

American Handbook of Psychiatry

ART THERAPY

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ART THERAPY

Carolyn Refsnes Kniazzezh

In its development over the past four decades, the field of art therapy can be likened to a spectrum of colors, with each color representing a different facet of the discipline in its relationship to mental health and medical settings, to education, and to community programs. There are also spectra within spectra: for example, different philosophical and psychological orientations; various methods geared toward adults, adolescents, children, the elderly, the emotionally disturbed, mentally retarded, and physically handicapped; and applications with children with exceptional needs and learning disabilities in public and special schools.

Because the full spectrum of art therapy is too vast to be fully covered in one chapter, only dynamically oriented art therapy will be presented here (other approaches will be summarized in the conclusion). Dynamically oriented art therapy is the oldest movement in, and the source of many of the directions of, art therapy. It should be of interest to readers in psychiatry and related professions because it originated in both psychiatric and educational settings. It offers versatile methods that can be adapted to all ages and populations, to people with most types and degrees of disturbance and disability, and to a great variety of settings and purposes.

The essential feature of dynamically oriented art therapy is free art expression. The role of the art therapist and his methods are designed to cultivate individual expression in art and to turn this to therapeutic advantage through the healthy, ego-building experience inherent in the artistic process and through the communication, both nonverbal and verbal, that art inspires. One or both aspects of such therapy may be emphasized in work with groups or individuals.

Art therapy is at once a profound and practical form of treatment. It can be done in simple ways that are cost effective in many kinds of settings, both private and public. It provides opportunities for deep therapy or evaluation in one or few sessions, when other intensive therapies may be limited or not feasible, as is increasingly the case in many institutions. In settings that emphasize intensive treatments, art therapy contributes to evaluation and treatment in ways that enhance the work of all the staff.

Art in Related Disciplines

The literature in psychology, psychoanalysis, psychiatry, education, art, and philosophy reveals that interest in art as clinical phenomena began in the early 1900s and continues to flourish. Sigmund Freud's analysis of movement in Michelangelo's sculptured figure of Moses and his subsequent speculations on the unconscious fantasies and early childhood experiences in the paintings

of Leonardo da Vinci are prototypes of the psychoanalytic approach to art. Fundamental theories of the unconscious, the mechanisms of primary process and dream work, and the methods of associative interpretation have fashioned a plethora of studies and approaches to art and creativity, all of which have greatly influenced art therapy. In 1914, Freud expressed both the fascination and puzzlement that art poses:

Precisely some of the grandest and most overwhelming creations of art are still unsolved riddles to our understanding. We admire them, but we are unable to say what they represent to us. ... In my opinion, it can only be the artist's intention, insofar as he has succeeded in expressing it in his work and in conveying it to us, that grips us so powerfully. I realize that it cannot be merely a matter of intellectual comprehension; what he aims at is to awaken in us the same emotional attitude, the same mental constellation as that which in him produced the impetus to create, [pp. 257-258]

Carl Jung used art from many eras as cross-cultural evidence for his theoretical formulations on symbolism. Hans Prinzhorn first published his remarkable collection of art by the mentally disturbed in 1922, describing and classifying the styles along phenomenological lines. At the same time, Oskar Pfister explored expressionism in art, employing it as an integral part of the treatment process.

In the 1940s, psychologists Anne Anastasi and John Foley collected a vast number of art works and data from some 200 hospitals across the United States in one of the earliest and largest research projects to classify and compare characteristics of form and content in the art of patients. In 1947,

Rose Alschuler and LaBerta Hattwick compiled a two-volume study of style and motivation in children's art.

In the 1950s, contributions of psychoanalytic ego psychology, especially by Ernst Kris, Heinz Hartmann, Felix Deutsch, and others explored the role of instinctual drives in sublimation, as well as studying unconscious symbolic processes and facets of motivation that are more pertinent to art therapy than to verbal therapies.

In the 1960s and early 1970s, D. W. Winnicott brought into focus still another valuable theoretical dimension for art therapy by showing the relation of creative abilities to fantasy and play and how these develop in childhood in response to early object relations.

In 1976, Silvano Arieti brought a major review and synthesis of psychoanalytic thought to the understanding of creativity and creative individuals that is especially useful to art therapists.

In the past fifty years there have been countless case studies using art. Works by Marguerite Sechehaye, Gustav Bychowski, Wilfred C. Hulse, and Harry B. Lee are only a few examples. Marion Milner's *The Hands of the Living God* presents a case of twenty years duration in which art was an integral part of the psychoanalysis of a schizophrenic woman, whose improvement was carefully documented.

Projective psychology has developed concurrently from the early 1900s through the present, utilizing visual stimuli to elicit projections of personality organization. Such data was often interpreted in a psychoanalytic context. Some methods pertinent to art therapy are: Rorschach (early 1900s), Henry A. Murray's Thematic Aperception Test (1938), J. N. Buck's House-Tree-Person Test (1948), Karen Machover's Draw-A-Person Test (1949), and Emanuel F. Hammer (1958) and E. M. Koppitz on the evaluation of children's drawings (1968). Because of its systematic research methods, projective analysis offers valuable contributions to graphic interpretation. Art in art therapy should not be viewed simply as another projective technique. It is not done in the highly controlled manner necessary to testing or research; consequently artwork in art therapy is often a more highly developed and richer form of expression.

Pioneers of Art Therapy

During the past four decades the founders of art therapy have drawn on diverse sources as they molded the discipline. In the 1940s, Margaret Naumburg began developing theories and methods for using spontaneous art as a modality in psychoanalytically oriented art therapy, first with behavior-problem children at the New York Psychiatric Institute and later in individual art therapy with adults. Her premise was that spontaneity in art elicited feelings and fantasies not so readily expressed in words. The meaning of art was explored, as in psychotherapy, using the interpretations and associations

of the patient. The important aspect of the art was its content and the insight it permitted into unconscious dynamics. An extensive review of the psychoanalytic literature of art appears in her book *Schizophrenic Art* and an extensive bibliography in her *Psychoneurotic Art. Principles of Dynamically-Oriented Art Therapy* sums up decades of her work and considers many professional issues of the field.

Naumburg first employed spontaneous art as a means of progressive art education in the early 1900s at the Walden School in New York. Her sister, Florence Cane, an artist and art educator, developed a method of art teaching based on freedom of expression. Some of her major contributions were the development of rhythmic exercises to overcome tensions and inhibitions, and the scribble technique to release the imagination and spark creative experimentation in images and art forms, both of which have become frequently used procedures. It was Naumburg, however, who first recognized and rigorously applied spontaneous art as the projection of unconscious imagery in psychotherapy, a standard method in the field today.

Like the opposite side of a coin, another fundamental approach in art therapy emphasizes the activity of art as well as its content. Edith Kramer, during her twenty-five years of working with disturbed and delinquent children, developed a method of art therapy for groups and individuals utilizing the therapeutic benefits of creative activity, both self-expression and

sublimation. Because art is a technique to aid communication with children whose ability to talk is generally limited, Kramer emphasized freedom of expression and the development of artistic skills, using the illuminations of the pictures in diagnosis and treatment. At the same time, she developed as a part of treatment the ego-building elements of creative activity, so important to growing children. She stressed the integration process in creating art through which the child finds new outlets for feelings, impulses, and tensions, and which offers new ways of resolving emotional conflicts through catharsis and sublimation.

Elinor Ulman, as a practitioner of art therapy for ten years in a large municipal hospital, integrated features of Naumburg's and Kramer's approaches in a method for adult patients. As founder and editor of *The Bulletin of Art Therapy* in 1961, the first professional journal in the field (now called the *American Journal of Art Therapy*), she has been a major force in delineating and maintaining the identity of art therapy as an emerging profession in the midst of more established helping professions. She has defined the arts as "a way of bringing order out of chaos—chaotic feelings and impulses within, the bewildering mass of impression from without... a means to discover both the self and the world, and to establish a relation between the two." She defines therapy as "procedures . . . designed to assist favorable changes in personality or in living that will outlast the session itself."

