



Edited by
David E. Gussak and Marcia L. Rosal

THE WILEY HANDBOOK OF
Art Therapy

WILEY Blackwell

An Introduction

David E. Gussak and Marcia L. Rosal

The American Art Therapy Association defined *art therapy* as:

... a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight (<http://www.americanarttherapyassociation.org>)

A profession that is now complicated in breadth, depth, and scope, art therapy was originally practiced within two distinct theoretical orientations: art as therapy, focusing on the process of art making; and art psychotherapy, focusing on the finished created product and relying on the triangulated relationship between therapist, artist, and the artwork. Contemporary art therapy flows along a continuum of numerous approaches and has become so much more nuanced than the original perspectives. No longer are there only two ways to think about our work.

Over the past 50 years, many forces drove the profession forward. First, art therapists interacted with related specialists within the numerous clinical, educational, medical, and other organizational systems where they worked. The cross-pollination of ideas that occurred when working with other professionals sparked new ways of thinking about the use of art therapy. The manner in which art therapy is now practiced is dependent upon the

population, the setting, and the clinician's theoretical orientation. Educational programs for art therapists proliferated. Research in the field developed, and today there is evidence that several approaches have merit. Finally, the expansion of art therapy across the globe increased our understanding of practicing art therapy with cultural and societal sensitivity.

Because of the diversity and intricacy of the practice of art therapy, there are really very few texts—if any—that have comprehensively captured all aspects of the field. While it is true that there is a great deal of literature about art therapy already on the market, most texts seem to fall into two distinct categories—breadth *or* depth.

Early in the development of the profession, a number of books were published that provided an overview of the field, either as a historical account or an extensive examination of the various theoretical perspectives. Analyses of the benefits of art therapy were also published. Other books focused on specific populations or diagnostic groups. Some examined the numerous philosophical, theoretical, or pragmatic issues of the field.

A number of books relied on edited chapters to explore the diverse perspectives in the profession. This literature is peppered with case vignettes that illustrated a particular perspective. There are other books that explored the value of art-based assessments and art therapy research; some focused on a particular type of research method or assessment procedure. There are texts that concentrated on a particular artistic medium and illustrated the various therapeutic benefits of that material on diverse populations. All of these books were, remain, and will continue to be valuable.

When we were asked by Wiley-Blackwell to develop an extensive handbook on art therapy, and were given few

limitations, we knew this was a rare opportunity to capture a contemporary, holistic picture of our profession. We proposed an ambitious project that would be a compendium of the historic, current, and innovative clinical, theoretical, and research approaches in the field. We wanted to create a source book for students, novice therapists, and seasoned professionals. Creating a manuscript that has breadth *and* depth was our aim.

As a result, this volume, titled *The Wiley Handbook of Art Therapy*, is comprised of nine sections, each featuring an important aspect of the field to provide breadth. To provide depth, each section has 7–12 chapters, each written by an expert in his or her particular area. Although we were cognizant of the scope of the handbook, even we were surprised when the project expanded to include 84 chapters and the writings of 90 authors. Nonetheless, we realize that *despite* the scope of this book, no single volume will ever come close to being totally inclusive of the field.

As we were organizing subject areas for the book, fresh ideas emerged. We spoke to potential authors who suggested innovative topics. From developing the outline to submitting completed chapters, the book took 4 years to complete; and this does not include the time it took the publisher to print and disseminate the text. During this time, the profession continued to evolve and other issues and perspectives emerged. Social media platforms allowed for the immediate dissemination of new ideas. It was impossible for us to cover all emerging perspectives in this one project.

What we accomplished is a single resource with an unprecedented combination of depth and breadth. The format of this text is aligned with the vision of the publisher's online psychology series of handbooks—offering a comprehensive book available in both hard and electronic

copy formats; yet, each chapter or section is available for readers who only need access to certain aspects of the text.

The Sections

As indicated, this book is comprised of nine distinct sections. As the book project progressed, these sections coalesced into distinct and overarching themes: the first two sections provide the building blocks on which the field is built (theory and media); the next three sections encompass the scope of the art therapists' practice—clients with whom art therapists provide treatment and the settings where services are rendered; the next two sections present chapters on assessment and evaluation as well as the realm of research inquiry; and the final two sections demonstrate just how far our field has expanded, and address issues that may emerge as the profession continues to develop (global and contemporary issues). Each section has its own introduction, which provides details of the dedicated chapters contained within.

