

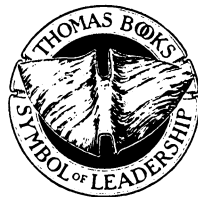
**FUNDAMENTALS OF
ART THERAPY**

FUNDAMENTALS OF ART THERAPY

By

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FOREWORD

I BELIEVE THAT all therapies and therapists participate in a shared dialogue which is expanded and deepened through the arts. Although I make use of rhythmic sound and movement, objects, enactment, poetry and other artforms, the visual media of painting and drawing as presented here, have been my principle artifacts within an image-centered therapy. *The Arts and Psychotherapy* (1981) introduces the vision of a pantheon of creative arts therapies and the integration of the arts in therapeutic practice. The book defines the arts in psychotherapy as contemporary manifestations of ancient and indigenous healing practices. *Educating the Creative Arts Therapist: A Profile of the Profession* (1986) was the first book to deal with the training of creative art therapists. In addition to reviewing the history of education in all of the creative arts therapies, it presents an ‘artistic theory of mental health and therapy.’ The call for theory indigenous to art is consistent with my search for the archetype of the creative arts therapist in the person of the shaman. I have encouraged creative art therapists to build our profession through close cooperation between the different artforms and with theoretical principles that are native to art and our different cultural histories. The two previous books establish the context for the more focused treatment of art therapy in the present volume.

The search for “essential elements” runs through all of my published writings on psychotherapy. This book began with the title, *Fundamentals of Art Therapy*, and my desire to write a comprehensive manuscript on what I do within this discipline. The title is an expression of intent and a desire to become aware of the elements of art therapy as they manifest themselves in my work. I am committed to the “artistic fundamentals” which distin-

guish art therapy from other modes of psychotherapy. I do not wish to imply that I am going to present the definitive essence of art therapy as experienced by all people. A task of this kind is beyond the reach of a single person, or even a group of writers. Art will always surprise us with alternative forms and different ways of interpreting what we do.

In 1804 Jean Paul Richter in his *Vorschule der Aesthetik* said that "The essence of poetic presentation, like all life, can be represented only by a second poetic presentation." He felt that aesthetic experience is to be described with images that "mirror kindred life." I wanted to write this book in a form that embodied what I do. In keeping with Richter's advice I have tried to create "a second poetic presentation." The first poetic experience is art therapy itself. Since my work is a process of continuing dialogue with colleagues, students and images, I have described it within this form. The dialogue is also a classical and proven form of philosophical inquiry. It has allowed me to get as close as it is possible within the format of a book to the phenomenon of art therapy as I have experienced it within a particular context, and during an actual period in my life.

We have not begun to imagine how great the soul of the art therapy profession is. In order to do this it is necessary to re-imagine the nature of art in our society and the traditions of mental health and psychotherapy. We have given considerable attention to how the conventions of mental health institutions discourage imagination from transforming the entire scenario. I am becoming increasingly aware that the same can be said of artistic conventions. If only we could be capable of continuously taking a fresh look at everything that we do and starting anew each day. I am convinced that revolutionary transformations must occur on a daily basis. Those transformations that are sympathetic to the human soul, to its life rhythms, will survive. Change is helpful when it takes us toward the fundamentals and when it improves life for many people. There has to be a sustained commitment to the cause and a trust that useful things will sustain themselves. Art operates in this way.

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**FUNDAMENTALS OF
ART THERAPY**

I. Ideas and Process

EMERGENCE OF IMAGES

LISA IS A former professor of art education who is trained to be an art therapist. I am her supervisor. She is now working with children in a community counseling center, and she is struggling with how to involve them with art materials.

“I have worked for so many years as an art teacher,” Lisa said, “that it seems impossible for me to go into an art therapy session without an exercise for the children that has been planned in advance. And I know that the structure that I create will bias what the children express. Judy Rubin writes about how her psychoanalytic training has helped her to allow spontaneous expression to emerge with art materials. I realize that I use art exercises because I am afraid of losing control; I fear chaos and empty space. The need for ‘lesson plans’ is not unique to art teachers. I see it in myself and other art therapists. I always sensed that there is ‘more’ going on in the children’s artwork than what we teachers planned.”

“This question about how to work with art materials is one of the most fundamental issues in art therapy,” I said. “My nine-year-old daughter surprised me one day when I referred to myself as a teacher.

Daddy, you’re not a teacher, she said.

Then what do I do?

You talk to people about their ideas.

And what does a teacher do?

A teacher tells people what to do.

“In her simplified way my daughter had defined one of the primary differences between what teachers and therapists have become in our society. The learning dialogue has moved from education to therapy. It is

quite possible that it may return to education, at least I hope it does. I think that the movement we see from art education to art therapy has to do with a need to understand what is happening inside the people we work with and ourselves, how we affect others and how they affect us, what the images are saying to us, and so forth. Art therapy is an expression of our desire to know more about images and people and to do more with them.

