

International Images of Art Therapy

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Abstract : Images of art as therapy have been observed over time and across boundaries especially as art therapy has spread geographically and functionally around the world. Examples of art therapy will be shown in this presentation through a series of images that demonstrate historical, social and cultural influences on the development of art as healing and art as an agent of change.

Since the mid-twentieth century, visual art therapy has been utilized as diversionary, adjunctive and a primary therapeutic intervention with individuals, families and groups. In addition, the methods and tools of art therapy are found not only in clinical settings, also these methods and tools are found in a variety of community and educational environments as well as in social science research.

As we all know, this is a time of great change globally that involves social transformation, political as well as interpersonal conflicts, and the effects of natural disasters. Through the lens of art therapy, we can develop our visions of art as therapy to create positive change.

Key words : art therapy, international images

Good morning. I want to thank our hosts at Burapha University and Silpakorn University and the LELA organization for providing this opportunity for me to be here with you today. For my part of this program this morning, I want to take you on a journey to look at some images of art and art as therapy, and to offer views about the development and practice of art therapy in different parts of the world.

As I begin my talk, I want to provide a context for this presentation on international images of art therapy. This picture that you see here shows a sunrise in the state of Kansas where I live now. This state is in the geographic center of the US and often is described as

a farm state consisting of mostly flat land with big skies. Before I moved to Kansas to teach and direct a graduate art therapy program, I was fortunate to teach art therapy for several years in Australia and Israel and to offer art therapy workshops and training in several other countries. These experiences changed my perspectives on art therapy that I had developed previously through my clinical art therapy practice in the US. Another strong influence on my understanding of art therapy is through my work with the International Networking Group of Art Therapists. With my colleague, Dr. Gaelynn Wolf who will present a talk here today, I have learned so much through networking and providing contacts for art therapists and others interested in art therapy around the world. From this context, I offer my views of

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art therapy today. (Figure 1)

Images of art as therapy have been observed over time and across boundaries as art therapy has spread around the world. Since the mid-twentieth century, visual art therapy has been utilized as diversionary, adjunctive and as a primary therapeutic intervention with individuals, families and groups in countries from east to west. In addition, the methods and tools of art therapy are found not only in clinical settings, also these methods and tools are found in a variety of community and educational settings with growing body of research to document the uses of art as therapy.

Today in more than 80 countries around the world, art therapy in its many forms is practiced and taught. As evidence of these efforts, more than 20 journals worldwide in many languages have a specific focus on art therapy and the other creative arts therapies. For example, in Canada, Finland, France, Israel, Japan, Korea, Sweden, the United Kingdom, and the United States, publications provide information about current practice, research and theory building in art therapy. (Rubin, 1998)

On this metaphorical journey today, I will present images of art therapy within an historical and cultural context. I will show examples from art therapy projects that I have done. And, I want to describe examples of art therapy projects and visions of art therapy for the future – with the recognition that the field of art therapy is growing and changing which is the very reason we are at this conference.

Art as therapy is practiced in different ways, as Lucille Proulx mentioned yesterday, that in my view reflect the cultural context, beliefs and practices in specific geographic areas and among varied ethnic and other multicultural populations.

As others talked about yesterday, visual artists, art educators, occupational therapists, nurses, psychiatrists

and psychologists recognized a strong connection between visual art as a form of creativity AND psychotherapy as a method of psychological and behavioral intervention that can facilitate healing and change. Practitioners in these varied professions saw, as art therapists do today, that the process of creativity is similar or related to the process of psychological change and emotional healing. This recognition of the connection between visual art and psychological change occurred in different countries and, as I learned in graduate school years ago, even in different parts of the US within a similar time period. In the west art therapy emerged as an interdisciplinary field beginning around the 1930s–1940s in England and other parts of the UK including Canada and Australia as well as in the US.

For myself, I like to describe **art as therapy** as a method of psychological and emotional intervention that combines tools and theories in fine art and theories of creativity with tools and theories in psychology. And, as stated previously, there are many variations on how art as therapy is practiced and taught that are effective.