Section I: Historical and Theoretical Frameworks

The 12 chapters that form this section focus on the field's scaffolding—its history and the various theories that inform the art therapists' practice.

Section II: Understanding Art Media in Therapy

Seven chapters provide theoretical and application overviews of art media and other tools that make us distinct from other therapeutic professions.

Section III: Developmental Spectrum and Therapeutic Considerations

The nine chapters that make up this section address art therapy along the developmental continuum—from early childhood to death—and offer suggestions for various therapeutic approaches to address expected life changes.

Section IV: Art Therapy with Various Populations

Since the development of the field, the types of clients with whom art therapists work has expanded. The wisdom of the art therapist now includes practice with a wide-array of populations. Each of these 12 chapters addresses approaches to art therapy with a particular population.

Section V: Practicing Art Therapy in Interdisciplinary Settings

Originally art therapists found limited settings in which to work. This has changed considerably over the decades. Each of these seven chapters focuses on a particular setting in which art therapists now practice.

Section VI: Art Therapy Assessments

The literature on art-based assessments, what Stephanie Brooks called the “tools of the trade,” is abundant. Yet, a comprehensive text would not be complete without addressing this aspect of art therapy. The 10 chapters in this section not only examine a particular assessment tool, but several authors present arguments for developing and using art therapy assessments.

Section VII: Research Models in Art Therapy

The field has come a long way from the narrative case studies that informed our field early in its history. The seven chapters in this section provide a number of art

therapy research designs that include qualitative, quantitative, and mixed-method models.

Section VIII: Art Therapy Around the World

The field continues to expand and has reached most corners of the globe. These 11 chapters are only a small sample of the countries where art therapy is now practiced.

Section IX: Current and Contemporary Issues in Art Therapy

As the profession expands, art therapists face a number of growing pains—from pragmatic issues to questions of identity—that may impact the future of our field. These final nine chapters explore the concerns of the authors, and some address controversies present in our profession.

Through the wealth of knowledge, wisdom, experiences, and perspectives presented in this *Handbook*, the reader is meant to be exposed to the countless applications and uses of art therapy and to gain an appreciation for the ever-expanding development of the field. The 90 authors who were chosen for this project are emerging or established experts in their respective specializations. These exemplary authors have dispensed unique and important knowledge relevant to their fields. Perhaps the ideas presented herein will not only provide a comprehensive understanding of art therapy, but also spark a thoughtful debate on the contemporary issues that face our profession.

Part I

Historical and Theoretical Frameworks

Introduction

Since the inception of the profession, art therapists have debated the basic tenets of how art therapy works and pondered on the therapeutic value of art processes. As stated in the introduction of this handbook, two perspectives formed the basis of art therapy in the mid-twentieth century. Through the decades, other theoretical orientations have advanced the knowledge base of the profession. Deeper analysis and broader experiences have even led to revisions of the two original viewpoints. The steady progression from our historical roots to the numerous current theoretical models practiced today reveals professionals who value intellectual curiosity and who rarely settle for easy answers. The field simultaneously fragments and becomes stronger through examinations of these various theoretical foci. This section presents a sample of the historical and theoretical frameworks upon which our profession has been built.

A historical overview is essential for a reader to put the theories examined in this section in context. M. Junge provides a foundation for examining art therapy theory through her analysis of the history of art therapy. Wilson also finds history to be vital to the practice of art therapy, but on a micro level. In her chapter titled *Psychoanalytic Study of Artists and Their Art: Its Relevance for Art Therapists*, Wilson posits that uncovering a client's personal history informs her work. Through what she terms

psychobiography, psychoanalytic understanding of a person and his or her art is vital to the practice of art therapy.

Rubin's chapter, *Psychoanalytic Art Therapy*, explores the foundational psychodynamic perspective and its incarnations as the field advanced through the twentieth and into the twenty-first century. In *Archetypal Art Therapy*, Abbenante and Wix re-introduce archetypal thinkers Hillman, Watkins, and McConeghy, and explore how archetypes can be used in art therapy. These authors rely on the structure and content of the image to inform practice. Archetypal practice embodies the notion that "... the image is core to archetypal art therapy's commitment to art's primacy in art therapy."

