

Explorations of context: An interview with Ephrat Huss

Fiona Gardner talks to Professor Ephrat Huss

Abstract

Fiona Gardner interviews art therapist and academic Professor Ephrat Huss from Ben-Gurion University of the Negev, Israel. The conversation explores Ephrat's experiences of the arts therapies in Israel, and the work she presented in her keynote address and masterclass at the inaugural conference of ANZACATA, at Murdoch University, Perth, Western Australia, in December 2018. Drawing from her background as an art therapist and social worker, Professor Huss discusses the importance of an integrated theoretical approach in art therapy and the valuable contribution that social theory makes to contemporary art therapy practice.

Keywords

Social context, dynamic therapy, applying theory, social work, feminism, Israel

Introduction

I met Ephrat at the ANZACATA conference at Murdoch University in December 2019, having the opportunity to enjoy both her masterclass and keynote address. It was a pleasure to follow up this connection with a Skype interview to discuss Ephrat's work further.

Fiona Gardner: *In Perth you spoke of the importance of context and social systems, and their effect on how we view our work. As a way of beginning, I wonder if you could share a little of the theoretical lens that you bring to your work as an art therapist?*

Ephrat Huss: I was one of those people who took forever to develop professionally. I started as a fine artist; my first degree was in fine arts and I felt that it wasn't exactly my world. It was a bit like Goldilocks and the three bears: I was looking for the right seat, and then I continued to art therapy. Because in those days – because I am quite old – in those days it was very, very dynamic; it was taught in a very dynamic way in Israel. I loved that, but when I went out to work with families with violence, families living in poverty with violence, I found the dynamic lens wasn't enough, it wasn't enough for the child to ventilate. I had to understand the system and I had to understand the levels of oppression the system was experiencing, and how I could change something in the system, empower the system.

So then I felt that my dynamic art therapy wasn't enough, and I moved to do my doctorate in social work. I worked with Bedouin women, very impoverished, marginalised Bedouin women, who are similar to the Indigenous populations in Australia. There, also, I felt it was more important to try and co-produce knowledge with them rather than do art therapy on them. So then I tried to look at art as a way of excavating silenced voices and silenced experiences in an indirect way that wasn't threatening to people without power. In other words, maintain the cultural boundaries. Because it was using metaphors and symbols, and I tried to understand the women's strengths and the way they were resisting the deep poverty and marginalisation they were experiencing. On many levels – international levels and also inside their own culture, from the men inside their culture, etc.

FG: *So the process of your training and the course of your experiences brought this significant shift, from focusing on the intra-psychic and the individual to the broader social context?*

EH: Yes, then I opened an art therapy training program for social workers. They already had the systemic thinking and they had community work. I felt that we were building a new body of knowledge, that they were meeting my knowledge and I was meeting their knowledge, and a kind of social art therapy was coming out of this.

FG: *That was a specific qualification, separate from the social work degree? They would complete an undergraduate degree in social work and then do a postgraduate degree?*

EH: Yes, it was a graduate degree in social work and art therapy. It had two focuses.

FG: *Has it proved really valuable in providing art therapy and a combined art therapy and social work service?*

EH: Yes, and also working on the macro level and working through systemic theories and in group work, using not dynamic and humanistic theories, but using systemic, social-change theories of marginalisation, within the art, not just of the context but as the theory behind your therapy.

FG: *That brings me to one of my next questions. You have identified those significant influences that shaped your development through your contact with the people you were working with. In Perth, in your masterclass, you spoke of the importance of art therapists thinking critically, being aware of the theory or theories with which they work and applying a critical perspective to the application of theory. I am wondering how you see the role of theory in arts therapies, and how does understanding the relationship to theory influence our work?*

EH: Okay, so I think we have leaned very strongly towards scientific psychological theories, which are often invisible theories. In other words, they're treated as universalist theories: they are very power-infused and they are very decontextualised socially, and then theory becomes invisible because it becomes an absolute truth – because it has been evidenced-based.

