

Module 1

Art is one of the oldest forms of communication and self-expression. Even in the earliest days of our world, humans created works of art, first in the form of cave paintings and later in less “primitive” manners.

While people have been using the arts as a way to express, communicate, and heal for thousands of years, art therapy only began to formalize during the middle of the 20th-century. Doctors noted that individuals suffering from mental illness often expressed themselves in drawings and other artworks, which led many to explore the use of art as a healing strategy.

The early art therapists who published accounts of their work acknowledged the influence of aesthetics, psychiatry, psychoanalysis, rehabilitation, early childhood education, and art education, to varying degrees, on their practices.

The British artist Adrian Hill coined the term art therapy in 1942. (Hogan, 2001) Hill, recovering from tuberculosis in a sanatorium, discovered the therapeutic benefits of drawing and painting while convalescing. He wrote that the value of art therapy lay in "completely engrossing the mind (as well as the fingers)...releasing the creative energy of the frequently inhibited patient", which enabled the patient to "build up a strong defence against his misfortunes".

He suggested artistic work to his fellow patients. That began his art therapy work, which was documented in 1945 in his book, *Art Versus Illness*. (Hill, 1945) The artist Edward Adamson, demobilised after WW2, joined Adrian Hill to extend Hill's work to the British long stay mental hospitals. Other early proponents of art therapy in Britain include E. M. Lyddiatt, Michael Edwards, and Rita Simon. The British Association of Art Therapists was founded in 1964. (Waller, 1991)

U.S. art therapy pioneers Margaret Naumburg and Edith Kramer began practicing at around the same time as Hill. Naumburg, an educator, asserted that "art therapy is psychoanalytically oriented" and that free art expression "becomes a form of symbolic speech which...leads to an increase in verbalization in the course of therapy." (Naumburg, 1953) Edith Kramer, an artist, pointed out the importance of the creative process, psychological defenses, and artistic quality, writing that "sublimation is attained when forms are created that successfully contain...anger, anxiety, or pain." (Kramer, 1971) Other early proponents of art therapy in the United States include Elinor Ulman, Robert "Bob" Ault, and Judith Rubin. The American Art Therapy Association was founded in 1969. (Junge, 2010)

Nowadays, national professional associations of art therapy exist in many countries, including Brazil, Canada, Finland, Israel, Japan, the Netherlands, Romania, South Korea, and Sweden. International networking contributes to the establishment of standards for education and practice. (Coulter-Smith, 1990)

Art therapy is a form of therapy that uses art as the primary form of therapeutic expression. Therapists in this field can help their clients interpret and understand their feelings and emotions through the art that they create. Oftentimes, the actual process of creating art is therapeutic in and of itself. This form of therapy has a number of different positive effects on most people. Art therapy, for instance, can help people feel more in control of their lives. It can also raise self-esteem, help them express themselves better, help them communicate more effectively, and gain a better insight on their lives. (Malchiodi, 1998)

Improving a person's well being is typically the primary goal of art therapy. Clients who seek art therapy might suffer from a wide range of mental or emotional problems. This form of therapy can be used to help clients cope with every day stress, chronic pain, terminal illnesses, eating disorders, low self-esteem, and abuse. Individuals suffering from mental disorders, such as depression and post-traumatic stress syndrome, might also benefit from art therapy.

Wadeson has summarized the functions of art therapy by formulating six advantages of art therapy. The six advantages are imagery, decreased defences, objectification, permanence, spatial matrix, and creative and physical energy (Wadeson, 1980).

The first advantage of art therapy is imagery. Basically, people think in images before words. Developmentally, preverbal thoughts occur in images before they are

transformed into words; and images are the language of the unconscious. Wadeson states that an example of thinking in images is that most children can recognize “mother” before they can say “mama.” Even though some people become more visual than others in later life, “in all of us much of our preverbal thinking took the form of images”. Also, Wadeson states the following: “The image of a dream, fantasy, or experience is depicted in image form rather than having to be translated into words, as in purely verbal therapy. Jungians have encouraged their clients to produce pictures of their dreams and, in many cases; the interpretations of the pictures serve as the prime modality of the Jungian analysis. Obviously words may be used to elaborate and associate to the art expression, but the essential message is conveyed in image form. The reflection of images, the art medium often stimulates the production of images, tapping into primary process material and enhancing the creative process, both narrowly in an artistic sense, and broadly in the creation of solutions in living.”

The second advantage, according to Wadeson, is decreased defences. Because verbal expression is a primary mode of communication, people are more expert at manipulating words and more facile in saying what they want to say. Conversely, people can more easily defend against the emergence of anxiety provoking thoughts or impulses. Art is a less customary communicative vehicle for most people and therefore less amenable to control. Therefore in art therapy, through the art expression, less censored and more unconscious material can emerge.