Ciornai's chapter, *Gestalt Art Therapy: A Path to Consciousness Expansion*, provides the philosophical, theoretical, and methodological foundation of the Gestalt model. Drawing upon authors such as Arnheim, Rhyne, and Gombrich, Ciornai focuses on the primary goal of Gestalt work: "consciousness expansion through the use of creative and artistic resources."

Lusebrink's chapter, *Expressive Therapies Continuum*, outlines an interactionist model of art therapy that informs the therapist's understanding of the interactions between the artist, the art medium and its process, and the product. Lusebrink revisits this relationship and re-examines the ETC model in this chapter.

Next, Rosal explores cognitive behavioral theoretical perspectives through her chapter *Cognitive Behavioral Art Therapy Revisited*. She discusses early cognitive behavioral art therapy (CBAT) thinkers and examines how this theory is used in practice today. King provides information about how brain science is impacting the practice of art therapy in her chapter titled *Art Therapy: A Brain-based Profession*. In the chapter, King argues:

The fields of art therapy and neuroscience are inextricably linked—akin to the consciousness and unconsciousness, mind and body, limbic system and cerebral cortex. Applying art therapy theory, treatment, and research within a neuroscience framework is necessary, and as expansive and limitless as the mind itself.

In *Positive Art Therapy*, Isis argues that art and art therapy, when used correctly, can contribute to life experiences and to well-being through mindfulness and art-making. In his chapter *Essence, Art, and Therapy: A Transpersonal View*, Franklin reminds the reader that “transpersonal” refers to “moving through or beyond the personal.” His chapter explores the intersection where spirituality, creativity, and psychology meet to help facilitate a person’s well-being.

The last two chapters espouse diverse practices and perspectives to inform the practitioner. Moon argues in her contribution, *Open Studio Approach to Art Therapy*, that when allowing free and open expression in a studio environment, the focus is on health rather than pathology, is less hierarchical, and more dynamic. Moon emphasizes both the art-making process *and* the product.

Lastly, in the chapter titled *An Eclectic Approach to Art Therapy—Revisited*, Wadeson revisits the chapter she wrote for Rubin’s 2001 volume *Approaches to Art Therapy*. Wadeson expands on her philosophy that any number of theories can be applied by an effective clinician. She encourages clinicians to encompass and to be open to all theoretical perspectives. She concentrates on how the eclectic approach contributes to contemporary issues such as trauma-based treatment, community mental health, and working from a multicultural perspective.

Together, these chapters form a foundation, a scaffold upon which all the following sections are built. Art therapists are

guided by these important theories. The practice of art therapy would not be as robust without these rich and varied perspectives.

1

History of Art Therapy

Maxine Borowsky Junge

Art therapy is an interdisciplinary mix of visual arts and psychology. In the United States, it dates from the 1940s when Margaret Naumburg (called by many the “mother of art therapy”) began publishing clinical cases and, in 1943, gave a name to the new field by calling her work “dynamically oriented art therapy.” The term “art therapy” was used in England as far back as the 1930s (Waller, 1991, 1998), and artist Adrian Hill formally coined it in 1942—about the same time as Naumburg in America. Such use of art is not new.

Since prehistoric times, the arts have played a crucial role in human history, development, culture, and consciousness. Such an understanding goes as far back as cave paintings, when people used imagery to express and master the world. Therapeutic rituals using the visual arts can be found in ancient cultures from hundreds of years ago, such as Navajo sand paintings and African sculpture. These ideas were the precursors of contemporary understanding of art therapy.

Intellectual and sociological developments of the 1940s later provided ground for this new profession. Evolving ideas about psychology, recognition of the unconscious, and the growing acknowledgement of art as an expression of a person’s inner mind gave rise to important notions that led directly to art therapy as an innovative and original mental health discipline. This chapter will provide a brief overview of the evolution of the field.

Ancestors and Influences

Art therapy did not emerge from a vacuum. There were numerous predecessors and cultural influences that eventually lead to the emergent profession we now call art therapy. Several of the influences are discussed here.