Ulman, together with psychologist Bernard I. Levy, have done basic research in art therapy in the assessment of graphic form and expression. These are among the few studies in art therapy research that try to take into account the expansive meaning of art while meeting the requirements for controls and objectivity in science. Ulman has devised a brief and effective method for assessment of personality using a series of unstructured and semi-structured (scribble) drawings.

Hanna Yaxa Kwiatkowska was the innovator of highly specialized techniques of evaluation and therapy in the use of art with families. This work was part of a large, ten-year research project in family treatment in the 1960s at the National Institute of Mental Health.

Art in Therapy and Evaluation

From the beginning art therapy has been a synthesis of disparate disciplines in both the arts and various psychologies. Like psychiatry, psychoanalysis, and clinical psychology, it was born in response to troubled people who needed help, help derived from and dependent on communication. Art, an age-old form of expression, thus became a natural alternative or supplement to communication in words. Those who initiated the uses of art therapy inevitably worked in the context of the already developing disciplines for understanding and treating the array of human

troubles.

The uniqueness of art therapy lies in the nature of art and in its concern with the artwork and the art making as the source of therapy. Of the many definitions of art, Susanne Langer's assessment comes closest to suggesting the intrinsic goal of art therapy. She says, "All art is the creation of perceptible forms expressive of human feeling." Art therapy, however, is not concerned with art in its aesthetic dimension, neither in traditional nor more recent modes. "Art" has always been a generic term that includes efforts by the great masters as well as the art of the general populace—that done by amateurs, children, or naive practitioners. While persons in art therapy occasionally produce art of a high order, the art therapist is concerned with the art maker's cultivating personal expressiveness rather than perfecting artistic techniques or skill.

Even the most simple, primitive work, if it is expressive, has something interesting, possibly pleasing, compelling, something of art about it. If it conveys feeling or inner experience that cannot be expressed in other ways, it has meaning; it may have impact and power while expressing uniqueness and personality. The distinction between expressive and aesthetic power can be left to the aestheticians.

Art therapy embraces the continuum from the simple or limited to the

great in art. It does not preclude the aesthetic that may occur and may even be promoted through the emphasis on expressiveness. But it is the many other elements in art that are the key; and the artistic at times may be sacrificed for the stereotyped, the defensive, even the unexpressive, if considered more conducive to well-being.

The de-emphasis of the aesthetic aspect notwithstanding, the cultivation of art is the primary concern in art therapy. For the purposes of art therapy the pursuit of art means the cultivation of expression that springs from a unique inner need or desire within the art maker. It takes a particular form special to each individual and it may exist in each and every person, generally going unrecognized.

The pursuit of art is not therapy in itself, although art is gratifying and its pursuit can be turned to therapeutic purpose. In art therapy, many elements of art are used to help people. For example, art can restore and develop: (1) basic functions of expression, communication, and understanding; (2) mental abilities and manual skills involved in organization and integration inherent in artistic processes; and (3) ego processes important to mastering feelings, impulses, and conflicts. All of these therapeutic features of art are contingent upon expressiveness.

The role of the art therapist and the basic art methods are designed to

elicit individual expression. Art methods can be simple. The most basic and easiest ways of drawing, painting, collage, and clay sculpture will suffice. Style—whether traditional, representational, or abstract—may be left to the art maker's choice. Creativeness or expressiveness is more likely to be brought about through indirect means than by direct attack. If the untrained person lets himself go a little and just plays with the paint, he may discover himself experimenting with an image or a design uniquely his, or, if not unique, then a common image done in his own way. If it comes from within himself, it will not be beyond his skill, it will not be frustrating. Inspiration starts as a moment of small invention and grows when nurtured. Encourage the art maker to tinker with his own devices, to doodle, to play with scribbles or whatever he wants, provide structure if needed, and he will find what interests him in imagery or design. He will discover his own style. When his artwork is accepted on his own terms and not in relation to some grander external expectation of art or therapy, he will come to accept himself and find the real gratification of creative work. The role of the art therapist involves positive expectation and usually nondirective instruction to generate the art maker's initiative. How the art therapist does this is in itself an artistic and intuitive skill prerequisite to the profession. It is as important and as difficult to communicate as empathy.

A variety of media should be available for the art maker's choice. He should have access to pastels, poster paints, acrylics, charcoal, clay, colored

papers and fabrics for collage, and magazine photographs for montage. There should always be concern for the danger of media and techniques becoming empty gimmicks, such as hasty scribbles or squiggles that are not developed into formed expression. Techniques such as cork or potato prints provide quick and slick results. They do not yield themselves to personal expression but force the art maker into the mold of the medium. Materials are best that require the individual to make his imprint on them and with them, that yield to the impulses of the art maker even before he knows clearly what his inclinations are.

The art therapist with such media fosters experimentation, which then elicits images and ideas before they are thought out. This is the essence of spontaneity in art; it allows the untrained and unskilled person to come quickly into expressive artwork. Spontaneity and inventiveness can be encouraged in structured as well as unstructured methods. Structuring may entail suggesting the medium, subject, or intent, while an unstructured approach usually implies a greater degree of freedom for the art maker. Some people respond more readily to structured modes, while others flourish in the opportunity for autonomy. Each approach has its place, and the selection depends first on the needs of the art maker, then on the therapeutic style of the art therapist and on the goals of the art therapy.

Art has already been spoken of as the expression and integration of

inner experience in visual form. Going further: Art is a visual phenomenon that has both content and formal properties or style. Content refers to *what* is expressed and style refers to the *means* of expression. These are not really separable entities but two facets of the artwork.

Content in art has its roots in feeling and fantasy, both conscious and unconscious. Art derives its symbolizing power from the capacity of the image to combine, condense, and substitute disparate feelings, ideas, qualities, time, space, and objects. These attributes permit the simultaneous expression of multiple, sometimes contradictory, meanings, which creates the ambiguity essential for the visual image both to reveal and conceal. It is this paradoxical process of revealing and concealing that permits the art to bring to light the hidden or unacceptable feelings that are not so readily accessible in words.

The province of fantasy and dreams has already been explored by psychoanalysis, psychology, and literature, providing art therapy with many suitable methods to approach the meaning of feelings, fantasy, conflict, and psychodynamics in the imagery of art. For purposes of evaluation or therapy, exploration can be done in a limited way with individuals in the context of the art group, or more extensively in occasional individual sessions (see cases 1, 2, and 3), or with the entire group together using techniques of group process. Intensive exploration of art is done using psychotherapeutic techniques in individual art therapy (see cases 4 and 5). Case illustrations show how the

content of art is approached through the associations and interpretations of the art maker, his history and present circumstances, both in groups and individual art therapy.

Compared to content, the province of form, or the means of expression, is relatively uncharted territory in psychology and psychoanalysis. It may be because form is more difficult to interpret than content, since the elements in form—line, color, tonalities, space, rhythm—have meaning only in abstract terms of structure; for example, as tones in music. Given the interdisciplinary nature of art therapy, its foundation in art and psychology, the art therapist has a dual perspective: he combines the eye of the artist, art historian, art critic, the trained objective eye to perceive form with the eye of the psychodiagnostician. Such combination gives the art therapist a unique cross-referencing of viewpoints that yields new insights into the art and the person. In looking for the determinants in style of visual forms, three general areas emerge: (1) the form of art reflecting style in behavior and personality (see cases 1, 2, and 3); (2) the relation of artistic style to inner impulses, including the modes of expressing impulses (see cases 2 and 3) and modes of containing or defending against impulses (see case 1); and (3) the reflection of mood or psychodynamics in form (see cases 1, 2, and 3). Sometimes the art maker can shed light on this, but the inquiry should not become an intellectual exercise, or spontaneity will evaporate.