Versions of art as therapy in clinical settings – that have come out of the western practice

Art as diversion – Adrian Hill, an artist and teacher in England is credited there with creating the term, Art Therapy that dates back to the early 1950s. While he was recuperating from tuberculosis in a hospital, he took up painting as he had done before his illness. Other patients on his hospital ward watched what he was doing and became very interested. Because of their curiosity and requests, Hill taught painting to other patients while he himself was recuperating from tuberculosis. From this experience, he came to realize that painting – as a diversion – from his illness improved his mood and energy. He recognized that this was a way to divert or re-focus attention and energy away from conditions



Fig. 1

such as physical illness or mental states like depression that affect daily functioning. (Hill, 1945; Hogan, 2001)

Art as adjunctive therapy – Especially because I now live in the state of Kansas, I want to tell you about Mary Huntoon (R. Ault, personal communication), an artist who lived in Kansas and called herself an art therapist after she received training in psychotherapy – in the mid-1930s. She worked for many years at the Meninger Clinic, an inpatient psychiatric hospital where art activities were incorporated into long term inpatient treatment as a result of the milieu treatment programs developed by the Drs. Meninger early in the 20th century. This form of treatment actually began in the 1920s as an adjunct to the primary therapy provided by psychiatrists. This early effort preceded the development of art therapy recognized today in the US – such as the work of Margaret Naumberg, Edith Kramer – that was described yesterday by Dr. Acosta.

In the early years of art therapy training and education in the US during the 1960s and early 1970s, students were taught that their role in psychiatric hospitals, for example, was an adjunct or a therapeutic intervention that added to the primary treatment offered by

psychiatrists.

Art therapy as primary therapy

As practitioners in disciplines at the master's level began to provide primary treatment in the later 1970s in the US, art therapists also began to provide the primary intervention for psychological change. This, of course, means that art therapy education expanded and now is comparable to graduate education in related disciplines such as counseling and clinical social work.

Versions of therapeutic art outside of clinical settings – that have come out of the western practice

Studio art therapy: One example is the storefront model in Seattle where homeless individuals can come during the daytime to paint, draw, create ceramic art, and like the model developed by a longtime art therapist who runs a studio art therapy program in an inpatient psychiatric hospital in Adelaide, South Australia. There patients go daily to work on art projects using varied media – and find the art studio a safe place to make art and interact as they choose.

Community art therapy: An example of this is in a mural project lead by a recent Emporia State University graduate art therapy student in Weeping Willow, Nebraska. In her hometown Jessie worked with a small group of high school students to create a mural while learning about the history of their community. As townspeople became aware of this project on the wall of a local business, the students became even more engaged in their project. And, Jessie herself learned firsthand about the use of public art making to facilitate within-group communication among these high school students as well as the development of community pride in the project, especially in the addition to the visual enhancement of village square.

Art as therapy to build/rebuild cultural identity: In my effort to demonstrate this aspect of art as therapy, I

need to give some background.

Heather Kemarre Shearer is an indigenous artist in Central Australia. She describes herself as an Arrente woman, an Aboriginal group that is part of a larger clan. She also tells that she is a member of the Stolen Generations. She and I gave a presentation on indigenous art therapy and women's health at the Fourth Australian Women's Health Conference in 2003. We engaged in many discussions as a result of her interest in art therapy as practiced by white settlers in Australia, as Aboriginals call the dominant cultural group there. For me, my strongest learning about the cultural context of art as therapy has come from my friendship with Heather. She taught me not only the relevance, but the necessity of understanding and respecting the social, cultural and historical context the influences how we experience ourselves in the world—that so affects how art therapists need to understand art making as therapy or art as healing.

Artist Kemarre Shearer told about the use of art as healing – to rebuild and reconnect to the lost identity for indigenous peoples of Australia. As she told, she experienced learning to paint according to the proscribed style of her clan as the way that she reconnected with her cultural roots. This changed her life as this kind of painting and drawing has changed the lives

today of many others within Australian indigenous groups.

While I was on a trip from Melbourne to Adelaide, South Australia, to meet with Heather, she arranged for me to visit a drug & alcohol treatment program run by and for individuals in various Aboriginal clans mostly from The Center (to which the inside land of Australia is commonly referred). Here program staff and directors told me about using visual art making as a primary means for those in recovery to reconnect with lost cultural identity. The treatment program staff saw this loss of cultural identity as a primary cause of substance abuse and domestic violence among indigenous peoples in Australia. It is relevant to note here that visual art making historically had been part of everyday life for Aboriginal people just as having a keen eye to observe the environment was essential for survival.

