya*, an energy of skillful means, a kind of “ruthless compassion,” that “severs us from our comforts and insecurities” (Vlasic, 2019, n.p.). Our task, as white art therapists, is to “interrogate [w]hiteness, and address how [we] may

individually support [and benefit from] [w]hite supremacy,” (Eastwood, 2021, p. 1), and “learn how to identify hauntings and reckon with [the] ghosts” (Gordon, 2013, p. 119) of our inheritance of racial privilege as well as our inherited intergenerational trauma. This work requires us to delve deeply into memory, transgenerational history, and our own past education to seek a space in which to reconsider, to collage a new vision of a world of justice and care. We hold that this work may feel impossible; that it is non-negotiable, and that as white art therapists we must find ways to do it and to support each other to enact an ethic of care.

Conjuring white critical racial consciousness in art therapy

Privilege is always invisible to those who possess it and generally goes unexamined (McIntosh, 1998). Stepney (2022) states that privilege, which is the opposite of oppression, is invisible to members of the dominant group, while members of the non-dominant group are acutely aware of their non-privileged condition. Historically, white art therapists, as a group, have tended to focus on our personal felt sense of lack of status relative to other mental health professionals and the institutions in which we operate. We often point to how art therapy is dismissed institutionally, without examining aspects of our white privilege that are simply taken for granted. It can also feel tempting and even necessary to put off dealing with racism in favor of day-to-day neoliberal demands to care for clients and students, submit paperwork in order to be paid, and meet other professional demands that feel Sisyphean.

White art therapists constitute most members of the AATA and texts by white art therapists dominate higher education curricula (Hambrick & Byma, 2017; Talwar et al., 2004). The problem this creates, according to Stepney (2022), is “...[w]hiteness is extensive, often elusive, well-protected, nebulous and extremely difficult to unravel and identify,” (p. 154) requiring enormous effort to unpack the myriad ways that the education and training experiences of emerging art therapists are impacted by the silencing of marginalized voices. This is not work that can be done by students of color in training situations, as the imbalance of power puts them at risk for harm if they speak up among their majority white teachers and fellow students. White fragility (DiAngelo, 2018) is defined as a psychological intolerance and lack of emotional stamina for undertaking critical conversations about race. This intolerance arises from the condition of white supremacist culture that shields white people from race-based stress. Shame, blame, anger, fear, and guilt are common emotional reactions that emerge for people from dominant cultures when confronted with discussions about white privilege and our complicity in oppressive systems. The ghostly attributes of white supremacist culture that demand high levels of work output, ascribe individual responsibility for systemic difficulties, and fail to value or make time for creative self-reflexive processes in the workplace, contribute to stress responses including resistance, defensiveness, and aggression (Okun, 2021). As Johnson et al. (2021) report, “[the] impact that the lack of racial/cultural diversity in art therapy programs had on the art therapy students of color in this study suggests implications for the sustainability of the profession” (p. 6). Hambrick and Byma (2017) argue that dominant whiteness in art therapy negatively affects white art therapists as well by “limiting their social skills, self-awareness, and ability to engage in productive dialogue about race and other structures of oppression” (p. 107).

Venture (1977) speaks to the exclusivity of art therapy, “its practice and design,” as being “established...for a select few rather than a neglected many” (p. 80). Venture further critiques the practice of art therapy adhering to the Freudian paradigm of individual psychopathology, and by extension bracketing difficulties faced by students as arising from their individual struggles. She argues that art therapy colludes with obscuring systemic forms of exclusion and that the larger power structures of academia and the medical establishment remain unquestioned and unacknowledged.

White critical racial consciousness development embraces affective

disorientations (such as guilt and shame) as gracious (g)hosts of multiplicity, paradox, and unknowability. Further, this reappraisal propagates meaning by underlining the intersections of institutional, historical, and socio-cultural forces that construct a universalizing understanding of art therapy, which Gordon (2008) defines as the haunted social practice of knowledge production. This is where an intersectional framework is critical for not just naming one's social locations and identity markers, but "from which to examine, critique, and contextualize how intersecting areas of inequity or privilege are structurally formed and maintained" (Talwar, Sajjani et al., 2021).

Towards reckoning

Conjuring our ghosts with radical care (Ravichandran, 2019), we begin to "learn how to identify hauntings and reckon with ghosts, [we] must learn how to make contact with[,] what is without doubt[,] often painful, difficult, and unsettling...in order to do this, we will have to change the way we have been doing things" (Gordon, 2013, p. 119). To do so, we must use the tools of the creative process, art materials, and story-making that are the foundation of art therapy to investigate ourselves (Allen, 1995; Moon, 2001; Joseph, 2006; Seiden & Davis, 2014; Venture, 1977).

