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SECOND EDITION

Art *Psychotherapy*



Harriet Wadeson

Art Psychotherapy, Second Edition



Art Psychotherapy, Second Edition



Harriet Wadeson



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To my children, Lisa, Eric, and Keith,
with appreciation for the creative challenges,
enrichment, joy, and love
they have brought to my life.



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Foreword to the First Edition

The concepts and the practices of art psychotherapy have evolved both within and outside the sphere of psychotherapy. In the 1940s, under the pioneering leadership of Margaret Naumburg, the initial framework was psychoanalytic. By studying clinical cases in detail, with artistic expression as the springboard for the patient's associations and the therapist's interpretations, Naumburg established an invaluable tradition that continues as one component of present-day art psychotherapy.

Other psychoanalytically oriented pioneers, such as Edith Kramer, gave greater emphasis to the healing potentialities of the psychological processes activated in the creative act. Still others, such as Hanna Yaxa Kwiatkowska, began some 50 years ago to expand the scope of art psychotherapy into the interpersonal field of families.

At about that time, innovations suddenly proliferated not only with fresh concepts and methods, but also with newly defined professional roles for art therapists in private practice and in a great array of clinical settings and academic and research institutions. It was my good fortune to be in a position in the Intramural Program of the National Institute of Mental Health (NIMH), where I could readily be aware of these exciting developments, especially in Washington and Philadelphia, and to facilitate, more explicitly, the creative work of Hanna Kwiatkowska and Harriet Wadeson at NIMH.

Over the subsequent years, Harriet Wadeson has continued to add to her clinical, research, and artistic experience. On the one hand, she has published numerous research papers in leading psychiatric journals; on the other hand, she has thoroughly familiarized herself with developments in existential psychology and the Human Potential Movement,

using not only graphic arts but also other modalities of expressive therapies.

This book, then, has become a personalized statement arising from her highly diversified professional background. She shows how this personal philosophy can be successfully adapted for use with a variety of people, ranging from those with major and minor psychiatric symptoms to those who wish to enhance their growth in dealing with the problems of living.

As an ingredient of the professionalization of art psychotherapy, Harriet Wadeson discusses forthrightly many of the special problems that art therapists, especially when working in institutional settings, have had while establishing their status and identity. Earlier, art therapists often worked as psychodiagnosticians, and their therapy was defined as adjunctive to the primary therapy of someone else. Wadeson asserts that “art therapists should be psychotherapists plus,” that is, psychotherapists who are qualified to work alone or in a team of colleagues and who also are trained in the theory and practice of art therapy, have technical expertise in art, and are experienced in using art for self-expression. Surely, this professional identity is a far cry from “messing around” and “killing time” with art materials in activities programs. In my view, psychiatrists and psychologists even today have failed to understand how much they can learn from skilled art psychotherapists. Interdisciplinary acknowledgment clearly needs to be reciprocal; the gains then are mutual.

I must also express a personal hope—recognized in this volume—that a sophisticated approach to art psychotherapy will not neglect those deeply impaired individuals whose creativity becomes manifest through developing simple but often surprising and personally meaningful “artistic” skills. Also, certain patients can benefit from art therapy that begins stepwise, helping patients to extend their attention span, develop the ability to integrate parts into a whole, improve their motor control, and gain better ability to focus or perceive. Such approaches are quite compatible with a comprehensive approach that also has been enriched by the incorporation of a humanistic tradition concerned with helping all persons, including “normal” clients, to improve authenticity, individuality, and self-actualization. In varying degrees, all approaches to art therapy require a transfer from the realm of materials to the realms of individual creative processes and interpersonal relationships.

Harriet Wadeson's many years as an art therapist have engendered thoughtful and quite detailed guidelines here for dealing with a multiplicity of patients and situations. She devotes an entire chapter or more to each of the following: mania, depression, suicide, schizophrenia, alcoholism, families, and hospitalized and "normal" groups. A most important chapter explains the hypothesis that the recovery style of schizophrenics (either "integrating" or "sealing-over") can be determined and assessed by the quality of the patient's pictorial expression. These findings are documented by collaborative research that suggests the patient's recovery style can be elucidated by the quality and expressiveness of his or her pictorial representation. The recovery style can then be a determining factor in planning the best type of treatment by all the staff and in deciding whether drug therapy or other approaches are indicated.