The issue of interpretation is always fundamental in art therapy, whether dealing with content or form. There are two ways to approach the meaning of art: first, from the point of view of the art maker, using his interpretations; and second, from the point of view of the art therapist, the reactions of the viewer. The first approach, the interpretation of the art maker, has the advantage of eliciting documentation from the originator of the art and avoiding the pitfalls of projections and speculations of the art therapist. Some art therapists consider the projections of the art maker as pitfalls to be circumvented and prefer the educated interpretation of the art therapist. In either case, one of the unique values of art is its function as nonverbal communication. It conveys things the art maker cannot speak about. This means that the second approach, the trained, empathic response of the art therapist/viewer is essential, whether using the art maker's interpretation or not. Difficulties here involve understanding the seemingly inscrutable nature of the abstract formal elements of art and documenting the relationship between the manifest expression in the art and the vast reservoir of meaning to the person who made it. As in dream interpretation, sound inference and intuition are paramount, reinforced with rigorous questioning. One must always keep in mind Freud's observation on the nature of art: The art maker's aim is to awaken in the viewer the same emotional attitude, the same mental constellation that moved him to create.

Interpretation serves a vital function in art therapy beyond providing

the understanding of the art. The process of interpretation, the give and take between art maker and therapist, forms the very structure of the therapeutic alliance through which understanding and help transpire. This involves both the transference (the art maker's feelings projected onto the art therapist, which may or may not be interpreted) and the realities of the relationship (see individual art therapy case 4). The way the art therapist relates—chooses how and what to say—determines the acceptance of and response to the art on all levels, explicit and implicit (see cases 4 and 5). In summary, the two main concerns in art therapy are the cultivation of the art maker's individual expression in his art and the recognition and response to it by the art therapist.

Both the artwork and the art making are sources of therapy, and one or both avenues may be emphasized. One therapeutic facet is the personal imagery in art that functions as another medium of communication, enabling the art maker to express deeper levels of experience in art than in words. Exploration leading to insight involves both the art maker's and the art therapist's interpretations. The art maker may simply talk about his pictures, his troubles, or explain the meaning of his images. The art plays a crucial role in helping the art maker work on difficult issues. How this is done is always a highly individual matter, as will be seen throughout the case vignettes.

Another therapeutic facet of art is the creative activity of art itself, which

is beneficial, partly through catharsis and the complex process of sublimation. Catharsis involves the direct expression of impulses in art finding relief through this ventilation and through sharing the feelings with the art therapist. This is thought to be an ego-building experience in that it aids the art maker in relieving tensions and restoring balance, all in the context of making the gratifying artwork (see case 3). The process may also work when the art is not gratifying.

Sublimation is the more complex therapeutic aspect of creative activity in art therapy. The dictionary defines “sublimation” as “the complex process of expressing socially unacceptable impulses and biological drives in socially acceptable forms such as art.” Because of the essential relation of artistic expression to deep inner experience and inner forces, art is an age-old function leading to restoration and health. In the literature of therapy using art, cases reveal how art serves as an appropriate outlet for all kinds of unacceptable, intolerable, unspeakable feelings and impulses, allowing direct expression, as in catharsis, or providing mitigating forms of disguise and substitution through sublimation. Creative activity itself channels and transforms destructive and other impulses into constructive expression and form. The integration inherent in art aids in resolving conflicts, reintegrating feelings, and restoring and expanding ego function (see cases 1, 2, and 3). Both through symbolic transformation (see case 1) and in the transmutation of impulses (see case 3), disruptive feelings are expressed, contained, re-

assimilated, reintegrated—allowing the art maker to resolve and move beyond his trouble. This can happen whether verbally acknowledged or not. Powers of the ego are asserted and developed as the art maker experiences new ways of expressing and coping with his conflicts. Often the artwork appears as an island of healthy activity amid a sea of trouble (see case 3). All this accounts for the joy and deep gratification of creative work, which is a therapeutic balm in itself.

As in other therapies, changes of deep nature may appear to occur in art therapy and may or may not last, or may not even be known. Deep-seated and complex changes may be difficult to document. The artwork serves as a lasting document both for the art maker and for the art therapist, illuminating the issues in therapy and the changes broached. Art and art therapy provide many avenues and means for change and for therapeutic work of a deep nature outside the traditional verbal therapies.

Case Illustrations: Art Therapy Groups with Adults

Several examples illustrate different features of art in therapy in groups at a large psychiatric hospital and in the acute inpatient service of a general hospital. People with different kinds and degrees of problems are included and are described in terms of human problems and conflict rather than in terms of diagnostic categories.

The art groups met once or twice a week for two hours over a number of years. People came by referral or at their own request. They worked individually in the context of the group where they could choose to work off to one side by themselves or to join a small group around a large table. There was opportunity and encouragement to talk with the art therapist and among themselves, but there was no regular group discussion. Art therapy groups can emphasize group process, but these groups did not. Individual interviews were available to provide confidentiality for more extensive exploration than was possible within the group. The need for silence was always respected. It was found that there could be too much emphasis on talk and this could shift the energies from the creative work and the art to verbal exploration, which then could interfere with the therapeutic purposes of the art.

Case 1: Abstract Symbolic Imagery

This brilliantly colored pastel painting, titled “Thread of Life,”¹ was done by a woman in her early forties who was a mother and an able laboratory technician, and had been hospitalized twice. Some years before, Mrs. Roberts² had been a practicing artist, and she was now able to resume her artwork in the art group. She developed an entirely new style in which she translated her fantasies into elaborate geometric designs with remarkable spaciousness and beauty. Each color and shape had a specific symbolic meaning that she described in a poem. Green stood for the “earth mother,” drawn here in the

form of the “bridge of life,” stretching across the top to the cluster of “eggs and embryos.” Black is the color of “death.” She pointed out how black outlines the bridge and shoots into the eggs and embryos, conveying the paradox of death involved in life-giving processes. Positive elements, she said, are represented by red as “the red river of life,” which has to do with the “life blood” and “sexual feeling,” and by yellow as “dynamic energy,” which is the powerful spirit of certain people. In the midst of all this a large, “pink embryo” falls down from the “bridge mother” into the “flat, neutral world,” implying the danger and tenuousness of the “Thread of Life.”

It was thought that sharing these feelings with the art therapist through the symbolic medium of the picture and the poem were steps that eventually helped Mrs. Roberts to approach these issues in talking with her psychotherapist. She was able later to discuss the intense ambivalence, her feelings and fears of dependence and abandonment, which troubled her relationships with her mother, her family, and her therapist. She returned in a few weeks to her home and full-time work. Art therapy continued for several weeks. She continued psychotherapy some time longer and she was able to maintain her artwork on her own.



Figure 27-1. *Thread of Life (pastel, 24" X 18")*

Note : Refsnes, C. C. A Presentation of Art Therapy. The Exhibition of Psychopathological Art, IV World Congress of Psychiatry, Madrid. Catalog published by Boston State Hospital and the Harvard Psychiatry Service of Boston City Hospital, 1966, p. 3.

A high degree of sublimation occurred in this picture, both in the energy manifested in this highly aesthetic abstract design and in the transformation

of inner experience and fantasy into the abstract symbolic image. This style of imagery can be termed an “abstract symbol,” just as the “Thread of Life” may be seen as a diagram of conflicts at the root of lack of trust. The abstracting served both to express the feelings and to distill or disguise them; that is, to make them remote and, therefore, perhaps more tolerable. This example demonstrates the profound level of expression that can occur simply and quickly in the practical setting of the art class.

Case 2: Expressionistic Style of a Man with Neurotic Depression

The artwork of a man hospitalized for depression over his impending divorce provides a penetrating view of conflicts at a neurotic level and shows the influence of psychodynamics in imagery and style in art. Mr. Farmer had painted from photographs as a hobby. In the art class it was suggested that he try drawing from his imagination by using the scribble approach, making a scribble and drawing the images suggested by the random lines. He responded by inventing a reversal of the usual procedure. With an idea in mind, he sketched by scribbling lightly, “feeling out” by trial and error how to form his images. This process enabled him to discover many unique compositions and resulted in a free, vigorously expressionistic style.