Outsider artists and the art of psychiatric patients

“Outsider art” is the term for self-taught artists and the art of the insane. Early on, European psychiatrists such as Lombroso, Tardiu, and Simon were interested in the art of the insane because of its *aesthetic value* (MacGregor, 1989). Few considered that art might contain diagnostic clues or treatment potential. A Heidelberg art historian and psychiatrist, Hans Prinzhorn, collected more than 5,000 pieces of artwork of psychiatric patients and published a book on his collection in 1922, titled *Artistry of the Mentally Ill*. (His work was published in the United States in 1974.) Although Prinzhorn’s extensive collection of art of the insane influenced the art therapy community, he was primarily interested in the artwork as compelling and expressive, but not necessarily as potential indicators for diagnosis or treatment.

In the early part of the twentieth century, European psychiatrists Kraepelin, Jaspers, and Aschaffenburg came to believe that the art of institutionalized patients might offer clues to psychiatric and diagnostic knowledge. Later, the Swiss psychiatrist Sechehaye (1951) and the Australian psychiatrist Ainslie Meares (1958) understood the importance of personal symbols by institutionalized and regressed patients.

The American psychologist Tarmo Pasto, a direct precursor of the art therapy movement, argued that artists “had

stopped providing the ‘one great means of experiencing emotion’, but in children’s art and the art of the insane, inner meaning could be expressed” (Junge, 2010). In the 1960s, Pasto found the institutionalized Martin Ramirez at De Witt State Hospital in Auburn, California, saved his artwork, (which at the hospital was typically confiscated and burned), gave Ramirez art materials, and organized his first exhibit.

Freud and Jung

Sigmund Freud and Carl Gustav Jung are considered by many to be art therapy’s primary ancestors. Theories and methods of psychoanalysis were the bedrock from which the new field grew. Freud’s powerful description of an active unconscious and his personality theory pervading intellectual thought in the twentieth century provided a useful jump-start for art therapists. His fascination with life histories of artists as sources of aesthetic creativity, his recognition of dream imagery as important messages from the unconscious, and even his long-discredited ideas of the connection between creativity and madness served to link psychological and psychoanalytical processes to visual art. However, while Freud prominently recognized the importance of dream imagery, he never asked his patients to draw their dreams. Jung did.

Jung’s ideas have greatly influenced art therapy as he believed the image itself was central, rather than a clue or symbol to be deciphered: “To paint what we see before us is a different art from painting what we see within” (1954, p. 253). Jung’s concept of the “collective unconscious” as a universal, cross-culturally shared symbolic language is often cherished by art therapists; this includes the *mandala*, a term that simply means “magic circle” in Sanskrit. This symbol has been adopted by some art

therapists as a *structure* to contain personality chaos or disintegration.

Although art therapy has proven adaptable over the years to a wide variety of differing psychological theories (including those which are behaviorally-based), there are some today who still primarily associate it with psychodynamic theory and psychoanalytic techniques. However, art therapy's contemporary applications are considerably broader.

Psychological tests

Projective psychological tests—such as the Rorschach Inkblot Test, Thematic Apperception Test (TAT), Draw-a-Man, Draw-a-Person (DAP) and House-Tree- Person (HTP)—developed in the first half of the twentieth century, were important influences on the evolution of art therapy as a diagnostic tool. With a single image as a stimulus, psychological tests indicated that imagery could be a clinical tool to reveal human personality. Unlike the single image, however, art therapists have since learned to use a *sequence of drawings*, rather than just a single drawing, to provide indications of inner psychic processes.

Influences from England

Art therapy in Great Britain followed a different evolutionary path. The term “art therapy” was first used there as early as the 1930s (Waller, 1991, 1998). After World War II, Adrian Hill, a professional artist, recuperating from tuberculosis in a sanatorium, began to use his paintings as therapy for himself, and introduced art to other patients. Hill has been credited with originating the term “art therapy.” In 1946, artist Edward Adamson was hired to research the effects of lobotomy on patients in a psychiatric hospital. “His research was the first ‘rigorous

attempt in British psychiatry to ascertain the usefulness of art as therapy” (Junge, 2010, p. 10). In the United Kingdom, art therapy has primarily found its roots in the theories of Carl Jung. In 1942, Gilbert and Irene Champernowne, who both followed the Jungian perspective, founded Withymead House in Devon, the first therapeutic center dedicated to art therapy. Since then, art therapy is included in the National Health Service.