The book as a whole makes it clear that Dr. Wadeson especially enjoys working with the "integrators," those persons who want to explore the meaning of disturbing experience to the totality of their lives. At the same time that this work delineates many details of technique and the examination of research hypotheses, Dr. Wadeson effectively models for the reader her interest in the therapist's use of self. She shares with us some of her life experiences, dreams, art productions, and even a poem or two. The chapter on research concludes with a statement that gives a clear picture of the author's professional goals: "It is my hope that the creativity that is the essence of the profession will be applied to new means of exploration of the human condition through the fertile expressiveness art therapists are trained to perceive."

Harriet Wadeson has waged a successful struggle to make a synthesis that does justice both to her personal viewpoint and to her profession. Grounded in artistic and psychodynamic traditions, she has absorbed and integrated diverse innovations with families and groups without surrendering her interest in personal meaning. She has worked in-depth with psychotic inpatients as well as with dissatisfied "normals." Perhaps the most distinctive emphasis in her approach—and in my view the most difficult but most therapeutically valuable—is her concern with a creative therapeutic alliance. Within a framework of participant observation, in the reciprocal processes between therapist and client, lie the most powerful opportunities for personal growth and therapeutic change.

Wadeson addresses both the potentialities and the pitfalls for client and therapist alike in such knotty issues as the extent of self-disclosure by the therapist. In art psychotherapy as in verbal therapies, the complexity of countertransference problems requires self-awareness. Further, she points out that as a therapist in a creative alliance, she does not abandon her own philosophy but is “receptive to the client’s finding her own way” and thus enables the client to “experiment with new ways of being.”

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Preface

The many significant changes in the art therapy profession since the first edition of this book was published reflect the massive changes in our world in the span of the last 30 years. Throughout these three decades, I have been gratified and appreciative that *Art Psychotherapy* has continued to be used, despite the arrival on the scene of many other excellent art therapy texts compared to the sparse resources available in the field at the time of this book's initial publication. I am told that it is unusual for a book of this sort to remain in print for so long. Throughout the years, strangers have approached me at art therapy conferences to tell me that this book was the reason they entered the art therapy profession, which of course has been immensely affirming to hear.

In noting modifications necessary for this second edition, of special significance is the change in the perspective on psychopathology in the last decades. Trauma-related conditions were not classified in the *Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association* until 1980, the year the first edition of this book was published. The relationship between trauma and its emotional sequellae is now recognized in the diagnosis of posttraumatic stress disorder (PTSD), which may result from various tragedies, such as rape, childhood abuse, war, terrorism, and natural disasters. Attachment disorder also may result from early trauma. Therefore, a whole new section of this book is devoted to trauma.

Other changes in mental health services include shorter hospitalizations resulting from current medical insurance practices. These shorter stays have increased the importance of aftercare services, many of which utilize art therapy as the core of their programming. There is also added awareness of the importance of multicultural competency on the part of therapists in our increasingly multicultural society. Art therapists are

now going out into the community to work, more so than they did several decades ago. All of these developments are reflected in this book.

Added also are illustrations of art therapists creating artwork to process their own professional issues, particularly in work with those clients who raise strong emotional reactions in the therapist. Just as art can be an expressive vehicle for insight for those in art therapy treatment, it can also serve art therapists well in helping them to understand what is transpiring in the therapy, especially in regard to their relationships with clients.

Specifically, the new chapters are all of those in Part II: Trauma, as well as Chapter 6, Multicultural Issues; Chapter 18, Medical Problems; Chapter 20, Short-Term Hospitalization and Aftercare; Chapter 25, Community Art Therapy; and Chapter 27, Art for Professional Self-Processing. In addition to this new material, most of the text of the previous edition has been retained and updated.