The third advantage is objectification. “Feelings or ideas are at first externalized in an object. The art object allows the individual, while separating from the feelings, to recognize their existence. Ultimately, in the course of art therapy, the feelings become owned and integrated as a part of the self”. Artwork is tangible and can form a bridge allowing the individual to externalize their feelings in a less threatening way. These feelings can then be processed and integrated.

Fourth among the advantages listed by Wadeson is permanence. In art therapy the images produced become permanent. It remains the same and can be recalled intact months or years after its creation. “Although it might seem likely that therapeutic progress would be self-evident, it is striking how easily people tend to forget how things were and how they felt. A series of pictures can provide ample documentation of the significant issues and their affectual components”. Artwork made previously can be utilized in the future to derive a sense of development in the therapeutic process.

The fifth advantage is what Wadeson calls the spatial matrix. The spatial matrix refers to the fact that art expression, like unconscious thought, is not bound by time nor the rules of language such as grammar, syntax, or logic because it is spatial in nature and relationships in art occur in space. Because of these qualities of imagery contradictory experiences of “closeness and distance, bonds and divisions, similarities

and differences, feelings, particular attitudes, context of family life, ad infinitum” can be expressed simultaneously.

The final advantage of art therapy according to Wadeson is creative and physical energy. During the art making process the patient becomes “activated”, which Wadeson believes, releases creative energy. Art making is a more direct form of participating in experience than talking about it. The creative process engages the individual and often enlivens them allowing for more open and therapeutic discussion.

Art therapy is widely practiced in a wide variety of settings including hospitals, psychiatric and rehabilitation facilities, wellness centres, forensic institutions, schools, crisis centres, senior communities, private practice, and other clinical and community settings. (Rubin, 1999)

As with most other mental health careers, an art therapy career generally requires certain characteristics and traits. Professionals in this field should be excellent communicators and great listeners, in addition to being compassionate and non-judgmental. However, as one would expect, an art therapy career also usually requires a certain degree of artistic talent as well. For example, art therapists should be good at painting, drawing, sculpting, or some other form of art. They should also be open to different forms and styles of artwork as well.

The activities carried out by an art therapist vary depending on their client and the environment they're working in but can include (Feen-Calligan, 1996):

- taking referred patients, including self-referrals and referrals from other professionals such as teachers, psychologists, occupational therapists and psychiatrists;

- making referrals to other professionals;

- assessing the needs of the client by listening and providing guidance;

- working creatively with various client groups in a therapeutic setting;

- working in a group or one-to-one setting, often as part of a multidisciplinary team of professionals;

- enabling clients to explore their art work and the process of its production;

- assessing and understanding the feelings or temperament of others;

- constructively challenging the behaviour and attitude of clients;

- planning, designing and facilitating a schedule of activities with individuals and groups;

- attending meetings and case conferences to share ideas, expertise and good practice;

- keeping up to date with administration: making phone calls; writing reports and case notes; and drafting letters to other professionals;

- maintaining art therapy space and materials;

- receiving support and discussing ideas in individual supervision;

- exploring opportunities for work where it may not currently exist;

- presenting a case to other professionals on reasons for employing an art therapist;

- keeping up to date with continuing professional development (CPD) by attending seminars, lectures, and workshops.

An art therapist will usually work closely with his clients as well as other health professionals. He may consult with his clients' medical doctors, nurses, caregivers, or mental health professionals. Some art therapists might specialize in treating specific types of clients also, such as children or elderly adults, while others might specialize in treating patients suffering from specific problems, such as grief or chronic pain.

Before an art therapist starts working with a client, he will usually assess the client first. This usually involves determining whether art therapy is right for the client, and whether the client will respond well to this type of therapy.

Of course, determining whether art therapy is right for a particular client isn't an exact client, and as mentioned above, some clients may respond better than others.

Choosing a form of art is usually the next step in the art therapy process. Usually, an art therapist will allow his clients to choose which type of art they would like to create, but he will also offer guidance and advice during this process. The form of art that a client chooses should be something that the client is comfortable creating and has easy access to. Popular forms of art may include painting, drawing, and sculpting with such mediums as paints, pencils, pastels, chalks, clay, and found items. The supplies needed to create pieces of art work are often supplied by the therapist.

Once a client chooses a type of art to pursue, an art therapist will then simply encourage him to start creating. In general, an art therapy client is usually given artistic freedom, but in certain situations, an art therapist might provide ideas and guidance.