Education and the arts

Art has also found its way into the educational arena. The scientific study of childhood began in the late nineteenth century, out of which grew the idea that education should consider “the whole child.” Called “Progressive Education” (Dewey, 1958), this philosophy advocates *learning through doing*. New teaching methods were developed based on a respect for the child’s creativity, and included an emphasis on the arts.

Pioneers of modern art education such as Franz Cizek, Viktor Lowenfeld, and Florence Cane were major influences in the development of art therapy. Cizek was the first to study spontaneous art in children. He recognized that child art revealed the inner workings of the mind and had about it aesthetic and creative properties. Lowenfeld studied analysis in Vienna with Cizek, and, in 1947, in the United States, published his influential book in art education. Conceptualizing an artistic developmental process of six stages, Lowenfeld argued that a child’s intellectual development was integrally correlated to creative development. Cane was the older sister of Margaret Naumburg. An artist and art educator, she taught at the Walden School (originally called the Children’s School) in New York City, founded and directed by Margaret. Cane developed methods to free children’s creativity. Along with drawing and painting, they included movement and sound.

International Society for Psychopathology of Expression and the American Society of Psychopathology of Expression

Seldom recognized in art therapy history, the societies were an important driving force in the establishment of the first and the most important professional organization for art therapists, the American Art Therapy Association. The International Society for Psychopathology of Expression was established by psychiatrist Irene Jakab in 1959 and the American Society of Psychopathology of Expression incorporated in 1964. Many art therapists were members. They attended conferences, presented papers, and published their work in the volumes edited by Jakab. Importantly, the societies became meeting places for art therapists who eventually decided to form their own organizations, which propelled art therapy forward as a separate profession.

Art Therapy Profession Evolves as a Separate Mental Health Discipline

Within the flourishing cultural and intellectual milieu of psychoanalysis, many artists and art educators studied analytic theory and undertook personal analyses. Eventually, the synergy between art and psychology became known as “art therapy.” Milestones in the evolution of the field in America include: (1) artist’s connections with psychiatric clinicians resulting in their employment in mental health institutions; (2) two theories for the new profession; (3) the establishment of the first art therapy journal; and (4) the founding of the professional organization, the American Art Therapy Association, which brought art therapists together to share knowledge and to develop standards of education and practice.

Mentors and supporters of art therapy and art therapists in the American psychiatric community

Intrigued with the juxtaposition of art and psychiatry, many well-respected mental health professionals recognized the talents of artists and art therapists and the potential of art therapy as an exciting new tool for the treatment of mental dysfunction. They found uncredentialed artists and set them to work in mental health institutions. They trained them in psychiatry and often encouraged further formal education.¹ In 1941, Nolan D. C. Lewis hired Margaret Naumburg at the New York State Psychiatric Institute. Beginning in the early 1960s, university departments of psychiatry and psychiatric institutes provided classes showcasing the intersection of art and psychiatry. Sometimes taught by art therapists, these courses were precursors of art therapy education and functioned to further awareness and value of the evolving field. Roger White began an art therapy program in 1959 at the University of Louisville, which closed after graduating two students. In Philadelphia, two psychiatrists, Morris J. Goldman and Paul Fink, were instrumental in beginning the first art therapy master's program in the country, at Hahnemann Medical College (now Drexel University), with art therapist Myra Levick as director.

Early art therapy clinicians

Until contemporary times, the art therapy profession has largely been one of clinicians. Art therapy was an idea whose time had come. Many art therapists working alone in different places thought they had invented the practice themselves. The following information is from my book, *A History of Art Therapy in the United States* (Junge, 1994).

Midwestern America

The origins of the field of art therapy in the United States are usually thought of as an East Coast phenomenon. However, as early as the 1930s and 1940s, art therapy was beginning to have a presence on the plains of Kansas at the Menninger Foundation. Established in the 1920s in Topeka, the Menninger Clinic was a psychoanalytically based milieu therapy facility. At the time, it was widely considered that the only option for a severely disturbed mental patient was long-term custodial care in an asylum. The Menningers believed that a person with mental problems could be treated and helped, a radical notion at the time. Karl Menninger was a psychiatrist who loved art. His interest inspired Menninger staff members to include the arts in therapeutic treatment. From the start, Menninger patients were treated with psychoanalytically based psychotherapy and activity therapies including art. In 1937, an article was published by two Menninger staff members, Jeanette Lyle and Ruth Faison Shaw (Friedman, 1990). It concerned children's finger paintings and drawings revealing and externalizing the child's inner experience and is considered an early description of art therapy. The authors proposed that, combined with the child's history, the drawings could be used to interpret intrapsychic processes.