Like the first edition, this second edition is descriptive in nature, supplying many case examples to illustrate the psychodynamics of the clients and patients, how art-making can promote their therapy, and how art therapists work with various clienteles under different circumstances. As was the case in the first edition, the focus of the second edition is largely on work with adults, although there are several examples of work with children and adolescents to make specific points. The reason for this focus, as in the previous edition, is that a greater abundance of material has been published on art therapy with children than with adults.

Although I have been fortunate over my many years in art therapy to see a vast number of clients in various treatment milieus, the field has expanded beyond the experience of any one art therapist. In order to cover art therapy with populations with whom I have not worked, I have included treatment examples from generous colleagues, many of them my former students.

As mentioned in the Preface to the first edition, the book covers many years of my professional experience, which now spans almost five decades. Some of the changes in my own perspective and ways of working since publication of the first edition are reflected in the newer case material. I believe there are some changes in the writing style as well. In recent years, I have been writing novels, so perhaps the added case vignettes have a bit of a story quality to them.

In my many years of training art therapy students, I have operated under the assumption that basic principles come alive in illustrations of specific case examples. Therefore, the bulk of this book introduces many of the individuals with whom I have worked, along with their art expressions. I have tried to protect their confidentiality by changing their names and identifying details. I have included names of colleagues and students, however, in order to give them credit for their work. Because case histories usually are not nice, neat illustrations, even in summary, I have taken some liberties in omission and simplification in order to make the points I am trying to show. In a few cases, I have combined the stories of more than one client.

My sessions at the National Institutes of Health (NIH) were tape-recorded, so the conversations are accurate. Those from other sessions are reproduced from my detailed post-session notes and more recent work from my memory, which may not be totally accurate. Nevertheless, I believe it has served me well in recalling the gist of what was said. The artwork, of course, has provided an unchanging documentation of therapeutic course. In some cases, clients wrote comments about their artwork, which are quoted directly.

Although I have used the first edition of this book repeatedly in my teaching, I had not approached it with an eye toward what I wanted to update, change, or eliminate until now. In doing so, studying its tenets and its examples, I was introduced to my former self. Reading many of its passages, I realized I would write them differently today, not necessarily better, but from a changed perspective. I discovered the former me to be more of a romantic and more philosophical than my now more practical self. I found that I rather liked reading that younger me, so I have left much of it as originally written.

In studying the content of my former writing, I was also returned to long-ago clinical experience, much of it very different from my more recent work. From my present perspective, I am impressed with the array of experience I have had: working with nonmedicated people diagnosed as schizophrenic, those who had attempted suicide, ongoing groups of insight-oriented creative women, some of whom were art therapists, the experience group in which I could experiment with various expressive modalities to enliven regressed and withdrawn people who were psychotically depressed,

and many more. I have been privileged to view the hallucinations and delusions that were the idiosyncratic inner experience of those whose realities were vastly different from the common shared experience of most of us. For all of these opportunities that expanded my own awareness, I am immensely grateful.

The balance of my career shifted midway from a predominance of clinical work and research to education. The six books I have published are products of this second half of my career. Educating others, both face-to-face and through my writings, is another kind of challenge, but like the clinical work and research, it has provoked reflection and a synthesizing of ideas as well, many of which are distilled in this book.

I hope that in its second incarnation, *Art Psychotherapy* will continue to inspire and inform those who work in the exciting, creative field of art therapy, as well as those who are interested in doing so.

HARRIET WADESON

Chicago, Illinois

September 2009

Preface to the First Edition (Revised)

Art psychotherapy begins with an expressed image, and so shall this book begin. I have selected as an introduction to this field a drawing by Craig, a young man diagnosed as having paranoid schizophrenia, because his images are eloquent. By expressing himself in them, he probably averted further decompensation. Through his pictures he divulged his “secrets” to me, overcoming his fears and building trust by sharing his images. Figure P.1 is his picture of the *Mother of the Universe*,