“The principles of dialogue, whether in words or images, are concerned with exchange and opening to whatever presents itself. The early psychoanalysts tried to further expression through free association and by encouraging people to say whatever entered their minds. They were not afraid of chaos because there was a purpose to what they were doing. They were looking for themes and messages in what would at first seem to be a fragmented fomentation of thoughts and images.”

“What do we do with the person who is incapable of speaking or who chooses not to speak and will not take any initiative with art materials? Isn't it necessary for us to structure the situation for them?”

“With some people structure increases freedom. The specific task, whether it is making a picture with scribbles, straight lines or a combination of both, or painting with the drips from a brush, gives the person something to relate to. The ‘assignment’ provides intentionality. It can be designed in a way that minimizes fears of failure and embarrassment. The person is given the opportunity to act, to choose and to respond to whoever is suggesting the particular activity. If we are working in a group, a common task may generate a spirit of cooperation and collegiality. It is necessary to accept the person's handicap and do something about it. When I first started to work in a mental hospital with severely handicapped people, I carried on long internal arguments with myself about whether or not my ‘structures’ were restricting the freedom and choice of the people I was working with. As the weeks went on, many of the people continued to sit motionlessly with a blank piece of paper in front of them. The demands of this environment ended my abstract deliberations on freedom. I was close to a staff person who had worked at the hospital for over forty years. She was an old-fashioned ‘attendant’ and she had no formal therapeutic education. She dressed in spotless white every day and had a sarcastic response for every situation. When I described my dilemma about freedom, she said to me: ‘These people aren't here because they have flat feet.’ Her comment, as derogatory as it may sound, helped me to accept their disabilities and my role at the hospital.”

“Wasn’t that a time when mental health systems were being severely criticized?”

“The system of institutionalized mental health was mad, abusive and terribly confused. Yet, at the same time, I liked my job and I enjoyed working with my colleagues. We were all critical about ‘the system’ but we tried to focus our energy on the patients in the hospital and what we could do for them. I had been hired to get them ‘involved’ in art and not to deliberate on the politics of artistic freedom which seemed to matter little to everybody but myself. I am sure now that my internal dialogue at that time was more concerned with my insecurity, my inexperience and my complete lack of understanding of what to do.

“It never felt correct for me to take other people’s art recipes and apply them to the people I was working with. I had to find out for myself, through my own experimentation, my advances and my failures.”

“This is the area I have the most difficulty with as a trainer of art teachers,” Lisa said. “There is always such a hunger for ‘techniques’ that can be used immediately in the classroom. I have encountered few students and teachers who are willing to find out for themselves. They see me as the person who is supposed to ‘tell them,’ as your daughter says. I became good at telling them. My classes were lively and they left with pages of recipes. I enjoyed it in the early years because their need for me and their responsiveness was affirming. But I soon discovered that there was an absence of depth to my teaching. I was not taking risks and I was protecting my students from risk. The process lacked dynamic creativity. I was repeating myself year after year and operating within the fixed script of lesson plans. But aren’t you contradicting yourself when you say that structure is necessary?”

“Perhaps. Therapy and life are packed with contradictions that make it impossible for us to operate according to road maps, unless we happen to be driving in cars. The psyche is not as predictable as the highway. It is not fixed in material forms.”

“How can the beginning art therapist begin to grasp these contradictions?”

“I encourage therapists, and myself, to concentrate on what presents itself in the situation before us. Everything depends upon the context and what people are capable of. Diagnosis and assessment are ongoing. They never stop and settle into fixed labels. Our observations, what we see before us, and what we learn from experience and our reading, are merged within the practice of therapy. Theories are important as guides but generally give way to disciplined instincts when we are working with

people. This flexible and adaptive responsiveness to what presents itself within the situation is the essence of clinical practice. 'Clinical' performance applies as much to the making of art as it does to medicine.

"If I had suggested to many of the people that I was working with in the mental hospital that we were going 'to paint from within' we would have continued to have weeks of blank paper. I had to intervene with specific suggestions and materials. This engagement of both materials and emotions is what defines art therapy. We begin by making physical contact with materials. In the case of one man who never touched a brush for months, I learned that it was necessary for me to begin by holding his hand and painting together. This is an example of how the smallest movements in art therapy can also be seen as dance therapy. The perception of what we were doing as dance gave it additional meaning and relevance. This kind of painting can also be used in depth-oriented psychotherapy. Everything depends upon what the situation calls for. Perhaps all roads lead to the same place."

"Did you fall into routines in terms of what you did with people?"