After creating the art, the client will often share the art work with his therapist. An art therapist can usually help the artist interpret his pieces, which can help him gain valuable insight on certain aspects or issues in his life. An art therapist's job is not to teach art or critique a client's work, however. Instead of teaching or criticizing a client or his work, an art therapist will typically just keep encouraging him to create as much art as he feels comfortable with during the course of his therapy. The goal of art therapy is not to create "good" art – at least in the traditional sense.

The goal of this therapy is to help clients express themselves. In fact, many clients will often find that the process of creating the art is therapeutic in and of itself. (Kaplan, 2000)

Although art therapy has developed considerably from its informal and ill-defined beginnings, an unfortunate legacy of myth and misunderstanding concerning its aims and methods still remains. As a consequence, the term ‘art therapy’ continues to be applied uncritically to a wide variety of therapeutic art activities (Richardson, 2001). All too frequently art therapy is viewed as a skill or technique, rather than a distinct therapeutic modality. Perhaps the most obvious reason for this is that members of other professional groups have used art or image making for recreational, diagnostic or therapeutic purposes.

These professions include community and hospital based artists (Kaye and Blee, 1997; Senior and Croall, 1993), psychiatrists (Birtchnell, 1986; Dax, 1998), occupational therapists (Lloyd and Papas, 1999), nurses (Bentley, 1989; Clarke and Willmuth, 1982) and social workers (Braithwaite, 1986) among others. As the members of each of these diverse groups bring with them a particular approach to the image, the work of art therapists may occasionally be obscured in the resulting confusion concerning who does what. This can, regrettably, lead to boundary disputes between different disciplines and misunderstanding in the minds of potential clients.

References:

Bentley, T. (1989). Talking pictures. *Nursing times* 85 (31):58-69

Birtchnell, J. (1986). Why don't British Psychiatrists use art? *British Journal of Clinical and Social Psychiatry*, 4, (1), 17-23.

Braithwaite, C. (1986). Art always reveals truth, but not necessarily the whole truth, *Community Care*, July 31:15-17

Clarke, M. & Willmuth, M. (1982). Art therapy: A learning experience for student nurses. *The Journal of Nursing Education*, 21(9), 24-27.

Coulter-Smith, A. (1990). International Networking Group of Art Therapists, Newsletter No. 1.

Dax, E.C. (1998). *The Cunningham Dax Collection: Selected Works of Psychiatric Art.* Melbourne University Press

Feen-Calligan, H. (1996). Art therapy as a profession: Implications for the education and training of art therapists. *Art Therapy*, 13(3), 166-173

Gantt, L., & Schmal, M. S. (1974). *Art therapy: A bibliography.* Rockville, MD: National Institute of Mental Health.

Hill, A. (1945). Art versus illness: A story of art therapy. London: George Allen and Unwin.

Hogan, S. (2001). Healing arts: The history of art therapy. London: Jessica Kingsley.

Junge, M. (2010). The modern history of art therapy in the United States. Springfield, IL: Charles C. Thomas

Kaplan, F. F. (2000). Art, science, and art therapy: Repainting the picture. London: Jessica Kingsley.

Kaye, C., & Blee, T. (Eds.). (1997). The arts in health care: A palette of possibilities. London and Bristol: Jessica Kingsley.

Kramer, E. (1971). Art as therapy with children. New York: Schocken Books

Lloyd, C. & Papas, V. (1999). Art as therapy within occupational mental health settings: A review of the literature. *British Journal of Occupational Therapy*, 62, 31-35.

Malchiodi, C. A. (1998). The art therapy sourcebook. Los Angeles: Lowell House.

Moon, C. H. (2002). Studio art therapy: Cultivating the artist identity in the art therapist. London: Jessica Kingsley.

Naumburg, M. (1953). Psychoneurotic art: Its function in psychotherapy. New York: Grune & Stratton

Richardson, P. (2001). Evidence-based practice and the psychodynamic psychotherapies, in C. Mace, S. Moorey and B. Roberts (eds) Evidence in the Psychological Therapies. Hove, UK: Brunner-Routledge.

Rubin, J. A. (1999). Art therapy: An introduction. Philadelphia: Brunner/Mazel.

Senior, P. and Croall, J. (1993). Helping to Heal - the Arts in Health Care. Calouste Gulbenkian Foundation.

Ulman, E., & Dachinger, P. (1996). Art therapy in theory and practice. New York: Schocken Books/Chicago: Magnolia Street.

Wadeson, H. (1980). Art psychotherapy. New York: Wiley.

Waller, D. E. (1991). Becoming a profession: The history of art therapy in Britain 1940–1982. London: Tavistock/Routledge.

Assessment:

Please provide a 300 word essay summary on the goal of Art therapy