The History of Art Therapy

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What is Art Therapy?

Over time, there have been different definitions of what art therapy is and what it can do. The contemporary definition of art therapy is that it is a “viable treatment method and modality for self-understanding, emotional change, and personal growth” that has the benefit of “enhancing health, encouraging emotional transformation and finding personal meaning” (Malchiodi, 2007). Art therapy is effective because it uses non-verbal language, visual thinking, is multisensory, is cathartic (both in allowing expression and in the actual work of making), allows one to create a tangible product, and enhances relationships whether they are with the art therapist or others in a therapeutic group. In this paper I will explore the development of art therapy from multiple sources.

Ancient Approaches to Healing and the Arts

The urge to heal and make well has a long history. Making images and using symbols is a part of what makes us human, and their use for healing has been with us since ancient times. Often used in rituals in combination with other art modalities, images were thought to have magical powers to help protect and
give strength to individuals and communities (Malchiodi, 2007).

Art therapy is strongly connected to the work of the shaman, using “image making as a modality for health and recovery” (Malchiodi, 2007). Using symbols in costume, masks, rituals and ceremonies to initiate visits from spirits and produce an altered state of consciousness to help heal, shamans have a different view of the nature of mental illness. Contemporary shaman Malidoma Some’ says that what westerners see as caused by pathology, shamans see as the spiritual realm attempting to manifest within the individual (Marohn, 2012).

Theories suggest that the earliest art was used in rituals involving dance and storytelling; in the beginning of human artistic activity, all the arts were used in combination, for religious purposes, dividing later into separate art forms (Bailey, 2009). In the theatre of ancient Greece, tragic stories with costumes, dance, music and storytelling were used to give the community a way to explore and release emotions (Malchiodi, 2011; Bailey, 2009).

**Before Art Therapy: the development of psychiatry**

Shamans were not the only ones to view mental illness as caused by spirits or demons. Porter (2002) details the history of attitudes towards illnesses that changed behavior and marginalized people. Archaeologists have found numerous skulls with holes drilled in them. A possible explanation is to attempt to release of spirits. In the middle ages, mental illness was linked to religiosity and treated through ceremonies and exorcisms by the clergy. Epilepsy, senility and other conditions were thought to be linked to witchcraft, as were the effects of natural disasters, and witches “treated” through punishment and burning. As
physicians were called upon to testify whether someone’s symptoms were illness or evidence of witchcraft. As medical knowledge increased, the public began to doubt supernatural causes for every affliction.

Prior to the rise of psychiatry, the insane were housed in mad houses or in monasteries. As religious institutions began to be embarrassed by visions, possessions and exorcisms, the treatment of mental illness was taken over by psychiatry (Porter, 2002). In the late 18th century, reformers began to advocate for the “moral treatment” of patients rather than regarding them with fear and punishment (Vick, 2011). This opened the way for using art therapeutically because psychiatrists began to pay attention to what patients were saying through their words and images. Rather than assuming it was nonsensical, physicians began to try to understand their patients’ condition through their expressions.

Some mental health experts state that mental illness is a construct, stigmatizing those that are “social pests, odd or challenging” (Porter, 2002, p.2). Others say that mental illness is a problem of the patients’ brain, not his or her mind and is physiological in nature (Porter, 2002, p. 176). This disagreement affects how images are interpreted and used in treatment.

Cesare Lombroso was one of the first to consider the meaning of images made by individuals who are marginalized such as criminals, the insane, and geniuses. He was interested in criminals and the insane and their atavistic characteristics, looking for physical and genetic evidence of their criminal or insane nature. His interpretation of their artwork confirmed his theories.
“In spite of the thousands of years which separate him from prehistoric savages, his art is a faithful reproduction of the first, crude artistic attempts of primitive races...rude pottery covered with designs that recall Egyptian decorations or scenes fashioned in terra-cotta that resemble the grotesque creations of children or savages.” (Lombroso, 1911, p. 135)

Who has the authority to say what the images mean? Using art as an assessment tool has lead to stereotypes about art therapy (Malchiodi, 2007). One of the ethical considerations art therapists have is avoiding image abuse. An outdated idea in psychotherapy is that images can be interpreted, that the symbols in the artwork have out of context meanings that reveal something about the artist, and that the therapist is the authority. In art therapy, it is the client that interprets the meaning of his or her own work (Malchiodi, 2007).