There are other areas of intervention for art therapy, such as those that my colleague, Dr. Wolf, will present later this morning about art therapy as an intervention in rehabilitation for children and adults who have been diagnosed with intellectual and/or physical disabilities.

Art in response to community disaster and violence: Others before me at this conference have talked about the work of LELA in Thailand that includes

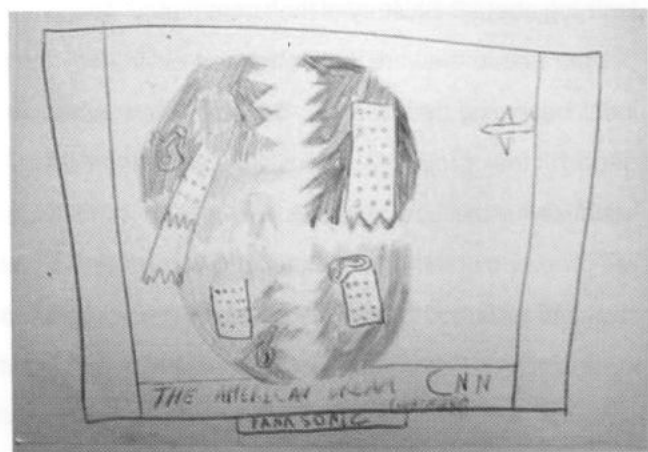


Fig. 2



Fig. 3

a response to the tsunami – and now has brought us together here for this conference. I think that it is the response to the effects of trauma that shows the truly invaluable benefits of art therapy and all of the creative arts therapies.

Art therapy in the treatment of trauma:

Art as therapy & the other creative arts therapies created a breakthrough in the treatment of the acute and long term effects of trauma – from effects of child abuse and domestic violence, for veterans and civilians affected by war, and for those who have experienced natural disasters

From David Read Johnson, drama therapist and psychologist...

'Unique aspects of nonverbal media are applicable to each stage of post traumatic stress disorder treatment: initially gaining access to traumatic memories, [then] working through and integrating the split-off parts of the self, and finally in re-joining the world of others.' (1999)

My own clinical art therapy work going back to the mid-1970s began in the area of domestic violence. Then, my work expanded to include providing art therapy treatment for adults suffering from the long term effects of childhood abuses, recovery from substance abuse, – and later I became involved in addressing the effects of political violence and war – through work with immigrants and refugees in the US, and later through my teaching outside the US and recent research about the effects from the terrorist attacks on 9/11 of those outside the US, and the effects displacement and loss of home among Bedouin-Arab children in Israel.

Image of art therapy research

In 2002 while I was an art therapy lecturer at Ben-Gurion University in Beer Sheva, Israel, my colleague,

Rachel Lev-Wiesel, and I conducted a one time art-based research project with graduate students in social work and in art therapy. We wanted to find out what kind of visual and verbal responses these participants would create. In one group we asked participants to draw pictures with one as a directed drawing of their reactions to the terrorist attacks in the US on 9/11. And, we asked them to write a brief story about this drawing. In the second group we asked participants to draw pictures with one as a directed drawing of their reactions to the ongoing terrorism in Israel. We also asked them to write a brief story about this drawing.

Now, I will present two examples of the directed drawing and the story about this drawing:

Title of the drawing: Total destruction

The drawing is dealing with a big fire that was caused by the crash and people jumping from the windows to escape. For me these are the most difficult memories to see. For me, the US and these buildings were the safest and most protected place that people can be. The strongest feeling resulting from these events is insecurity. Fears that a war of total destruction and death will begin. I focused on the fire and people falling off the buildings because I constantly see it in my mind. It is so difficult. This made it clear for me that even if we think something happens to us is the worst, always something more extreme can happen. (Figure 2)

Title of the drawing: The crash

Being crushed is what I felt. I went out with my children to have a pizza. A nice, warm, family time. The people there began to whisper, then turned on the TV. This was awful. I couldn't believe. The biggest America. Even there, terrorism reached them. My children began to ask questions. It was difficult to explain – difficult to explain insecurity, how to explain terrorism. Why is it happening? How to explain to myself. I felt frozen, help-

lessness, crushed. When I was asked to draw, I found myself back to that day, that hours, those difficult feelings broadcasting over and over again on the TV those awful scenes. Fear for existence. Even though it happened thousands of kilometers from us. I feel now heavy and sad.