This man, in his mid-thirties, a college-educated father of four, was a good provider, although his passive-aggressive conflicts had long interfered

with his work and marriage. In speaking about “The Family Portrait” (figure 27~2a), he was openly critical and antagonistic toward his wife, who was expecting their fifth child. The picture suggested his underlying dependency needs as he portrayed himself grouped with all the smiling children behind the mother holding the baby. The resemblance of the infant with its old-looking face to his own portrait suggests his own infantile wishes, while the broadly smiling faces of everyone appear to contradict the actual family friction. The picture clarified his ambivalence by uncovering the positive yearnings behind his overt hostility for his wife.



Figure 27-2a *The Family Portrait (charcoal, 18" x 24")*

Note: Refsnes, C. C. *A Presentation of Art Therapy*. The Exhibition of Psychopathological Art, IV World Congress of Psychiatry, Madrid Catalog published by Boston State Hospital and the Harvard Psychiatry Service of Boston City Hospital 1966, p. 7.

The imposing “Portrait of Father” (figure 27-2b) displays the sensitivity of Farmer’s style and conveys a mixture of feelings for his father, whom he outwardly venerated. He called him a “good man, honest, salt of the earth,” and he felt he could not live up to him. How a picture can indicate suppressed areas of concern is shown in the obscurity of the drawing of the father’s arm. It looks like a raised fist and at the same time resembles the form of the baby in mother’s arms (figure 27-2a). While he did not mention in art therapy the beatings he endured from his father, Farmer was known to inflict strict treatment and spankings on his own children. The ambiguity of the arm and its similarity to the form of the baby suggested not only his early fears but also his wishes for his father’s love. The exaggerated, enigmatic smile masks the more threatening aspects of the father. The picture both reveals and conceals the roots of Farmer’s conflicts.



Figure 27-2b. *Portrait of Father (charcoal, 18" X 24")*

Note: Refsnes, C. C. *A Presentation of Art Therapy*. The Exhibition of Psychopathological Art, IV World Congress of Psychiatry, Madrid. Catalog published by Boston State Hospital and the Harvard Psychiatry Service of Boston City Hospital, 1966, p. 7.

Intense feelings and impulses are released directly in this vigorous mode of drawing, providing Farmer much cathartic benefit. At the same time, a profound and complex integration of past and present experience occurred through the processes of sublimation in these images. Alongside the gratification of artistic work, this man found therapeutic value through the communication of his art and the opportunities to talk about his pictures in several individual sessions.

Case 3: Literal and Expressionistic Qualities in Style of a Man with Severe Character Disorder

The last example from the art group demonstrates the efficacy of art with a young man who suffered severe tendencies to slash himself. Mr. Bogard was in his early twenties, married, and was hospitalized after the death of one of his children. He had a long history of delinquency, drug and alcohol problems, and scars bore witness to frequent episodes of cutting his arms and throat. In the hospital he was able to restrain these impulses, and his remarkable performance in the art group mirrored his great if transient capacity for improved behavior on the ward.

Mr. Bogard said that he had no previous experience in art, but immediately displayed a talent for design and use of color. He worked with ardor, producing a great variety of artwork, beautiful abstracts and images that dramatically revealed the dynamics of his conflicts.

One of his first pictures, "Razor Blade and Hand" (figure 27-33), resembled his abstractions, but on closer scrutiny the outline of the giant razor blade, the red hand (center), slash lines, sutured wounds and flames—all of which he pointed out—can be discerned. He said the long black lines were "just a screen to hide the meaning," and then he said they were "slashes." He said the red across the bottom stood for "blood and anger," the blue in the background for "sadness" and the "peace and calmness of the Madonna." Then he talked of his cutting episodes, about the tension preceding his slashing outbursts and the calmness afterward, and how the only way to find relief was

by cutting himself. Throughout the weeks of art therapy and other treatment, his behavior greatly improved; he had a job in the hospital and helped out on the ward. He drew as if he were channeling his destructive impulses into the art by literally acting out the cutting with chalk on paper, finding relief through catharsis and sublimation. It is tempting to view his intense art activity as a constructive substitute for his self-mutilating impulses.

While figure 27-3b, "Dear Mother," may be considered less artistic than his other pictures, the slashing lines shifting between the figure of mother and his initials (he assumed the name of actor Dirk Bogard) dramatically illuminate the source of his destructive and self-destructive impulses in his conflicts over his mother who neglected him and his several siblings and finally abandoned them when the patient was in his teens. His tone, "Dear Mother," was sarcastic, but it was obvious that he blamed her for his troubles. The picture demonstrates the capacity of art to condense layers of meaning and combine both the conscious and unconscious, the present and past, in imagery. The image indicates the role of the fantasy of the all bad, threatening, devouring mother in his episodes of self-mutilation.



Figure 27-3a. *Razor Blade and Hand (pastel, 18" X 24")*

Note: Patch, V. D., and Refsnes, C. C. "An Art Class in a Psychiatric Ward," *Bulletin of Art Therapy*, October 1968, p. 21.



Figure 27-3b. *Dear Mother* (pastel, 18" X 24")

Note: Patch, V. D., and Refsnes, C. C. "An Art Class in a Psychiatric Ward," *Bulletin of Art Therapy*, October 1968, p. 22.



Figure 27-3C. *The Suffering Christ (pastel, 24" X 18")*

Note: Vernon, V. D., and Refsnes, C. C. "An Art Class in a Psychiatric Ward," *Bulletin of Art Therapy*, October, 1968, p. 22.

Bogard's last picture, "The Suffering Christ" (figure 27-3C), revealed the full scope of Bogard's untrained artistic talent in both expressionistic style and symbolic imagery. He spoke of conflicts over guilt and innocence, saying,

“Through religion, there is some good in me yet, some hope.” Juxtaposed against the image of “Dear Mother,” the all bad, is the opposite extreme, the image of Christ, the all good, symbolizing, for Bogard, a positive resolution. The role of the fantasy of redemption through punishment, death, and resurrection can be seen in Bogard’s self-inflicted martyrdom. Expressed in all these pictures are the dynamics of frustrated dependence, anger, punishment, and the wish for forgiveness—all reflecting early issues of separation and fusion. These dynamics influence the style as well as the content of Bogard’s art and are seen in the bleeding head with its crown of slash-like thorns against a fiery sky. The pictures enable Bogard to reveal the depths of the intolerable in his inner world and to communicate it in the vivid and constructive form of art. The communication made possible through art gave him considerable gratification and some insight, but the greater gratification was in the artistic work itself and in the recognition by others and himself of his real achievements. His newfound benefits in art and in the hospital job did not last long, however, as Bogard abruptly left one night and did not return.

Case Vignettes: Individual Art Therapy

Only in individual art therapy can art as a tool in psychotherapy be fully utilized. Individual art therapy may be done in a mental health setting, on an outpatient basis, or in private practice. In the latter, it is important to establish

the availability of medical or psychiatric consultation in case it is needed. Additional individual supervision is recommended beyond the master level training in art therapy.

Case 4: Individual Art Therapy as Psychotherapy

Spontaneous art introduces a new dimension in the traditional verbal therapeutic process. It brings into play two means of communication instead of one. In one case it facilitated psychotherapy with a patient whose ability to talk was limited by her need to avoid unacceptable, dangerous feelings. Individual art therapy was the only form of psychotherapy used with a young mother who suffered three post-partum psychotic reactions. Art therapy began when she was hospitalized after the birth of her second child and continued through her third pregnancy, delivery, rehospitalization, and recovery. A synopsis of four pictures out of a total of 175 highlights her conflicts over hostility, traces their derivation in prolonged maternal deprivation, and shows its influence in her attitudes toward pregnancy and care of the baby.