But if you look critically at these ideas, these kinds of theories are based on very Western middle-class understandings of what a problem is, what a solution is, what the role of art is. These kinds of things are very hidden, and then we get a very – I am not sure how to say it – not superficial, but a very shallow kind of art therapy, where we can say art is an expression. We can use a dynamic theory: art is an expression of the unconscious. Or we can use a humanistic theory: art is a way of reaching the authentic self. Or we can use a neuropsychological theory and say art helps to self-regulate the system. These are all true – I mean, I don't know if they are true, but they are all interesting and good ways to use art. But they're

not the only ways to use art. They are ways that are very different from the context of the people whom we're working with, who understand art maybe as something else.

So what I'm saying is a little like first-wave feminism: art therapy tried to align itself with the power structures. Rightly so, to try and prove that it works, to try and prove that it is legitimate, to try and prove that it is clinical. But in the meantime, in the humanities and social sciences, we have visual culture, we have visual anthropology. Not just in art, but also in other places, we have arts-based research. So many amazing things were happening in the arts, humanities and social sciences and we missed that boat, because we were so busy saying yes, yes we're clinical; yes, yes art works. And it seems to me that we missed areas. It's like first-wave feminism: we were trying to be like the men, wear the power suits. But if you look at second-wave feminism and third-wave feminism, we could say we have something unique in the arts to bring to this language, and we don't have to pretend to be you – we can be us. It seems to me we lost that, we went too far in that direction and now it's time to go in the other direction.

FG: *So there is validity in the dynamic theories and the humanistic theories, there is something there to offer, there is something there that is valuable for us to work with. But to identify with only these theories and focus with such intensity, putting all our energy into how the arts therapies meet those requirements, limits the breadth and complexity with which the arts therapies can offer quality work?*

EH: Yes, yes, I think so, because I think the arts have many uses. These 'universalist' theories were created in a specific social context. I don't want to get too heavy, but what you have to understand is that Freud worked in a specific context, and in that context, some would say, he wanted to send women back home and out of the workforce, so he stressed the importance of the connection between the child and the mother. I mean, you can look critically at these theories also: where is the father, where is the extended family? You can look critically at social theory, the idea of quantitative art as therapy. You can say: "No, artists are very narcissistic and definitely not therapised by their art." Art is definitely not healing in itself. It's healing when you look through a humanistic lens.

In other words, you have to be able to define the theory you're working through. That is a very central part of feminist theory. You have to be able to say: I am looking at the world through this theory. People hire us because we have theories, not because we're nice people. In other words, you have to be able to say: "This is how I understand art, and this is what I'm going to do. It is not an absolute truth, but it is a theoretical lens we're going to use in this therapy". I just feel we've limited ourselves to very few uses of art.

FG: *You have already begun this, but I am wondering if you could elaborate on the idea of the decontextualised self and bringing social theory to the therapeutic practice?*

EH: I am saying that art itself is a contract that has different roles in different cultures. In many traditional cultures, art is a didactic tool. In religion, art is a didactic tool, a narrative tool, a way to tell stories, a way to tell people how to behave. In our culture, art in advertising is a very powerful didactic tool that tries to persuade us to behave in certain ways. Art is a way to make money, art can be crafts, art can be creative place-making. Art is a way of making a place special for some specific use. What is art, in other words? Art sociologists talk about this a lot: if people meet together in a park twice a day with their dogs, is that a creative meeting? If you see a flower, is that art? If a woman paints her nails, is it art? We're very busy with 'high' art, art as individualised self-expression, but most people have a lot of art in their life that is what we might call 'lower' art. It could be the soap they love on television; it could be the way they decorate their room. If we start looking at the visual culture of our clients, we have many other ways of looking at art. We can see how they use art, rather than impose our way of using art, which is sometimes a kind of colonialist imposition.