In 1946, Mary Huntoon, artist and printmaker who worked at Winter General Hospital, connected with the Menninger Clinic, and later with the Menninger Foundation. First, she was an "art instructor"; in 1949, she was called a "therapist"; and in 1956 a "manual arts therapist." She was never a psychotherapist, but functioned as a *recreational* therapist. Early on, Huntoon named what she did "dynamically oriented art therapy" or "following the patient's dynamics." In this, she may have preceded Margaret Naumburg in her definition.

Don Jones, a Conscientious Objector during World War II, was assigned to Marlboro State Hospital in New Jersey, where he became interested in and collected patient artwork. After the war, he came to Rossville, Kansas, as an artist/pastor. He taught art in Topeka, and many Menninger staff members were his students. Through this connection, he met Karl Menninger. He began employment at the Menninger Clinic in 1951, developing an expressive arts program that would employ and train many art therapists, Robert Ault among them. At first an *activities therapy*, art therapy eventually became a *psychotherapy* option for patients at the Menninger Clinic.

In 1959, Pedro Corrons, a Spanish psychiatrist interested in art and music, visited Mary Huntoon at The Menninger Clinic and then established an art psychotherapy unit at the Columbus State Hospital in Ohio. This was the first state-supported art psychotherapy program. With Bernard Stone, by 1967-1968, there were 12 art psychotherapy programs in Ohio.

Eastern art therapy clinicians

In the Eastern United States, Naumburg's groundbreaking work at the New York State Psychiatric Institute was a significant influence, and in 1940, perhaps the single most important occurrence in the early history of art therapy occurred when she defined art therapy as a distinct profession. Although her first art therapy book was published in 1947, it was not until 1960 that Naumburg's description of her theory was published in *Dynamically Oriented Art Therapy*. She was 84 years old. In 1970, Naumburg was the first to receive the highest award in art therapy, the Honorary Life Member (HLM) from the American Art Therapy Association.

In the 1950s, art therapists Ulman, Kramer, Naumburg, and others presented their work to psychiatric groups and institutions. From 1964 on, Judith Rubin consulted in New York with Naumburg and Kramer. Having been an art teacher and having worked with schizophrenic children, she wanted to receive training to become a “real” art therapist.

The National Institutes of Health (NIH) in Bethesda, Maryland, outside of Washington, DC, an agency of the United States Department of Health, is a leading medical research center. In 1958, Hanna Yaxa Kwiatkowska was hired as a researcher at the NIH. There, she “accidentally” invented family art therapy and developed a six-step procedure for evaluating families. Harriet Wadeson came to NIH in 1961 and trained with Kwiatkowska. Before that, in 1949, her art therapy career began when she worked at St. Elizabeth’s Hospital, a psychiatric facility in Washington, DC.

The driving force behind the founding of the American Art Therapy Association was Myra Levick, its first president, who began work as an art therapy clinician in 1963 at the Albert Einstein Medical Center in Philadelphia.

Western art therapy clinicians

In 1964, Helen Landgarten taught art to geriatrics in a community center in Los Angeles, California, and became an art therapist in a psychiatric inpatient unit at USC/County General Hospital. In 1968, she came to Mt. Sinai Hospital (later Cedars/Sinai Hospital) in the Child and Family Division, Department of Psychiatry. Here, Landgarten trained art therapists as *primary therapists* knowledgeable enough to carry full case responsibility. Her art therapy master’s program, established at Immaculate

Heart College, reflected this philosophy and was called “Clinical Art Therapy.”

Janie Rhyne was a Gestalt art therapist living in San Francisco. The Human Potential Movement of the 1960s, of which Rhyne was a part, eschewed diagnosis and the medical model in favor of a humanistic psychology focus aiming to aid an individual’s personal growth.