The first picture portrays Mrs. Janson's "Negative Reactions" (Figure 27-4a) upon learning of her third pregnancy. While she claimed she would "want the baby and love it," she said the figure was "odd looking" and "too big." As she drew, she remembered her first baby and her fears of doing "wrong

things” such as “buying the baby clothes too big,” as depicted in the picture. Drawing the bulging brown apron, she complained she will have been changing diapers for six years. At the time, she commented that baby carriages must be deep enough so that the baby cannot fall out, but she did not recognize the more hostile aspects of the shoe kicking the carriage. At this early phase of art therapy, talk was about her feelings of inadequacy as a mother. She had recently recovered from her second post-partum psychotic episode when she entered art therapy.



Figure 27-4a. *Negative Reactions (pastel, 12" x 18")*

Note: Refsnes, C. C., and Arsenian, J. "Spontaneous Art as a Tool of Psychotherapy," *Proceedings, IV World Congress of Psychiatry, Madrid: Excerpta Medica*, 1966, p. 763.

The drawing of "The Bottles with Plant and Snake" (Figure 27-4b)

occurred early in the second trimester. The “balloon with a plant inside” was turned into a “bottle” and filled in with “soil.” Plants frequently represented her two children. Referring to the snake, she said “. . . something bad. I’ll put a lid on so he can’t get out and hurt anyone.” In the plethora of associations were fears of a recent exposure to tuberculosis, memories of her mother’s death from this disease when the patient was twelve years old, and talk of the cause of her own mental illness in her childhood and broken family. The images symbolized many aspects of her confusion about these things: What is inside? What kind of mother is she? Why is she sick? These wonderings included her childhood conceptions that something inside her was actually mother’s tuberculosis and how this now influenced her present attitudes toward her pregnancy. The art in twice-weekly art therapy provided opportunity to work on these complex issues.

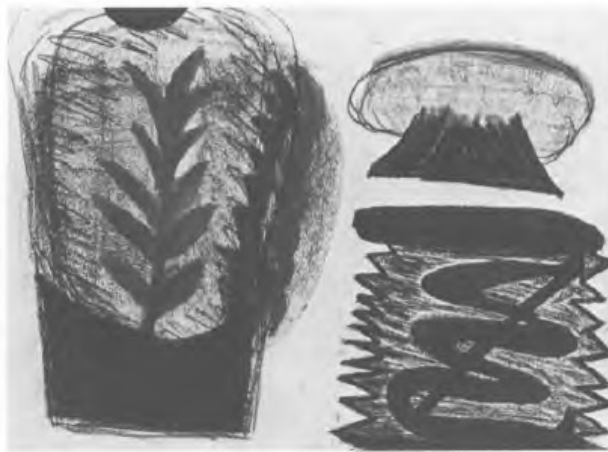


Figure 27-4b. *The Bottles with Plants and Snake (pastel, 12" X 18")*

Note : Refsnes, C. C., and Arsenian, J. " Spontaneous Art as a Tool in Psychotherapy," *Proceedings, IV World Congress of Psychiatry, Madrid: Excerpta Medica*, 1966, p. 764.

These themes culminated in the third trimester in "The Two M's" (figure 27-40), which she said "stands for myself and my mother." With this picture, the patient realized how much she had missed her mother after her death and she now wept for her for the first time. Shortly after, she made arrangements for her mother's gravestone, neglected thirteen years. The art therapist observed the arrow pointing to the "bird," another frequent symbol for her children, but Mrs. Janson did not recognize the implications about herself or the impending birth of the baby. Other pictures equated feelings for her mother, her husband, her sister, and her father with her feelings for the art therapist. The transference was not interpreted since the art therapist

preferred to clarify the realities of the patient's feelings and her family relationships.



Figure 27-4C. *The Two M's (pastel, 12" X 18")*

Note : Refsnes, C. C., and Arsenian, J. " Spontaneous Art as a Tool in Psychotherapy," *Proceedings, IV World Congress of Psychiatry, Madrid: Excerpta Medica*, 1966, p. 765.

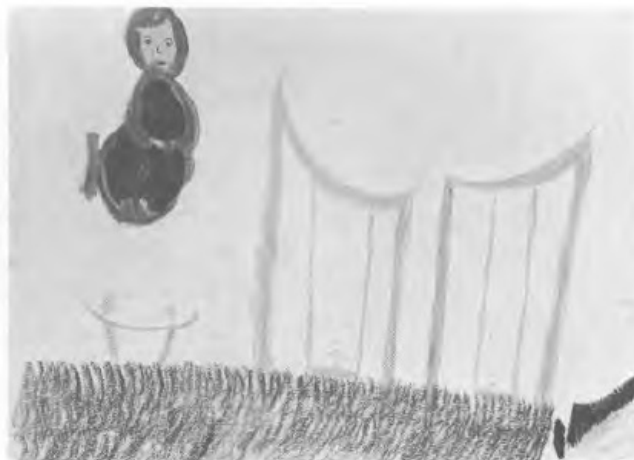


Figure 27-4d. *The Baby with a Propeller on His Rear (pastel, 12" X 18")*

Note: Refsnes, C. C., and Arsenian, J. "Spontaneous Art as a Tool in Psychotherapy," *Proceedings, IV World Congress of Psychiatry, Madrid: Excerpta Medica*, 1966, p. 768.

After delivery of a healthy baby, Mrs. Janson suffered a milder psychotic reaction than before, and the art therapy continued through her rehospitalization. She recovered within a month. Figure 27-4d, "The Baby with a Propeller on His Rear," completed as she was preparing to leave the hospital, represented her first drawing of the baby. The fragmented or incomplete ground, the strangeness of the structure of the swings and seesaw and the primitive quality of the drawing reflect her disturbed state. After the mourning for her mother and the recent working through of many psychotic conflicts, she was finally able to confront her hostile feelings directly. Her associations to this picture included references to a woman who actually

killed her children, and complaints that she was plagued with thoughts and fears of hurting the baby. About “The Baby with a Propeller” she said, “He will be like that in a while, all over the place and into everything.” She did not recognize the possible underlying wish that he could fly away or the resemblance to herself and her wish to escape. A previous picture and interpretation had made clear to her how she kept herself apart from the children in order to protect them from her anger. Her associations at this time led her to recall the resentments she felt when she had lived with her alcoholic mother and then with her father after her mother’s death. She remembered being so angry that she wished he would die and how she thought it was better that her mother had died. It was possible at this time to clarify for her that she was so frightened of her feelings because her mother had died at a time when she had had such angry feelings, but that her death was not *because* of her feelings. The clarification that no feelings are so powerful brought great relief to the patient.

Gradually, over several months and many pictures, the individual art therapy enabled Mrs. Janson to sort out and work through some of these crippling feelings and to understand how they interfered with caring for her children. This helped her in resuming her family responsibilities and care of the baby. A sign of change was her increasing ability to understand and meet the needs of her children. For example, an older child’s bedwetting problem cleared up quickly when she perceived the child’s jealousy and need for

attention. Mrs. Janson terminated individual art therapy, but resumed some months later when her father was dying. She said she asked for the art therapist again because what she had said about her mother was true. At this time she chose not to draw but only to talk in therapy. It is not uncommon that therapy with art eventually leads to verbal psychotherapy or an alternation of verbal and art therapy.

Case 5: Individual Art Therapy as Adjunct to Psychotherapy

Individual art therapy is effective as an adjunct to psychotherapy. Cooperation between two individual therapists—for example, an art therapist and a psychiatrist—can be a vital factor in amplifying and quickening the work of traditional psychotherapy. In one case, joint supervision with the same psychoanalytic supervisor enhanced the coordination of the two therapies.

Three pictures demonstrate how individual art therapy elicited feelings and conflicts too threatening for the patient to talk about directly in therapy. A young woman, Mary, dropped out of college because of severe phobias first experienced in her earliest years of school. She did over 600 drawings and paintings in sixteen months of art therapy. Art became an ardent daily activity in which she translated dreams into pictures, pouring into them all kinds of feelings, fantasies, and preoccupations. This case demonstrated that art serves

a unique function, allowing the art maker to work constructively alone and bring the art for work in the sessions. The art can later be carried on after termination of treatment, permitting the art maker to continue the therapeutic work alone.