Context is very, very important: to understand the context of what art does in the culture of the person you're working with, assuming that it has hybrid and ever-changing roles. The person in that culture could be against the things that are happening in his culture, he is not one-to-one with an anthropology book. I think that is the great thing about art: it can be phenomenological, but it can also be culturally contextualised. So, for instance, in Bedouin embroidery, a woman can

add a heart motif to the embroidery; she's adding a Western construct of romantic love into her embroidery, so she is changing it. She's using a traditional form but she's adding new content, and people do that all the time. So context, the context of art, is very, very important.

FG: *Yes, and having that breadth of understanding to look at the full experience of the individual. That leads me to thinking about your exploration of embodied aesthetics: how do we build our relationship to our aesthetic experience, and where does that originate from, and what are the social and cultural qualities that feed into how we experience ourselves and our environment aesthetically? Could you share your thoughts on the influence of embodied aesthetics when working with creative processes and the image, and how that can also strengthen or add to our arts therapies practice?*

EH: So, to look at this broader definition of art, I think a theory of what I call 'embodied, socially embedded, relational aesthetics' adds social context. If we look at embodied aesthetics, maybe as a broader theory than dynamic, humanistic, CBT [cognitive behavioural therapy], rather than using psychological theories, we can go to an aesthetic theory.

This theory has three elements that are useful for us. It assumes that any interaction with some kind of art has autobiographical memory. In other words, it has some kind of understanding from the past of similar experiences from your own culture. So when you see flowers at the altar in the church, you put this as part of prayer; you contextualise it in past experience, but also there is a sensory meeting in the here and now. You know there are the colours and shapes, so that something is happening in the past and also in the present. So right now your whole body is activated.

It is also relational: it is usually happening with other people around, or there is some kind of communicative element going on there. The minute we put art in a clinic and say it is very, very private, then we're missing that element.

Also, we have a future element, a perceptual element, where maybe the flowers are arranged differently from how they were last time. Things are changing, and you are getting new perceptions and new understandings all the time, and then you can move from homeostasis to change, so culture

is moving forward. The way people organise flowers in churches changes and changes, but there are different social messages in these little changes. So you have the past, future and present, and you also have the relationship with the people and the environment. It seems to me like a good, slightly broader, looser and aesthetic theory for understanding art. It takes us a little further. Again, it's only a theory.

FG: *You've spoken of the importance of bringing our critical perspective and depth of understanding of the theories that we use, but you have also put forward the idea of an integration of various theories, or working with an integrated theoretical approach. I am wondering how you perceive that taking place, how you understand that occurring?*

EH: I think the huge power that we bring as arts therapists is that we can work through all these theories at once, because art is a broad enough hermeneutic base. You can look at the same picture and you can understand *this*, and you can understand *that*. So we have a broad space. We can use a dynamic theory and say this is happening in the art, and we can use a humanistic theory and say that is happening. Or we can use social theory and say this is happening and we can hold all those things together. So we have a bridge between the micro and the macro, and no-one else has that. It's a big thing. Psychologists are doing the micro, politicians and community workers are in the macro, but we can hold the personal experience of an individual and his social reality. We can hold both things, and that seems to me a very big thing.

FG: *I find that to be a beautiful understanding of the arts, that breadth of capacity. What does that mean for how we train our arts therapists?*

EH: I think we know how to. We have created methods to work dynamically and we have created methods to work humanistically and in terms of social theories. I suggest in a few of my articles that we can look at art as an interaction between figure and background. All art is made up of this. This could be an analytical prism that helps us bring the background *in*. In other words, all art is made up of the tension between subject and background. Even if there is no subject, then that becomes the tension. We can look at what's happening for the subject in terms of the background. We can look at art as excavating not only an unconscious narrative, but maybe also

excavating a socially silenced narrative. In other words, people will put on the page their experience of reality that may be socially silenced on different levels. So we can think of a woman who doesn't have a voice in her society; when she does art she is gaining a voice.