Due to the time that we have today, I will forgo explaining the results that we gathered and analyzed. But, I do want to tell you that this was a powerful experience for me especially since I was a 'guest' in Israel and experiencing my own adjustments to life there, and only witnessing the effects of the 9/11 attacks while living abroad. Dr. Lev-Wiesel and I did conclude from this project that asking participants to respond to terrorism – one-time occurrences as happened here, and ongoing acts of terrorism as those in Israel have experienced for many years could provide a useful therapeutic intervention – especially so because such traumatic experiences so often 'leave us speechless' at different stages of reactions and recovery from such events.

The Bedouin-Arab children's project

This art therapy project was developed and implemented in two unrecognized (not in areas designated by Israeli government to build communities) Bedouin-Arab villages in the Negev of Israel. The purpose of this project was to gather information and to provide a therapeutic experience for the participants whose homes had been systematically destroyed by the State. My co-researcher, Dr. Alean Al-Krenawi and I created this project and prepared a report from which this information is taken. Two groups of school children in different villages engaged in drawing and story telling activities. In the students' drawings and stories they have shown that their daily lives are strongly affected by living in an unrecognized village where they have experienced and witnessed destruction of homes.

Bedouin-Arab society is a traditional and conservative Middle-Eastern society that exists within a modern state that has a western orientation. In contrast to the western liberal conception of individual autonomy, Bedouin-Arab identity is inextricably linked with the collective identity of the family, extended family and tribe, according to Al-Krenawi and Graham (1997). (Figure 3)

Again, rather than go over all the data we gathered from this project, I would like to tell you a couple of conclusions that we drew from this project: (1) these young Bedouin participants have experienced terrible events in their young lives – the loss of their homes after their families were forced shift from a nomadic way of life to a life situated in dwellings that then were destroyed. Their loss of home, their lack of adequate resources including lack of exposure to art classes along with specific cultural values such as emphasis on story-telling and other forms of creativity have influenced not only how they perceive art making, also how they respond to the use of art making to express their reactions to significant events in childhood.

As we know, this is a time of great change globally that involves social transformation, political as well as interpersonal conflicts, and the effects of natural disasters that you now know so well here. Through the lens of art therapy, we can develop our visions of art as therapy – that you see in this photograph metaphorically – as we cross the bridge to create positive change.

Further Readings

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บทคัดย่อ : ภาพลักษณ์สากลของศิลปกรรมบำบัด

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ภาพศิลปกรรมที่มีบทบาทการบำบัดได้ถูกสังเกตมาเป็นเวลานานและได้ปรากฏไปทั่วโลก. การบรรยายนี้จะนำภาพชุดต่างๆ ที่แสดงประวัติศาสตร์, สังคมและวัฒนธรรมที่มีอิทธิพลต่อการพัฒนาศิลปกรรมกับการเยียวยาที่เป็นพาหะของการเปลี่ยนแปลง.

ตั้งแต่กลางศตวรรษที่ ๒๐ ทักษะศิลป์ได้ถูกนำมาประยุกต์ในเชิงศิลปกรรมบำบัด (ทัศนศิลปกรรมบำบัด)และใช้อย่างหลากหลายในการรักษาโรคทั้งโดยตรงการรักษาและปฐมพยาบาลต่อปัจเจกบุคคล, ครอบครัว หรือกลุ่มคน. กรรมวิธีและอุปกรณ์ของศิลปกรรมบำบัดไม่ได้อยู่เฉพาะในห้องรักษาพยาบาล เพราะยังพบในบรรยากาศการทำงานในชุมชนและสถาบันการศึกษาต่างๆ รวมทั้งในการวิจัยด้านสังคมวิทยา.

เป็นที่ทราบทั่วกันว่าขณะนี้ได้มีการเปลี่ยนแปลงมากมายในโลกในการปฏิรูปสังคม การเมืองการปกครองและความขัดแย้งส่วนบุคคล ตลอดจนผลกระทบจากภัยพิบัติทางธรรมชาติ ดังนั้นโดยพินิจผ่านทางศิลปกรรมบำบัดศิลปกรรมบำบัดจะเป็นพัฒนาการอีกด้านหนึ่งที่จะรังสรรค์การเปลี่ยนแปลงในเชิงบวก.

คำสำคัญ : ศิลปกรรมบำบัด, ภาพลักษณ์สากล