An early picture, “My Fear of Going into the Street” (figure 27-53), vividly conveys, better than words, the intensity of Mary’s phobic experience. Previous pictures reflected many aspects of the swarming cars: There were drawings of her fantasies and dreams about sperm being everywhere; the resemblance of cars to footprints; and a picture of her grandfather’s shoe with memories of her warm relationship with him and of his death, a traumatic event when she was four years old. During treatment, the patient used her phobias to persuade her father to take her to and from the hospital and elsewhere. All of these things were eventually brought into discussion in her psychotherapy in conjunction with the art therapy.

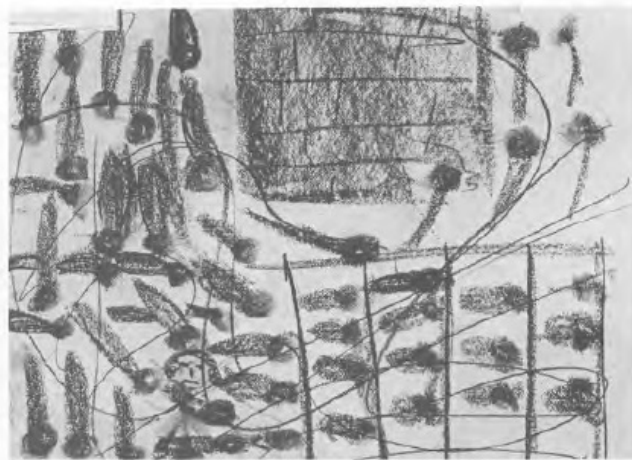


Figure 27-5a. *My Fear of Going into the Street (pastel, 18" X 24")*

Note: Refsnes, C. C., and Gallagher, F. P. "Art Therapy as Adjunct to Long-Term Psychotherapy," *Bulletin of Art Therapy*, 7:2 (1968): p. 69.

Figure 27-5b, "The Family Scene," demonstrated how art therapy elicited Mary's perceptions of her family relationships and brought many levels of these dynamics into both therapies. The patient portrayed herself in the coffin in the center of the picture. She described positive and negative aspects about her mother shown facing the table, with her back turned to the sink. About the stick figure under the dunce-like cap, she said:

that when she was with her mother she felt "like in a shroud, as though a shroud is coming down over me. Mother makes me feel that way she is so miserable herself..."

Father appears in the corner of the page looking stern. "Father," she said, "is so awful to her. Cruel, he is cold and critical like a rat." As she drew the image at the top of the picture she talked about mother: "She is so tense,

like a dam. I'm afraid she will burst and go crazy. . . . She was independent and happy before she married. I wonder why she stays . . . why she doesn't leave and make a life for herself." When the art therapist interjected, "How about yourself?" Mary burst into tears and said, "There is nothing outside, at least there is some life with them " "My mother may crack, she can only take so much; like a net with a stone, it may break through. ..." The patient pictures this simile, portraying herself as the infant with the stone tied to her neck, who may have broken through but still dangles by the cord. [p. 71]

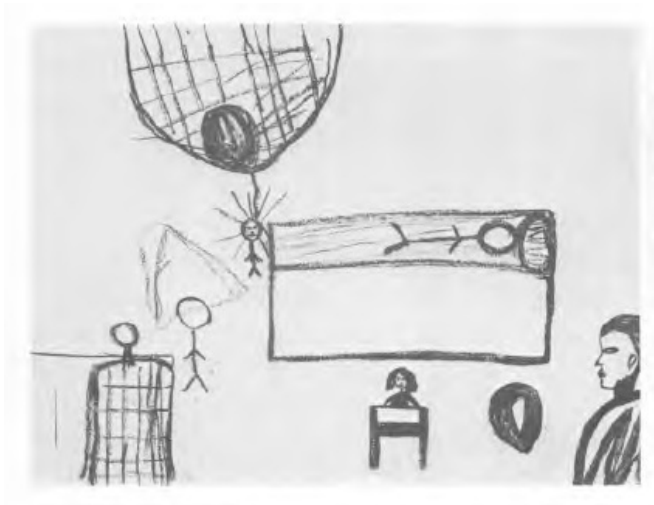


Figure 27-5b. *The Family Scene (charcoal, 12" X 18")*

Note: Refsnes, C. C., and Gallagher, F. P. "Art Therapy as Adjunct to Long-Term Psychotherapy," *Bulletin of Art Therapy*, 7:2 (1968): p. 71.

The picture clarified the patient's conflicts over her own identity and her dependence, and her difficulty in separating from mother. The patient began to talk more freely about these issues in twice-weekly psychotherapy sessions with the psychiatrist.

The last picture in this case vignette, "The Dog/Mother, Cat/Father" (figure 27-5C), presented symbolic expressions of Mary's perceptions of her parents and herself.

The focus ... is on the mother and child, with mother caricatured as a dog looming large in the center and looking daggers at the tiny child below. Father is off to the side, portrayed as a dark gray cat, fitting the patient's description of him as "cool, aloof, and independent." One wonders how often he evades some family fray saying, "Who, me? Don't be silly."

It is father who is wearing the crown but the real power appears to be invested in the dog-mother. . . . The red color and glaring eyes add to the fierce, threatening expression of the beast but it is the enormous bared teeth which reveal the patient's unconscious fantasy and fear of being devoured by her mother.

The image conveys the impact of the message the patient receives from the banal phrase, "Mother knows best." We see how it is that she feels overwhelmed and writes, "Foolish Mary, trying to win an argument or assert herself." At the same time she is enraged and blames the threatening, domineering mother, writing, "I hate you

for making me this way." The picture reveals the primitive core of the hostile, dependent relationship between mother and patient, [p. 74]



Figure 27-5c. *The Dog/Mother, Cat/Father (pastel, 12" X 18")*

Note : Refsnes, C. C., and Gallagher, F. P. "Art Therapy as Adjunct to Long-Term Psychotherapy," *Bulletin of Art Therapy*, 7:2 (1968): p. 74.

In this picture, Mary wrote her associations in lieu of talking, and demonstrated how the art offered a daily relief as an outlet for the intolerable feelings with which she constantly struggled. All the pictures helped to clarify the source of her conflicts in the family dynamics and to facilitate the process of working through in her therapies.

While this synopsis of pictures focused on her severe, crippling feelings, many pictures and much work was done involving the positive transference with both therapists. It was thought the double transference permitted the patient to share feelings too threatening to share with only one therapist. The welter of artwork indicates that this patient was overwhelmed by the

profusion and intensity of her feelings. The art provided her with a constructive outlet and new way to deal with her feelings on a daily basis. Individual art therapy continued on an outpatient basis for sixteen months as an adjunct to psychotherapy. The patient found and was able to maintain a clerical position for more than a year when she considered resumption of her college study. Psychotherapy continued for several years.

While art therapy may not be for each and every individual, the kinds of people who respond and benefit are virtually limitless—all ages, diagnostic categories, the talented as well as the artistically unskilled. Art can be especially useful with people whose verbal capacities are severely limited or with people whose verbal facility is itself an obstacle in therapy. Art therapy can be adapted to all kinds of settings and many purposes. These few examples give an impression of how art works as therapy and also how it contributes to evaluation and diagnosis.

Art therapy provides an enrichment for the entire milieu, for the staff as well as for the patients. The artwork forms primary documents that can be used to teach psychodynamics and to give fresh assessments of patients on a day-to-day basis. Regular showing and discussion of the art in staff meetings may act as a catalyst, enhancing the understanding and interaction of all the staff. As the art maker resolves something of his own inner and outer experience through his art, so each staff member can see and utilize this in his

work with the patient.