**Important Art Therapists**

Junge (2007) lists 28 individuals as architects of art therapy; of these, 23 are women. Women were the pioneers of the field, at a time when it was unusual to leave the traditional role of homemaker and mother. All of the art therapists featured were recipients of the American Art Therapist Association’s honorary lifetime achievement award.

Two women considered the earliest pioneers of art therapy are Margaret Naumburg and colleague Edith Kramer. Naumburg
was an intellectual and a bohemian with a varied and interesting background. She did graduate work with John Dewey and was interested in educational theories and psychology. Her professional life began with opening the first Montessori school in the United States. She left that after only a year to open her own school, the Walden School, which was highly regarded by the intellectual community. The Walden School centered its philosophy on freeing the child creatively and upon the theories of Freud. Naumburg left the Walden School and focused on her writing career, writing several books. While working with children in a psychiatric hospital, she developed her theories of art therapy. She developed the first program for training art therapists at New York University. (Altman, 2012).

Art therapy is often misunderstood as a derivative of psychotherapy. A rift opened up in the art therapy field asking whether art therapy was a field in itself, or simply a tool to be used in an expansion of psychotherapy. Edith Kramer believed in the former, Naumburg in the later. Kramer’s identity as an artist was essential to her work as an art therapist, and she regarded art therapy as a separate, robust way to healing that, while informed by psychotherapy, was not lesser than it. While many art therapists think that the process is more important than the product, Kramer believed that the art made in art therapy should be of high quality and the therapist should assist the client in making art that is gratifying to them, including being their “third hand” and helping them actually make the art (Kramer, 2002). Although her theories of child psychology are based in Freudian theory, she does not subscribe to the idea of using art therapy to “uncover unconscious thought” (Kramer, 2012, par 4) but rather to support the ego and develop resiliency. Kramer worked with Naumburg in developing the Art Therapy graduate program at New York University.
Judith Rubin stands out because of her use of film. Prior to going into the field of art therapy, Rubin was an art teacher and The Art Lady on the PBS program Mr. Roger’s Neighborhood. She earned her doctorate in psychology and worked with a variety of clients, primarily children. She has authored several books. She began to create films to use in the graduate level courses she taught, as well as films about art therapy for the general public. In an interview, she expresses concern for lack of open-mindedness regarding the field, feeling torn between working to promote the field to the general public, or other non-art therapists. She describes the struggle many art therapists have with their identity as either artist or therapist (Warren, 1996). Her films, such as *Art Therapy has Many Faces* and others focusing on different aspects of the work, help to promote the benefits of art therapy.

Shaun McNiff is notable for his work in expanding art therapy into a new field, expressive art therapy. He believes that people should have an area of artistic specialization (visual, dance, writing) and that enhancing that specialization with the integration of all the other arts produces a more powerful healing effect (McNiff, 2012). McNiff is sometimes seen as having left art therapy, but his view is that he is now able to “explore other socially relevant applications of what I see as the core process of art and healing” (McNiff, 2007). His work branches beyond clinical therapy into education, public health, and numerous other areas of social concern. His three guiding principles reflect how art is important to all aspects of human life:

1. Both art and healing transform afflictions into affirmations of life as affirmed throughout human history; 2. Artistic activity in various media
generates palpable creative energy that acts as a transformative force in ways that transcend conscious controls and fixations; and 3. The establishment of creative space, in my practice augmented by group work, supports and stimulates the circulation of creative energy that finds its way to areas that need to change. (McNiff, 2012)

**Contributions from Education**

In the kaleidoscope of influences on the development of art therapy, art education was an important contributor. However the two fields remain divided, with each field seeing “a loss of quality in the influence of the other” (Edwards, 1976, p. 63). In the early days of art therapy, art education took a formalist direction, under the influence of art educators like Arthur Wesley Dow. Art therapists saw the influence of aesthetic considerations to be out of place in a field that came to see itself as the “sole custodians of innocent spontaneity and affective involvement in art” (Edwards, 1976, p.63). Art educators who sought to “celebrate art in free self-expression” (p. 63) lost credibility as the formalist approach to art education became dominant.