"Absolutely! The rhythm qualities of the routine were actually pleasant for the people I was working with and myself. It can be likened to a family that likes to eat certain things for breakfast and agrees on plans for evening meals that are repeated over a period of time. The routine also increases predictability and a sense of control and safety. I have discovered that a feeling of safety is generally necessary if people are to take risks and open themselves. For example, theatres are constructed in a way that strives to maximize concentration, enclosure and the elimination of distractions. I have also found that routines generally change over time and provide for the introduction of new elements, diversifications of menu.

"My difficulties with the routine came when I moved to a radically different context, like your moving from the 'culture' of art education to art therapy. Today, I am engaged primarily in doing depth-oriented psychotherapy with people who respond very well to the suggestion that they 'paint from within,' allowing whatever they feel to emerge. They want the freedom to engage what is relevant to them at the moment and to work thematically with their art over a period of time."

"When I worked as an art teacher I protected myself from risk with clearly defined plans for what the children were to do. I was in an elementary school where one of the teachers ran an informal classroom with an art corner where the children could go when there was an opportunity. It was difficult for me to accept that the images produced in that

classroom had more vitality and imagination than what we did in the formal art class. The art area in the informal classroom came much closer to a real studio environment, whereas the art class began to feel more like an assembly line. Teachers observed individual children in the art corner and listened to the stories they told about their pictures. The process closely corresponded to the way I imagined art therapy taking place. That particular art corner was the beginning of my disenchantment with the way we do art education in America, where roving art teachers work with hundreds of children each week with predesigned lessons and little opportunity to engage the children in serious dialogue about their work. When a teacher is responsible for hundreds of children, sometimes as many as five hundred each week, then it is inevitable that everything is focused on the planning of materials and virtually no attention can be given to the individual child. It was difficult for me to accept that my most cherished values of artistic expression in childhood were being realized by that classroom teacher and not by me. The children did not have to be told what to do. They just went to the easels that were equipped with brushes and large bottles of tempera, and began to paint. I noticed how they looked at each other's work and influenced one another. Individual styles emerged and it was not difficult to determine who made a particular picture. Expressive and sensitive pictures were being created by all of the children. It was a fourth-grade class and the teacher had equal success with previous groups of first-, second- and third-graders.

“In some ways that art corner was the most exciting and authentic studio environment that I had experienced. I began to realize the large impact that context has on art. It was not necessary to tell the children what to do. The classroom teacher was not trained as an art educator and I think that was her greatest advantage. She went to a liberal arts college and majored in anthropology and literature before going on for a masters of education degree. She had an excellent eye for design, color and other visual principles and was enthusiastic about what the children did. Art works were hanging everywhere in the classroom. In our training of art teachers there is so much emphasis on methods initiated by the teacher, too much I think. In this way we will build-in the expectation on the part of art teachers, other educators, parents and the children, that the teacher will be telling the children what to do. The orientation is so ingrained into our school programs and our educational history that it is nearly impossible to go contrary to it. I think it has even influenced art therapy, unless the difficulties I am experiencing are unique to me.”

“What were some of the factors that influenced the quality of art being expressed by the children in the art corner?” I asked.

“There was an unspoken environmental emphasis on the emergence of images rather than art instruction. It was assumed by all of the children that they could paint and they did, naturally. In my art classes everything was focused on methods presented by the teachers as well as correct and incorrect procedures. So much of art education is far closer to industrial assembly than the atelier. Educational environments are in this respect projections of our social values.

“Children in the art corner had a freedom of time and space that corresponds more to the working dynamics of the artist. They had access to art materials when they felt the urge to work, and they had the time to complete their pictures or to work on a series if they were inspired. There was little flexibility of time in our formal art classes.”

“Is your art therapy appointment schedule, within the time limits of one-hour sessions, more like the formal art lesson than the art corner?”

“Yes. But there are so many differences between what I am potentially able to do in the art therapy sessions than what characterized my experiences in the classroom. I can work with small groups, families and individual children on a consistent basis, with time being given to me for case conferences, supervision and writing progress reports. Those are the most striking differences. I also sense that I have the opportunity to form an entirely new way of working with people and images. The fact that we are scheduled to meet together within a particular frame of time is one of the features that does make the art therapy work more like what I did as an art teacher than what I saw happening in the art corner. Perhaps it is this formality of professional roles that makes me think that it is my responsibility to get things started by defining what we are going to do.”

“What are the problems that you have with getting started?”

“At times I feel as though I am running an exercise class rather than a therapy session. I am so afraid of the open space, losing control and failing. I am making some progress, in that I am relying far less on prescribed art methods and I am beginning to adapt the spontaneous art techniques of other art therapists to my work. I use the scribble technique in my individual sessions and Hanna Kwiatkowska’s exercises with my families. But the scribbles produced in art therapy sessions are looking too much alike. Art therapists relying on them seem to be generating endless amounts of art therapy art. The family art therapy exercises have been helpful. When families come together, the specific