Art therapists should be full participants in the treatment team. Art therapists work best independently of other disciplines, such as occupational or recreational therapies, and when they are responsible directly to the people in charge of treatment or research. To flourish, art therapists need access to supervision by qualified art therapists or other professionals of choice.

Art Therapy with Children

Applications of art therapy with children are as diverse as with adults and include group and individual art therapy in psychiatric and medical hospitals; in residential treatment centers for the disturbed, delinquent, or retarded; in special schools; and in public education systems. Whether the emphasis is on art in psychotherapy or the therapy inherent in artistic process, the art always involves an element of play. It engages the child in his unique way and at his own level of development and permits him to externalize his inner world of fantasy, to share it, explicitly or implicitly, with the art therapist who can support some resolution to conflict or past trauma and help the child to grow.

Case 6: Clay Sculpture of a Schizophrenic Child

A case vignette from Edith Kramer, a painter and innovator in art therapy with children since the mid-1950s, shows how she cultivates the artistic process as the source of therapy and understands the art in terms of the child's dynamics and history. Kramer offers the most thorough integration of psychoanalytic theory with art therapy practice. Her method attains a delicate balance between the roles of art teacher and art therapist in her emphasis on art as therapy.

Ten-year-old Jasper used clay-modeling in . . . his task of restoring the absent [mother]. . . . When he was 7 years old, his mother had died of cancer, after a long illness during which a leg had been amputated. The father . . . once when . . . drunk . . . overturned mother's wheelchair. After her death, Jasper developed the idea that by causing mother's fall father had been responsible for her death. Jasper was hospitalized suffering from depression and nightly hallucinations when he saw mother's ghost flying across the bedroom and heard her voice calling him.

Jasper liked art from the beginning. When his symptoms had abated after several months of treatment he... made up his mind to make a sculpture of his mother's head. He said he could not remember her face very well, but he did recall the shape of her hairdo and that her hair had been grey ... he spoke of mother's kindness to him. He stressed how she had refrained from meting out well deserved punishment, saying that she had "spared him" many

beatings. He spoke of no positive acts of giving or of care.

It was not easy to help Jasper produce a satisfactory image in the face of his inexperience as a sculptor, the vagueness of his memories, and his unconscious ambivalence toward mother. A mother who had become progressively unable to fulfill her functions, had been horribly maimed, and had ultimately abandoned him through her death, could not fail to arouse intense aggression that conflicted with Jasper's equally powerful yearnings.



Figure 27-6a. *Sculpture of Mother's Head (clay)*

Note: Kramer, E. *Childhood and Art Therapy*. New York: Schocken Books, 1979. p. 254.

The conflict became apparent when Jasper, feeling quite helpless about

recapturing mother's features at all, declared he would change the head into a devil and impulsively placed two horns on it. At this point I intervened. Even though mother's demonic qualities would have to be dealt with if Jasper was to be cured of his hallucinations and depression, it seemed important to help him first to restore the benign aspects if it was at all possible.

I removed the horns and told him that we should not give up so easily. I made him describe mother's face to me as best he could and together we managed to construct an image that could conceivably stand for her. . . . The completed work bears evidence of Jasper's ambivalence. The blackened eyes and aggressively incised eyelashes in particular seem to tell of mother's sinister, persecuting aspects. Her benign qualities nevertheless outweigh the malign ones. Jasper, as well as the other children on the ward, treated the head as an object that inspired respect mixed with tenderness, not fear. . . . Jasper's mother's ghost had frightened the whole ward so that the heavy, unghost-like head helped bind much communal fear. Eventually, Jasper gave the head to father to install in their apartment and luckily father was able to appreciate the reconciliatory gesture.

Did I do right when I prevented Jasper's aggression against mother from gaining the upper hand while he made the head? His being able to complete it and his later treatment of it as a precious possession indicate that my intuition was sound. Had his aggression been too powerful the sculpture

would have either turned into a devil in spite of my intercession or else come to a bad end in some other way.

Having been able to restore a positive image of mother, Jasper was in a better position for working on the fear and aggression her death had aroused without being overwhelmed by guilt.... He constructed a scene [in clay] of mother lying in state in an open coffin beneath a large golden cross [figure 27-6b]. While he worked on it he spoke about the funeral and how frightening it had been when he was made to kiss her goodbye. He had feared that he might catch her disease when he touched her.

Children can only gradually assimilate a parent's death. In his future life Jasper was undoubtedly destined to work at coming to terms with his mother's death in many ways. For the time being, having restored mother's image and having laid her body to rest, Jasper was free to pursue more ordinary childlike interests in his art. His last sculpture before his discharge was a large horse, a subject that was at the time fashionable among the ward's children, [pp. 254-257]

While Edith Kramer emphasizes the artistic process in therapy with children in groups, Mala Betensky, psychologist and art therapist, uses art in individual psychotherapy with children and adolescents. She provides extensive case studies of individual art therapy, exemplifying sound clinical

practice within an eclectic orientation.



Figure 27-6b. *Mother Lying in State (clay).*

A different psychoanalytic approach to art therapy with children is the highly versatile one presented by Judith Rubin, an art therapist and art educator in psychoanalytic training, who utilizes several creative arts in therapy—drama, movement, and music, as well as the visual arts. She emphasizes art as means of communication and interaction in therapy with groups and individuals. She describes applications of art therapy with the emotionally disturbed, the handicapped, school children, groups of mothers

and children, and family groups. While integrating several arts, Rubin upholds the integrity and emphasis of the visual arts, a difficult but important balance to maintain in art therapy.

Family Art Therapy and Evaluation

Art can yield rapid and penetrating insights into complex family relations both for evaluation and family treatment. Adequate space and staff is necessary for this highly specialized application of art therapy. A recorder, observer, or co-therapist to the art therapist is recommended in treatment of families using art. However, the art evaluation procedure can be easily done by the art therapist alone in a single session in most any kind of program. An example from the innovative work of Hanna Yaxa Kwiatkowska from the ten-year family research project at the National Institute of Mental Health reveals a young schizophrenic man's perception of the role of his domineering mother in his illness.

Case 7: Family Evaluation through Art by a Schizophrenic

[Figure 27-7] is another family portrait. It was produced by a twenty-two-year-old male schizophrenic patient during an acute psychotic episode. In family psychotherapy sessions as well as during the family art evaluation, he constantly attacked his mother. Here we see a paranoid view of the mother's malignant influence on all family members. They are all tied to her; she

directs them by means of electrodes implanted in their brains, reducing them to marionettes on strings. The patient, on the lower right, is the one who accuses; in a mixture of French and schizophrenese, he designates her as the evil one. [pp. 99-100]



Figure 27-7. *Family Portrait*

Note: Kwiatkowska, H. Y. *Family Therapy and Evaluation through Art*. Springfield, Ill.: Charles C Thomas, 1978, p. 100.

In the difficult work of evaluating and treating families, the art by each

family member serves to cut through the complexity and confusion inevitable in the family group, and can isolate and bring into focus essential issues. A non-communicative member may find a new way to be seen or heard and may be helped to evolve a healthier relationship within his family.

Art in Therapy and Evaluation

Case illustrations from art therapy with groups, individuals, children, and families reveal the fundamental therapeutic elements inherent in the nature of art. The artist Wassily Kandinsky wrote in 1914 (the year of Freud's similar observation on art):

He [the artist] must realize his every deed, feeling, and thought are raw but sure material from which his work is to arise. . . . Form, in the narrow sense, is nothing but the separating line between surfaces of color. That is its outer meaning. But it has also an inner meaning, of varying intensity, and properly speaking, *form is the outward expression of this inner meaning*. [p. 29]

By means of the integration of inner experience and the response to outer realities, art offers the art maker a unique rapprochement between his inner and outer worlds, and conveys his vision to the viewers of his art. Some professionals express concern that art poses a threat of intolerable confrontation that may exacerbate the art maker's disturbance. But in years of art therapy the visions of art were found not to disturb but to heal. Art heals for many reasons. The great investment of feeling and energy gives validity

and value to the art. The profundity and genuineness of expression in art generates self-confidence in the art maker. The outlet for unacceptable impulses and fantasies in safe forms provides resolution, acceptance, and relief. All of these factors allow the intolerable to be balanced by the gratification inherent in the making of art.