We can use the containment, affect regulating capacity, and guidance of the creative process, as we engage with our own affective experience. We can transmute these specters of whiteness through the containment of the art object and "change the way we have been doing things" (Gordon, 2013, p. 119) by grappling with our feelings of white guilt and shame as a means of building the necessary attitudes for the development of white critical racial consciousness (Acton, 2001; Eastwood, 2022; Rowe, Bennett, & Atkinson, 1994; Stepney, 2022).

White art therapists must commit to developing white critical racial consciousness. This critical consciousness is elusive and slippery and evades any fantasy of once-and-for-all-ness. As artists and art therapists, we have an internal channel through which we can continue to issue an invitation of hospitality to the ghosts who wish to make themselves known to us. White art therapists can practice radical care for ghostly matters through the creative process. Art-making becomes a spiritual technology, that conjures, materializes, and contains "both phenomenal and non-phenomenal" forces of whiteness experienced affectively in "the present with its [visible] absence in advance" (Derrida & Stiegler, 2002, p. 117). This uncanny process becomes an expression of radical care towards reckoning with the entanglements of injustice in the present to incite social justice. Such a care practice is embedded in the DNA of art therapy but has been deactivated, silenced, and disregarded under neoliberalism where no time or energy is consistently allotted for deep reflection to guide practice. This work takes time. The work *makes* time. When we fully engage in the creative process, linear time ceases to dominate our consciousness and expansiveness opens for us. Still, time must be made for doing this work. White art therapists must re-think how we spend our time.

The studio: towards uncanny art processes and claiming our ghosts

Standards of validation of art therapy and art therapists have been outsourced to accreditation entities incrementally since the 1990 s. Efforts to carve out an authentic place for art therapy in the larger educational systems and submit to standards crafted by others has chipped away at the centering of art-making and the creative process in art therapy (Allen, 1995; Moon, 2016; Moon, 2001; Fish, 2019; Timm-Bottos, 2016). We acknowledge that efforts to create secure employment for art therapists have been one of the drivers of this campaign. Yet, we seriously question whether continual embeddedness in the neoliberal paradigms of professionalism will in fact yield the positions of security, and prestige art therapists have consistently been seeking. The "clinification" (Allen, 1992) of the studio functions to

promote civic docility by using universalist strategies to individualize the symptoms of dis-ease requiring cost-effective, brief, solution-oriented interventions predetermined by managed care providers based on diagnostic criteria. Here, no space has been named or claimed to validate the felt experience, the messy affective realm, the creative wellsprings, the realm of loss, ghosts, and ancestors into which the deepest roots of the profession extend (Block, Harris, & Laing, 2005; Ottemiller & Awais, 2016). We want to affirm that what we propose is not new, just forgotten like our Black founders. Sarah Pollard McGee, in response to the 1970 Ashbury Park Riots in New Jersey, brought art supplies to the park for participants to find expression for community trauma and violence. She also ran a drop-in studio called Sarah's Shangrila (Gipson, 2019). Georgette Seabrooke Powell established the Powell Art Studio, including making art and creating exhibits in a grocery store parking lot on Sundays in Washington D. C. (Boston & Short, 2006; Gipson, 2019). Our radical care for ghostly matters guides us towards the remembrance of subordinated memories and ways of inhabiting the studio that our ancestors of color modeled for us (Boston & Short, 2006; Doby-Copeland, 2019; Farris, 2006; Gipson, 2019; Joseph, 1989; Smith, 2014; Stepney, 2019; Venture, 1977). The studio and the practice of making art become ways to engage with the ghosts of the past. Would entering this space consistently together yield alternatives we have not yet imagined? Would we find possibilities and strategies for collective liberation and would we develop the courage to admit to the foundational precarity of our work, and find ways to embrace that distorted history explicitly?

We argue that the studio can become a spectral site for antiracist practice by using art processes as a critical methodology of care. In other words, claiming our ghosts through critical self-reflexive art-making and welcoming the haunts of our studio troubles the dominant ideology of universalizing art expression within art therapy (Talwar, 2010). By using the creative process as a method for claiming our ghosts with radical care, what happens when art is made as a "collaborative process, one that is socially conscious, open to public discourse, and invested in social change" (Talwar, 2015, p. 846)? When we greet these (g)hosts of reckoning with radical hospitality and care, through self and collective reflexive art-making, "we might locate a profound and durable practice of thinking and being and acting toward eliminating the conditions that produce the nastiness in the first place" (Gordon, 2008, p. xvii).