The formal considerations of art were at times seen as damaging to the process of art as therapy; not having a clear definition of “what is art” could be seen as both its greatest strength, in that it gave participants broad freedom in expressing themselves and yet also what made it seem flimsy, clichéd or ineffective (Edwards, 1976). Therapists also saw the formal aspects of art as a potential hiding place that allowed “defensive elaboration and camouflage designed (albeit unconsciously) to obscure, and thereby make socially acceptable, otherwise too personal content” (Edwards, 1976, p. 64).

A central issue in expression, whether through traditional therapy or through art, is safety. Displaying art out of context, insensitively, or failing to be aware of the context, both physical and affective, in which the art is made, does not provide psychological safety needed (Edwards, 1976). Some of the benefits and goals of art therapy, such as finding personal meaning, are classroom appropriate, while others, such as cathartic emotional
release, are not. There is a zone of overlap between art therapy and art education that is beneficial to students. Rather than bringing out the worst in each other, art education and art therapy complement each other, and there are art educators who did this effectively. These educators made personal expression an important part of their program.

Margaret Naumburg’s sister Florence Cane was the director of art at the Walden School. Influenced by Jungian theory, she developed a program in which children could create from their “emotions, needs and imaginations” (Stankiewicz, 2001, p.36). She authored one book, The Artist in Each of Us. She guided children to trust his or herself, rather than presenting The Teacher as the only expert.

Natalie Robinson Cole’s approach to art education is an example of using art to help disadvantaged children in a public school express and adapt to the challenges of their unique lives. Having undergone psychotherapy herself, and seeing how her own lack of confidence and belief in herself had impacted her life, she saw some of the same conflicts in her students. While the work she did with her students was similar to the work of Naumberg and Cane, Cole did it not in the “elitist atmosphere of an Eastern private school but in a public school in a slum area of Los Angeles” (Smith, 1984, p. 36). She also worked intuitively, rather than justifying her theories with Jungian or Freudian vocabulary. Cole was also a harbinger for the later developments in expressive arts therapy developed by McNiff and Knill because she included dance and writing. Cole published two books: the Arts in the Classroom and Children’s Art from Deep Down Inside.

**Artists**

The artist identity is itself an important contribution to the development of the profession. Most art therapists see their experience as artists essential to their work, and that each role supports and nourishes the other (Feen-Calligan & Sands-Goldstein, 1996).
In fact, the term art therapy itself was coined not by a psychologist or therapist, but by an artist. Adrian Hill coined the term in 1942. Hill was an artist with tuberculosis who used art therapeutically while in a sanatorium, and encouraged other patients to do the same. Already a supporter of modern art and surrealism prior to his illness, his own artwork became more highly regarded by critics as more expressive and interesting when he became ill (Hogan, 2001). Initially interested in using art for those in long term convalescence for the “alleviation of morbid introspection” (Hogan, 2001), Hill saw art as having regenerative powers, and sought to uplift the artistic consciousness of the patients. It was not just a diversion, and he did not feel that he was simply a teacher. Intuitively, from his own experience as both an artist and a patient, he developed a way of using the arts with others for their own healing (Hogan, 2001).

**Multi-modal Expressive Arts Therapy: the future**

As discussed earlier, an ancient parallel to the contemporary art therapist is the shaman. Shamans used multiple art modalities to create healing rituals, and many art therapists have expanded out of the visual modality to include music, writing, drama, and movement in a fuller approach to therapeutic expression. Shaun McNiff expanded his work as an art therapist to include all the arts, and with Paolo Knill, developed the Expressive Arts Therapy graduate program at Lesley University.

Paolo Knill’s work is focused on the integration of the arts. He sees the healing process as a “blooming” in which working in multiple modalities brings about a “crystallization” that makes clear “images, feeling, and meanings,” moving the “realms of aesthetics and psychotherapy into the postmodern era” (Knill, 2012).
Conclusion

Art therapy uses image making for healing. In the early history of mankind, image making was integrated with the other arts as part of ritual and illness, psychological distress and neurological disorders seen as caused by spiritual forces. As art therapy continues into the 21st century, it returns to these shamanistic roots with the work of expressive arts therapists who reintegrate image, movement, sound, and words to create meaning and healing.

Bibliography