The first art therapy journal

The first art therapy journal was established by Elinor Ulman in 1961. Called the *Bulletin of Art Therapy*, Ulman’s journal gave art therapists a forum in which to communicate and debate their ideas. Before the publication of the journal, art therapists had worked alone, often making it up as they went along. Perhaps most important, the *Bulletin* offered art therapists a way to find out about each other. In 1963, Ulman conducted a survey of art therapists in the United States and Canada and found 30. In 1970, the *Bulletin* changed its name to the *American Journal of Art Therapy*. It existed for 41 years until 2002 when it ceased publication. Ulman’s journal was a crucial milestone in driving the rapidly evolving field toward becoming a professional organization.

Art therapy theorists: Margaret Naumburg and Edith Kramer

Despite acknowledgment that art therapy can be effectively intertwined with almost any contemporary theory (cf. Rubin’s *Approaches to Art Therapy*, 1987), there are two major theories in the field—both deriving from Freudian psychoanalytic thought and methods. On one side of the art therapy theoretical spectrum, stemming from Margaret Naumburg’s ideas, are art psychotherapists, employing art *mostly as a method of non-verbal imagistic communication*

or “symbolic speech.” On the other side of the spectrum are the art therapists, originating from Edith Kramer’s notions—psychologically informed and close to art educators who believe that it is *the creative process itself that is healing*.

In 1940, Naumburg was the first to define art therapy as a separate mental health discipline and as a different form of psychotherapy. She lived in the lively intellectual zeitgeist of New York City, underwent both Jungian and Freudian analysis, and studied with the educational visionaries of the time such as Maria Montessori and John Dewey. Naumburg went to work for the psychiatrist Nolan D. C. Lewis at the New York State Psychiatric Institute and published her first art therapy book in 1947, titled *Studies of the “Free” Expression of Behavior Problem Children as a Means of Diagnosis and Therapy*.

Edith Kramer, a painter, fled Hitler’s Germany for New York City in 1938. With Friedl Dicker, Kramer had conducted art classes in Prague for refugee children and recognized that art could alleviate trauma. Her book, *Art Therapy in a Children’s Community*, was published in 1958. In it, she described a second major theory for art therapy, focusing on the importance of how the creative process and product is healing. Similar to Naumburg, Kramer’s theory is based on Freudian ideas. She delineates Freud’s defense mechanism of “sublimation” as key to art therapy. She postulates that inappropriate id and aggressive impulses can be sublimated into socially acceptable behaviors through creative work, and that the “completeness” of the art product is indicative of successful sublimation. Unlike Naumburg, Kramer argues that art therapists are not psychotherapists, and should not aim to be. Her work relies very little, if any, on *talking*, whereas Naumburg, through verbal inquiry, intends to further the patient’s conscious exploration of the unconscious.

Formation of the American Art Therapy Association

Founding of the American Art Therapy Association was the most important step in the establishment of a separate identity for art therapy. With its formation, art therapy became a distinct and significant field of trained practitioners with special expertise.

In 1966, Naumburg's book *Dynamically Oriented Art Therapy* laid out the theoretical constructs of art therapy. Although discussed earlier in her other books and presentations, this was the first formal publication of art therapy theory, and it was a major influence in the formation of art therapy as a separate mental health discipline. Kramer's theoretical ideas were first published in 1958.

The British Art Therapy Association was formed in 1964. In the United States, against the background of the turbulent 1960s and with the coalescing force of Ulman's *Bulletin of Art Therapy* and Naumburg's theoretical foundation, art therapists wanted to form their own professional society and focus not only on pathology in art but on diagnosis and treatment.

In 1968, art therapists met in Boston at the American Psychiatric Association to discuss forming a separate organization. Myra Levick, director of the art therapy master's program at Hahnemann Hospital in Philadelphia, was the driving force and energy for founding the new organization, and was its first president.

In late 1968, along with Paul Fink, Levick convened an organizational meeting. All the art therapists they could find were invited, and 50 attended. It was clear from the start that many definitions of art therapy would be included in the new organization, but the hybrid nature of the new

field was evident as some feared that an association would define art therapy as *art psychotherapy*. From this split began the great argument—with noisy proponents on both sides—which would dominate the field for decades: *art psychotherapy versus art as therapy*.