The conceptual metaphor of the specters of whiteness is an analytic for illuminating various ways white supremacy works while simultaneously proposing an avenue for white art therapists who benefit from these systems to take accountability for these privileges and engage in the critical work of antiracism. We invite white art therapists to make time and space for returning to the studio to meet, welcome, and reckon with the ghosts of the field as well as their own personal ghosts and the unseen specters of whiteness together in community. What we propose is messy; it won't be perfect, will open conflict, and produce discomfort. Still, we hold that time and space must be reclaimed and reimagined from the larger culture, the culture of art therapy, for this important work. This work must not remain only on an individual level but must disrupt the ongoing harm of business as usual on an organizational level of the institutions that oversee art therapy practice—like the AATA, the Art Therapy Credentials Board (ATCB), and the Accreditation Council for Art Therapy Education (ACATE). As our founders reminded us, the methods we use with clients must be brought into every sphere of our profession to allow the imaginative factor to influence our conscious decision-making even in the bureaucracy, which shapes the day-to-day work lives of art therapists (Venture, 1977).

Using the creative process, which we know holds the capacity to incite change and stimulate social transformation, white art therapist communities can come together in the shared pursuit of dismantling white supremacy by making art about our experience as inheritors of these entangled histories of injustice in our profession and in the nation. The creative process can mitigate the potential resistance of white art therapists who may disregard the importance of this mission. By

creating art in community, and serving as compassionate witnesses for one another and ourselves, we can collectively address the systemic “lack of preparedness” (DiAngelo, 2011, p. 65) that white people have towards issues of race and privilege. Spectralizing the studio stretches the ghost further, making a sanctuary for the diverse socio-historical traditions that potentiate the innumerable ways that art becomes ways of knowing (Allen, 1995; Timm-Bottos, 2016). It can be framed as a posthumanism materialist ethic, whereby the ghostly entities conjured in the process “range from humans, animals, natural elements, person-made [art or found] objects” (Blanco & Peeren, 2013, p. 309). It thickens the air—lingering still—and reminds us to not obscure our hospitality to the actual (g)hosts whose various labors contributed to the arrival of the present: our professional ancestors, whose voices become (re)animated when their words are read, touched, and heard; when their eyes are met in photos and videos, once again, or their presence (re)imagined or remembered as their stories are expressed among the living in the oral tradition of transgenerational shared memories, (re)storied in the present-future of the listener(s).

A spectral turn in art therapy is not enough to incite a justice-to-come, but “must be supplemented by inspired scholarship and a feeling for the limits of ‘identity’” (Spivak, 1995). As such, we have attempted thus far to supplement the spectralizing of white antiracism in art therapy through the scholarship across a critical, intersectional, decolonial, culturally humble approach to social justice (Boston & Short, 1998; George, Greene, & Blackwell, 2005; Gipson, 2015, 2017; Hocoy, 2007; Jackson, 2020; Karcher, 2017; Kuri, 2017, 2019; Talwar et al., 2004). In doing so, we propose an intersectional ethic of radical care for ghostly matters in art therapy. The past lives in us in the present. In the creative process, and by extension in the studio, the temporal logics of everyday life do not adhere. As we practice in this space, we practice liberation from the imperial constraints that insist the past is past and we must simply move on. We contend that the materials of the studio have embedded knowledges and ideas that can become part of us; they can be (re)made into the present for a future world of justice-to-come.

In practice

“If you are a [w]hite person who aspires to be a “co-conspirator” or “ally” in the struggle for racial justice, you must start with yourself. You can organize, protest, write, give money, volunteer, and talk to other [w]hite people. All of those things will be impossible, however, if you do not have a community of people who can hold you accountable for those behaviors, help you to improve your practices, and provide emotional support. It is unreasonable to expect people of color to hold your hand through that process, so collect your people, and get to work” (Cohen, 2016, n.p.).

As art therapists already gather in consultation groups, peer supervision, and shared learning, we advocate for gathering specifically to engage with developing capacity for antiracist work. Such work should be recognized by accrediting bodies as meeting the need for Continuing Education credits and professional development. We encourage art therapy educators, who are responsible to these accrediting bodies, to practice an ethic of care by conjuring the neglected wisdom of our ghostly forebears to guide all future revisions of curricula to center critical, self-reflexive art processes when teaching “cultural and social issues” (Commission on Accreditation of Allied Health Professionals CAAHEP/ACATE, 2016, p. 27). Learning must be both “critical” and “conceptual,” (Grzanka, Gonzalez, & Spanierman, 2019, p. 483) both intellectual as well as personally meaningful. We advocate for art-making to become one of the tools for dismantling white supremacy. We strongly suggest that reading white antiracist texts is an important place to start (Eastwood, 2021), especially as such works are continuing to be banned in educational settings (Powell, 2021), reading is not enough. It is necessary for white art therapists to locate and unpack our own internalized stories of race (Eastwood, 2022; McIntosh, 1998). The work is not linear or simple. Much of what we “know” as white people

about racism has been internalized in non-verbal ways, held in place by a lack of critical awareness, and is difficult to put into words.