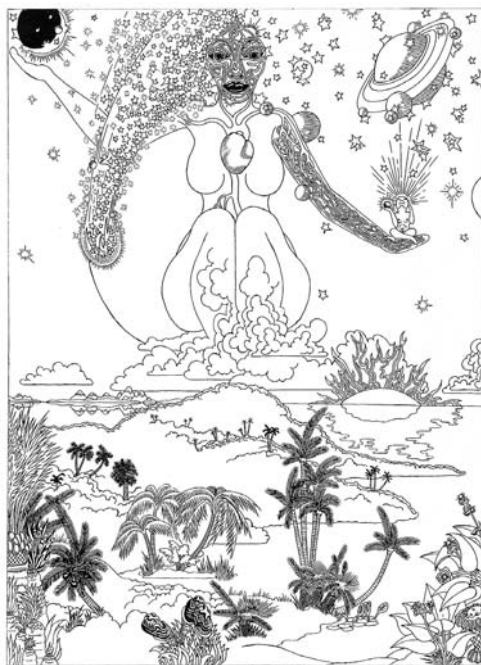


Figure P.1 *Mother of the Universe*, a delusion by Craig, diagnosed as having paranoid schizophrenia. He believed he was the keeper of Mother Nature’s secrets.

with Craig as the tiny person sitting in her hand. The many experiences of a deep involvement with people through their images, such as my journey into Craig's inner world (described more fully later), pushed this book into being.

I discovered art therapy at the National Institutes of Health (NIH) almost by chance, at a time when budgeting was generous and I could find employment there as an art therapist despite a lack of experience and training. In this rarefied atmosphere, I felt I was witnessing (and later participating in) the leading edge of psychiatric research. I entered art therapy when it was all but unknown and ripe for pioneering. As a result, I have been fortunate in having the opportunity to innovate and to have my work published in journals that are read throughout the world.

The surge of the Human Potential Movement, with its valuation of creativity and direct experience, found me in the right place at the right time and opened opportunities for me beyond the psychiatric world to which I had been introduced at NIH. Subsequently, the increasing professionalization of art therapy has led to challenging opportunities for the training of students and for developing my thinking about what constitutes high-quality training for art therapists.

Obviously this book is not, nor is it intended to be, the last word on art psychotherapy. The profession is young and energetic, with much growth still to come. But this book is intended to provide philosophy, principles, practice, abundant variety of case material, and research. It is written from a highly personal perspective. It is clear to me that the therapist is a large part of the process, and to have written a book devoid of my personal beliefs and reactions would have made it an empty shell. I have tried to make my biases explicit.

Basically, I would describe my approach as humanistic, existential, and phenomenological. I see psychotherapy as primarily an educational process to help people with problems in living rather than as a treatment for a disease. The educational process is not the traditional cognitive model, but rather an affectually oriented facilitation of emotional growth. I make no pretense of speaking for the entire profession; rather, I am expressing my view and experience of it.

The title, *Art Psychotherapy*, reflects my way of practicing art therapy. The field is a broad one, with much variety among the approaches of different practitioners. Some place emphasis on the art, some on the therapy, and many on both. Some art therapists consider themselves psychotherapists using art expression as a therapeutic modality. Their work is art psychotherapy, and they are comfortable with both primary therapeutic responsibility and working as part of a treatment team. Art psychotherapists distinguish themselves from others with less training and experience who work in an adjunctive capacity only.

The first part of the book furnishes a foundation: philosophy, history, application, training. These discussions inform the case material that follows in succeeding sections. It is possible to proceed directly to the case material in any order desired; that is, the book can be approached in its totality as a text or be used as a reference for specific information. To develop each chapter so that it can stand alone, a small amount of repetition has been necessary. The basic approach is described in the first section, then illustrated in the following sections that form the major portion of the book.

Despite the aim of this work to be a comprehensive book, there are some deliberate omissions. Because the focus of the book is emotional disturbance, organic brain syndromes are not included. There is minimal material about work with children. Many art therapy books published to date have dealt exclusively with children. In contrast, there is presently less material published in book form on art psychotherapy with adults. Because my experience has been primarily in this realm, and because need for information in this area is so much greater, I have not tried to overextend myself into art therapy for children.

Another significant omission is the use of art expression for diagnosis. Art therapy diagnostic instruments are not yet sufficiently reliable for generalized use.