The artistic process may involve a regression in the confrontation with the intolerable, but art making at the same time primarily entails a restoration and development of ego function both in mastery of feelings and mastery of artistic expression. The ability of the art maker to do this, even in limited ways, involves the organization of mental functions and emotions in a profound way. Greater self-autonomy occurs as the art maker forges his art out of his inner life and out of his response to his external world. The severely disturbed and disabled can do this, at some level, in their own way, as well as can the healthy functioning person. All of these are reasons why art is a remarkable therapeutic medium for so many different people.

Art permits therapeutic work at a deep level independent of talk and the transference relationship. It documents the opportunity for and the nature of change—change, with or without insight, not dependent on verbalization and overt acknowledgment. The artwork stands self-evident when the art maker does it and when the art therapist/ art viewer is open to recognizing and responding to it.

Diverse Approaches in Art Therapy

During the past forty years, art therapy has proliferated along many lines, based on various philosophical or theoretical orientations. Dynamically oriented approaches to art therapy predominate. In addition to approaches reviewed here, methods of art psychotherapy based on the medical model," and on Jungian, gestalt, and expressive therapies are becoming widespread.

Two pieces of scholarship in research and theoretical exploration indicate recent trends in dynamically oriented art therapy. In "Theory and Practice of Art Therapy with the Mentally Retarded," Laurie Wilson describes a two-year case study with a severely retarded woman in which she traces the derivation of repeated imagery, a circle with radial lines, to a cluster of bells (transitional object) and eventually to the breast (original object). She correlates the developing body image in the art with improvements in ego function and behavior, which are also linked to relinquishing the fixation on the bells and the radial image. Mildred Lachman-Chapin explores the implications for art therapy of Kohut's psychoanalytic theories on the self and early narcissism. She sees these early formative issues mirrored in the healthy functions of artistic process and suggests art therapy can use art to deal directly with preoedipal deficits in ways that traditional verbal interpretation of imagery and conflict cannot.

Janie Rhyne is the pioneer of an approach she calls "gestalt art

experience,” which is based on humanistic and gestalt psychology.

Many people can see that the patterns of their art forms symbolize how they pattern their attitudes and behavior in living; thus seeing a clear gestalt in their artwork can lead to perceiving a clear gestalt of themselves as personalities. This holistic recognition of themselves can lead to an increased acceptance of individual autonomy and responsibility. [p. 157]

With individuals and groups, Rhyne uses art to focus on present dynamics rather than the past or the unconscious.

Josef Garai and Arthur Robbins have integrated principles of humanistic psychology with psychoanalysis in their use of art psychotherapy or “expressive analysis.” Work with both individuals and groups emphasizes self-discovery and growth through art techniques and various creative/expressive modalities.

The expressive therapies form another spectrum that utilizes various creative arts—dance/movement, music, psychodrama, poetry, as well as the visual arts—in therapy, emphasizing either group interaction or directed toward art psychotherapy. Sandra Kagan and Vija Lusebrink in “The Expressive Therapies Continuum” draw on psychoanalysis, humanistic, Jungian, and developmental psychologies to define modes and levels of expression in an attempt to delineate common denominators pervasive in all the arts. Their categories are Kinesthetic/ Sensory, Perceptual/Affective, Cognitive/ Symbolic and the Creative. These categories pertain to the

interaction with media and to the effort involved in specifying the degree and healing value of creative involvement—a difficult task whether dealing with one complex art or several.

Mildred Lachman-Chapin, artist, dancer, and art therapist, has clarified the roles of art and movement (or dance) in art therapy, a distinction vital to the understanding and use of various modalities. The work of philosopher Susanne Langer is also useful to art therapists in understanding the relationships and distinctions between the arts. She acknowledges the source of all the arts in the inner life and clearly defines the essential differences between the various art forms, pointing out the necessity of understanding and maintaining the integrity of each.

Finally, Joan Erikson has provided a rationale for art as a healing activity. Instead of exploration of the meaning of art, she emphasizes the healthy functions involved in craft and making the created object.

Art Therapy in Education

The groundwork of art therapy in education was established by Margaret Naumburg in her early work as an educator at the Walden School. Years later she would continue to write about art in education and therapy.

Art therapists in education look primarily to Viktor Lowenfeld's classic

work, *Creative and Mental Growth*, in which he promoted the natural spontaneity in the art of children and provided a full survey of content and style in children's art at different ages and stages of growth. Cognizant of Naumburg's principles, he advocated a method called "Art Education Therapy" for use in schools, and designated this special area of education as one frontier of art therapy.

In the 1960s and more in the 1970s, applications of art therapy began to appear frequently in educational settings. Elinor Ulman reviewed the history of the development of art therapy in mental health and in education in an article in the *Encyclopedia of Education*. She clarified the difficult distinctions between these areas, which overlap primarily because of values inherent in the artistic process. In 1978, Judith Rubin presented a review of the literature by art educators and art therapists. Sandra Pine devised methods of art for large groups of school children and clarified the distinction between approaches of art in education and in psychotherapy. Robert Wolf used individual art therapy in the school setting with emotional and learning problems of economically deprived children in New York City. Myer Site used art as therapy with slow learners in public schools.

Frances Anderson stressed the importance of developing the artistic needs of exceptional children as well as their educational needs. She emphasized the fundamentals of self-expression to develop communication

and cooperation and elaborated classroom procedures and activities.

In research, Rawley Silver has used sound procedures focusing on cognitive and developmental aspects of art in art therapy with school children with communication disorders and learning disabilities. She devised clear ways of perceiving and evaluating art, defined objectives and methods, and presented case studies and statistical results in a highly readable account.

Sandra Packard defined categories of children's problems and of school settings ripe for development of art therapy. Packard and Frances Anderson addressed the distinction between the roles of the art therapist in educational and therapeutic settings.

The potential for art therapy has only begun to be developed in educational settings for the learning disabled, the emotionally disturbed, and the physically handicapped. Defining the differences between art therapy in the mental health spectrum and the educational spectrum is a prerequisite to establishing the identity of the art therapist in school settings.

Elinor Ulman has presented discerning distinctions of the issues and points of view of these two facets of the field and defines their common ground:

The artistic process calls on the widest range of human capacities. Like maturation in general, it demands the integration of many inescapably

conflicting elements, among them impulse and control, aggression and love, feeling and thinking, fantasy and reality, the unconscious and the conscious. The goal of art education is to make available to the individual resources within himself and outside himself, and the arts serve throughout life as a meeting ground for the inner and outer worlds. . . . Educators and therapists alike find here a key to understanding the value of art education in alleviating emotional disturbance, [pp. 312-313]

Ulman's definition of the nature of the artistic process as a therapeutic agent reaffirms the thesis that art, as a manifestation of inner experience of the art maker involving all his capacities for integration and expression, is the common binding throughout the spectrum of the discipline, in all its philosophical and theoretical orientations. Through emphasis on individual expression in art, art therapy achieves its great versatility in cultivating the healing power of art, both through the artistic process and as a means of communication.

Conclusion

This chapter has reviewed the pioneers of art therapy and the context of related disciplines in which they developed the field during its forty years as an independent profession. Because art is both profound and yet practical, because it is an intrinsically healthy process, art therapy fits naturally and with ease in the most diverse settings and yields rich contributions in evaluation and treatment. As the economic difficulties in provision of treatment to those in need increase, the advantages of art therapy in meeting

the challenges of treatment in mental health, educational, and community settings are gradually being recognized. The field of art therapy continues to grow and spread in many directions, and its potential and benefits are becoming widely realized.

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Notes

1 Titles and words in quotation marks are the art maker's words.

2 All names are fictitious.

3 Books with extensive bibliographies are indicated by an asterisk.