FG: *Have you found that this might happen with intention for a woman, or might happen at an unconscious level, where she's not quite aware or fully cognisant of what it is that she is expressing – that she is opening herself up to that silenced narrative?*

EH: I think, as always, the therapist holds the theory. So if the therapist can hold that theory also, then she can help analyse the art in terms of "Okay, so what are your resources in this background or what is your lack of resources?" Or "What is trying to make you smaller in this background or to silence you?" In other words, we can bring in a theory of the relationship, of social theories, where one's personal pain is socially constructed. We can bring that in by looking at figure and background. It is another way of analysing art. It is not instead of the ways we usually do, but it should also be there, and also, as I have said before, the concept of using art, understanding art much more broadly, trying to understand how the client uses art to enhance their life, and building on that.

FG: *That is, recognising the breadth of ways in which we can understand the idea of art, so it is not formalised into high art. Respecting the creative expression that happens for all people in the ordinariness of daily life.*

EH: Exactly, exactly. So there are two elements here: the first is broadening the concept of art, and the second element is consciously using social theory to analyse the arts in art therapy.

FG: *When you bring that social theory lens to your work, are you also holding in mind the psychoanalytic, the dynamic and the humanistic theories at the same time, and social theories?*

EH: Yes, and the social theories.

FG: *Are we really asking then, in the training of arts therapists, that we have to be willing to take on the full breadth of theoretical understandings that have entered the arts therapies field? To gain a quality understanding of each individually, and then build awareness of how they can interact*

and interrelate to support a more comprehensive, and in a sense a more real, vision of the nature of the person we are working with and the nature of the work?

EH: Yes. So there might be an abused woman; she may be depressed and she may have unconscious experiences and she may be looking for an authentic voice. She may also need to understand, in the social context of the patriarchy, that her oppression is not personal, but social. It comes from the outside. She may also want to use her art to resist that, and not only to express that personally, privately, and then she may want to bring her art out into the community. In other words, all those stages can happen, from the inside to the group. From the personal, to family, to group, to community. Art can be used for all those elements. The same image.

FG: *So the one image can be used in all those different ways?*

EH: Yes, and that is our power.

FG: *And is that the importance of the arts therapist: having that capacity and breadth of understanding to be able to support the person to embrace all those different layers in the one image?*

EH: Yes, and also to become the student of the client. To be looking at how they use the arts, and that is another level.

FG: *You described how your initial training in art therapies was from a dynamic perspective, and then by going out into the field you began to realise that there needed to be a social perspective. In Israel, are you finding that social theory has a greater presence than maybe we experience here, in countries such as Australia?*

EH: I think we have found that. I opened a youth movement based on arts, of Arab and Jewish children, and I'm active in the women for peace movement. We are using quilts and making lots and lots of squares of peace images. So we try to use arts in public spaces as a way of influencing other people.

I live in the south of Israel, where we have many, many social problems, which is maybe what has helped. We also have constant war and lots of very poor immigrant communities, and we have Indigenous people, and a lot of political and social conflict. I mean, many countries have these elements in some way or other, but Israel is definitely a powerful example of very intense social

problems at the moment, and very intense forms of marginalisation for many groups, unfortunately. So it's a good place to develop these things. I think it makes for a kind of creativity, which maybe you also have in Australia? From what I saw, quite a bit. Also, you have Indigenous people. Maybe you don't have wars at the moment, and you don't have poverty and immigration, poor immigrants and refugees. But all these problems are all over the world now, and art therapy can't ignore them. Israel is a very good hot-bed for this, and we can't ignore these things, we can't just continue doing our clinical work out of context. When we work with refugees, with Indigenous people, with youth who have lost hope, we have to look at the social context.