Related to this decision is the whole issue of psychiatric labeling. I struggled with this one for some time. When art expression (or any other form of data) is used to gain a fuller understanding of the client or patient, a diagnostic term can be a useful sort of shorthand. On the other hand, when a diagnostic label is used as a means of classification—without an

attempt to comprehend the individual's uniqueness—then the shorthand becomes a shortcut, circumventing the more demanding process of dealing with the individual humanly. There are other abuses perpetrated through psychiatric classification, such as stigmatization and facilitation of distancing between therapist and patient, with each of them viewing the former as “well” and the latter as “sick.” These are crucial issues in the field of psychotherapy.

Despite the problems surrounding diagnosis, and my own personal distaste for applying a diagnostic label, I have divided the case material into chapters according to diagnostic categories. There are two reasons for this. First, as stated earlier, I believe that to some extent these classifications are valid. Second, and perhaps more important, students and mental health professionals need to understand these categories as they form the framework of our present understanding of those undergoing psychotherapy. As used here, however, I hope it is clear that diagnosis is never implemented to pigeonhole, but rather as a means of organizing the material presented to differentiate the kinds of problems the art therapist encounters with various populations.

The material in this book spans many years of work, so there are certain variations in approach as my professional activities evolved and developed over time. For example, my early work was focused much more on the patient than on our relationship, and the case material reported from my early years in art therapy reflects that focus. The rough chronology of the work is as follows: I began working with adolescents; then successively with depressive and bipolar patients, families, and schizophrenic patients; and lastly with private practice clients and substance abusers. (Naturally, there was some overlap.) My research interests and approaches also changed over the years and, although not detailed in this book, to the extent that they are introduced, a fair amount of variety may be seen.

Selection of the illustrations was based on applicability, presentational qualities, intrinsic interest, and photographic reproducibility. The choice was sometimes difficult, because there were often many excellent examples to illustrate a particular point. In a few instances, pictures have not been supplied, because the available examples did not reproduce well or required too lengthy an explanation.

Finally, I hope that this work conveys some of my own gratification from the creative opportunities afforded me in the young and exciting profession of art therapy. Because the field is a dynamic one, this book is intended to be thought-provoking rather than conclusive.

HARRIET WADESON

Houston, Texas

September 1979



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Finally, I want to give extra-special appreciation to my assistant, current art therapy student Anthony LaBrosse, who I believe will be a future president of the American Art Therapy Association. Tony requested to help me with this project and was unstinting in his resourcefulness and hard work, often suggesting references and related material to include, even though it meant more work for him. When we first began this enterprise, he asked me to write a list of his responsibilities. Number eight was "Keep Harriet in good cheer." He moved this goal to the number-one position and fulfilled that responsibility above and beyond the call of duty.



Acknowledgments to the First Edition

I wish to express my appreciation first to Lyman Wynne, MD, PhD, for his support and inspiration throughout my art therapy career. Lyman gave me my first art therapy job, has provided me with challenging professional opportunities since, and has enthusiastically supported art therapy from its early days when it was an unrecognized therapeutic modality. Lyman's work and being have been a source of inspiration to me throughout our years of personal friendship and professional association. I am grateful, as well, for his careful reading of this manuscript and his valuable suggestions.

Next I would like to acknowledge Hanna Yaxa Kwiatkowska, my first art therapy mentor, who, in a sense, gave me a profession that has provided me with abundant gratification and challenging opportunities. Similarly, I would like to thank William Bunney, MD, and Will Carpenter, MD, for their support and supervision of my work at NIH. Both provided me with learning and opportunity for research through art therapy.

To Roy Fairfield, PhD, Richard Gillespie, PhD, Joyce Cohen, PhD, Marcia Hart, MA, ATR, and Nancy White, MA, go my thanks for reading this manuscript and offering some excellent suggestions. I am particularly indebted to Roy for responding to some of the case material in poetry, a beautiful way of letting me know he understood what I was trying to say.

I give my thanks to my mother, Sophie Weisman, who typed many rough drafts as a labor of love, to Al Jankowitz and Frank Riley for assistance in duplication, and to Rose Allinder for proofing and indexing.

Finally, my most profound gratitude is for the clients, patients, and students who are the life of this book.

H.W.