On June 27, 1969, in Louisville, Kentucky, the American Art Therapy Association was voted into being. Only art therapists could be voting members. The first conference was held in September 1970, and 100 people attended. The association established a system of standards for art therapists and began awarding the “A.T.R.” (Art Therapist Registered) for those who met the standards.² Later, the ability of art therapists to attain state licensing for employment became a central focus. However, the small numbers of art therapists make licensing a difficult proposition in state’s political climate, and art therapy has sometimes found itself aligning with other mental health disciplines, bringing to fore the perpetual challenge of professional identity.

The immense importance of the American Art Therapy Association to the evolution of the field is obvious. Providing an arena where art therapists could come together to debate the major issues of the new field, it had a tremendous influence on the evolving profession, and, without it, arguably, there would not have been an art therapy profession at all. For a long time, the American Art Therapy Association *was* art therapy. From the early days when Ulman’s survey found 30 art therapists in the United States and Canada, and 100 people attended the first conference, there are now about 4,000 members in the American Art Therapy Association.

Art therapy master’s training programs

Soon after the founding of the American Art Therapy Association, and sometimes even before, many art therapy pioneers, mostly self-taught, founded art therapy education and training programs across the country. These programs tended to bear the philosophical and theoretical stamp of their founders and were quite different from each other. With master's-level education, it was the role of the programs to develop art therapists with a certain curriculum and internship experience. In 1975, "Guidelines for Education and Training" were established by the American Art Therapy Association. A program assessment process began—a form of accreditation—known as "approval" for those programs that met the standards. As with all accreditation procedures, the intention of the American Art Therapy Association was to improve education through curriculum standardization, but establishing acceptable education standards while still allowing for creativity was and remains a difficult balance.

Art Therapy: Milestones and the Future

Since its beginnings, art therapy has established an expansive literature documenting clinical work, art therapy's many definitions, and the wide philosophy and approaches to it. The literature has saluted art therapy's history and pioneers and suggested a number of underlying ideas and practices that contribute to theory. In addition, there are books and articles that survey the field, focusing on special techniques, populations, and specific issues. In the early days, art was thought to be relegated to children and special people called "artists." Art therapy's literature reveals the many ages, populations, and problems amenable. Computers and the Internet have resulted in art therapy e-books and CD-ROMs. Research has come to be

understood as important to art therapy, although contemporary art therapy primarily remains a profession of clinicians. Advances in neuroscience and technological advances may potentially help explain the mind/body connection and how art and creativity work on the brain.

Great Britain and the United States are well known for highly developed art therapy professions. They are often models for the rest of the world. However, the development and spread of the Internet have given voice and presence to art therapists internationally through the International Art Therapy Organization (IATO). Not unlike Ulman's original art therapy journal, the IATO intends to be inclusive and socially conscious, and functions as a virtual "place" to argue, to discuss, and to celebrate. In the global village, the idea of the integration of art and therapy has taken hold. A few years ago, it was said that only 33 countries had art therapy or arts therapies associations. In many of these countries, unfortunately, the establishment of education for art therapists was not easy, and, therefore, development of the field was difficult. *The Modern History of Art Therapy in the United States* (Junge, 2010) lists the following as contemporary issues: the Question of Art Therapy Assessment, Multiculturalism, Centrality of the Art in Art Therapy, Registration, Certification, Licensing, Research, and the International development of Art Therapy.

Since the last half of the twentieth century, art therapy has expanded and, in a sense, "grown up." Establishing widespread practice standards while simultaneously allowing for creativity is, and will always be, a central challenge. With more recognition comes public confusion about what an art therapist is. While it will always remain a small field, the expertise of a skillful professional art therapist is quite different from a mental health professional, who sometimes uses art in clinical practice.

Rubin (2010) wrote, "Art therapy is a unique profession, in that it combines a deep understanding of art and the creative process with an equally sophisticated comprehension of psychology and psychotherapy" (p. xxvi). Art therapists are people with an artist's identity and creativity who strive to help people heal and grow.

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Additional Suggested Readings

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Professional Organizations

American Art Therapy Association, www.arttherapy.org

International Art Therapy Association,
www.internationalarttherapy.org

Endnotes

- 1 An exception is the experience of art therapist Judith Rubin, who was admonished not to seek further education by the eminent developmental psychologist Erik Erikson. He was afraid it would hinder her intuition.
- 2 In 1993, the awarding of ATRs was housed in the newly formed Art Therapy Certification Board (ATCB). It became “ATR” (without periods). In the early 1990s, Board Certification as an art therapist began.