FG: *Yes, certainly I understand that the intensity of what you're working with in Israel is demanding, and that a solution needs to be found to work effectively with people. There is opportunity for us here in Australia to bring the same breadth of approach to our work. Considering what you have described here, what developments do you see occurring in the future for the contribution of the arts therapies to health and community well-being? How may this continue to shape training in the arts therapies and the presence of the arts therapies in your communities in Israel?*

EH: This is a moment in art therapy, it seems to me. It feels to me that people are interested in going beyond the clinical model. In other words, once the argument would have been: "No, I'm a clinician, I'm not prepared to do something in the school community meeting, I am only prepared to work in my clinic with an individual child." Now I think arts therapists are open to these kinds of ideas. Because in the meantime we have had community artists coming in, we have lots of social practitioners who are using arts. We realised we were missing a whole area that we have a huge amount to contribute to. I think it's the moment, in general, in the world: people are looking, people realise you can't separate from context. There are two opposite things going on. On the one hand, I think there is a lot of effort to say: "We're clinical and evidence-based", and we need evidence, we need evidence. And on the other hand, there is a move towards including social theories and humanistic theories and to try and understand the things that we've been talking about today.

FG: *From your experience with bringing this work into community and into context, are there specific barriers, or particular aspects of that experience that have been really challenging to overcome? For example, to get support from communities to embrace the nature of the work, or to get support from authorities to embrace the nature of the work, are there specific difficulties that you have faced?*

EH: I think that, by definition, there is a whole set of new challenges. One of them is sharing our knowledge and cooperating with other professionals. It is complicated for a community artist to work with an art therapist – each has been trained totally differently. Each is sure that they hold the absolute truth; you know how it is when two professions meet. So, to work inter-professionally, to open ourselves up to the world and to other people who are doing different things in the arts, without feeling that we're worthless and without feeling that they're worthless, and to feel that we can share our knowledge and we don't have to be scared that someone's going to take it away from us, we can learn from others. And then, you get a lot of interdisciplinary meetings between art therapists and social practitioners, art therapists and community artists, art therapists and activists, and when we really work together it is amazing.

But it is not so easy to work together; by nature we're scared to lose our own identity. The whole idea of trying to change systems is meeting the other – cooperating. I think that is always the challenge: to let go of ideas of what art therapy should be. To let go of older ideas in order to open up to new ideas is always really hard in life.

FG: *Yes, and being able to interact with other professionals means that we, as arts therapists, need to trust: trust in our capacity, trust in the nature of the work, trust in the value of that work, and have confidence in what we bring to the broader context.*

EH: Right, to have confidence in what we bring and also to be open to learning from others without feeling that it diminishes us. That, as the basic social contract of meeting the other, is the hardest thing.

FG: *We have covered quite a broad range of what you shared when we did the work in Perth. Is there anything else you would like to add about that work?*

EH: I just want to say how amazing it was. It is still deep in my memory. We did a day-long workshop in Perth. The Australian arts therapists were so open – in continuation of our last point, they were so open to these new ideas and the ways of using them. It was absolutely wonderful. I think you also have many social issues and you're ready for this and you are aware. You have been working with these things. It was a great meeting, it felt like an amazing meeting. It felt like I found people who were right in this direction and could teach me a lot of things.

FG: *That is great, thank you. I wonder if we could finish, Ephrat, by asking whether there is an image or metaphor that speaks strongly to you of your journey in the arts therapies. I'm asking you to draw upon your imagination: is there something that encapsulates your experience?*

EH: I think of an image that always brings tears to my eyes and it really excites me. It is when I see a group of people who are not artists doing art together, and turning some kind of space into a special space, and meeting. I always feel so deeply moved. You can call it creative place-making, it just always moves me – very, very much. More than clinical art therapy, much more than fine art. And there's something about people doing something artistic and creative together, even if it is really, really small. But they are together in that space, and usually my eyes fill with tears. So I have that kind of image.

FG: *I get the strong sense of the essential honouring of the creative energy in human experience.*

EH: Right, right. And that people can come together and play together, however they define it. There is something very moving about it.

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