“What are some common pitfalls? Talking about People of Color rather than focusing on White People’s issues. Having only intellectual discussions and never uncovering the emotional and spiritual aspects of antiracist identity. Becoming an elite group of White antiracists who stand above those others who ‘just don’t get it.’ Getting stuck in the ambiguity that surrounds being accountable. (‘We can’t start caucusing until we are accountable, but we can’t become accountable until we’ve done some of our own work!’)” (Roots of, 2014, n.p.).

As mentioned earlier, in the realm of imagination, and of specters, time is simultaneous, boundless, and non-linear (Wortel & Smelik, 2013). In other words, we hold the position that not only is the past not past, but through doing imaginative work, we can impact the past as well as the present and the future towards a justice-to-come in art therapy. Such imaginative work can be supported through the critical care process of collaborative inquiry through art that we experimented with as we developed this paper. We both experienced the affective power of the creative process to nourish the will to dismantle white supremacy within ourselves and felt that powerful generativity amplified when working together. We were guided by a clear intention to respond to this call for papers in this special issue, by making use of creative means for communing with ghostly matters. We believe a humble intention of cultivating an open-hearted awareness of accountability enacted through art-making can be mobilized by white art therapists. The continual commitment to practice antiracism in groups of white art therapists is an ethic of care for ourselves, and each other, and is a shared pursuit of collective liberation from the specters of whiteness. This work, of reckoning with ghostly matters, is never complete or wholly resolved; it requires an ongoing commitment to a community of care that is amenable to continually renewing a shared intention of white antiracism.

Conclusion: on living with ghosts

In this paper, we have referenced our ethical responsibility as white art therapists to confront our whiteness and develop white critical racial consciousness in the shared pursuit of antiracism within the profession. Ghostly matters offer art therapists a framework to open our imaginations and the imaginations of others towards ways of creatively reckoning with our responsibility to recognize the harm caused both personally and systematically across time, place, and space. It reanimates the ghost stories of the profession and allows us the opportunity to mourn the absence of memories that have been forgotten to be remembered. In this spectral site, we are greeted with gracious, hospitable (g)hosts, inviting us to open ourselves up and bear witness to our capacity to be affected.

Entering the spectral realms and consorting with ghosts requires making our personal boundaries porous: allowing ourselves to soften into the experience of (an)other that is very different and even threatening to our balance, including and especially those others that may arrive in our own images. An uncanny studio practice allows us to care for the (g)hosts in our images, acknowledging that these ghosts morph and change as needed to instruct us in their knowing. Therefore, by practicing antiracism within the creative process we extend radical care to ourselves and each other in becoming off-balance repeatedly and then coming back into balance (re)animated. As a critical exercise to enter liminality, receive the guests that arrive in images, and drop our familiar boundaries and biases, we can individually and collectively return to our daily lives with enlarged capacity for both not-knowing, and knowing, antiracist solidarity.

We encourage white art therapists to join us as we hold space for dialogue about oppression and injustice, and how the specters of whiteness have and continue to socially mediate the memory of our professional history and, by extension, our construction of the identity of professional art therapists (Talwar & Wallis, 2021). As new cohorts of

emerging art therapists enter the field through formal educational pursuits, each white member of this collective has an ethical imperative to deal with the guilt and the inherited culpability of our white art therapy ancestors. Our call for such processing does not necessitate the destination of complete reconciliation (Tindemans, 2013); rather, it emphasizes the fact that radical care for ghostly matters in art therapy underlines the utopic pursuit of efforts for social transformation—we must creatively adapt to sustain our journey across the continuously expanding horizon of justice.

We echo Schwab's (2010) question: "how do we deal with a haunting past while simultaneously acting in the present, with its ongoing violence?" (p. 2). As we care for the past, the present, and the future we commit to reanimating the foundational basis of art therapy—the creative process itself—conjuring an antiracist justice-to-come in art therapy.

Authors' note

The authors acknowledge their position as white art therapists and recognize our obligation to actively reckon with our inherited past of cultural domination and erasure of diverse ways of knowing and being within the institution of art therapy. We acknowledge the harm done in the past and as it continues in the present. We hope this paper will stimulate further discourse around the illumination of subordinated knowledges and inspire other white art therapists to witness their role in challenging the continuation of these legacies with humility. The authors have no competing interests to declare.

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