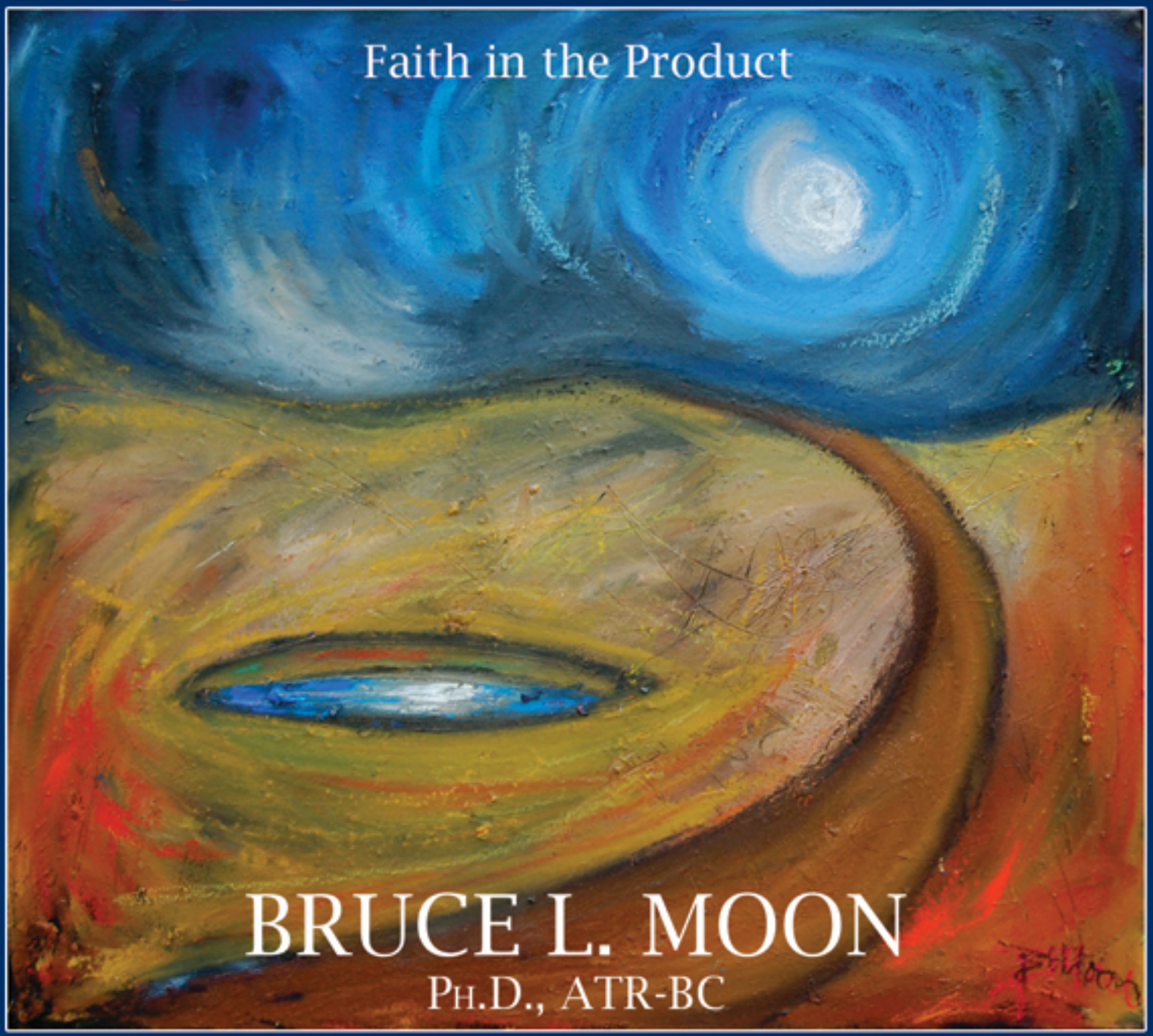
Second Edition

INTRODUCTION TO ART THERAPY

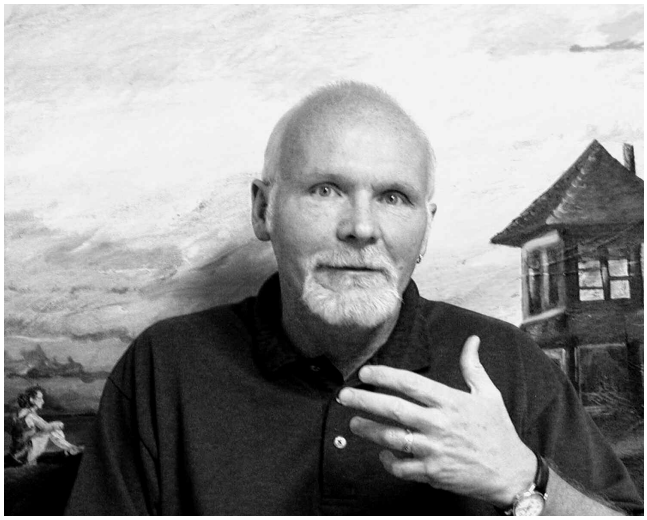


BRUCE L. MOON
PH.D., ATR-BC

With Forewords by

Shaun McNiff

INTRODUCTION TO ART THERAPY



ABOUT THE AUTHOR

Bruce L. Moon, Ph.D., ATR-BC, is a professor and chair of the art therapy department at Mount Mary College in Milwaukee, Wisconsin. He is the 2007 recipient of the Honorary Life Member (HLM) award of the American Art Therapy Association. Formerly the director of the graduate program at Marywood University in Scranton, Pennsylvania, and the Harding Graduate Clinical Art Therapy Program in Worthington, Ohio, he has extensive clinical, administrative, and teaching experience. He holds a doctorate in creative arts with specialization in art therapy from Union Institute in Cincinnati, Ohio. Doctor Moon's current clinical practice is focused on the treatment of emotionally disturbed adolescents. He has lectured and led workshops at many colleges, universities, conferences, and symposia in the United States and Canada.

Doctor Moon is the author of *Existential Art Therapy: The Canvas Mirror; Essentials of Art Therapy Training and Practice; Art and Soul: Reflections on an Artistic Psychology; The Dynamics of Art as Therapy with Adolescents; Ethical Issues in Art Therapy;* and *The Role of Metaphor in Art Therapy: Theory, Method, and Experience.* He is editor of *Working with Images: The Art of Art Therapists* and co-editor of *Word Pictures: The Poetry and Art of Art Therapists.* Moon's many years of experience in clinical and educational settings, coupled with his interdisciplinary training in art education, art therapy, theology, and creative arts, inspire his provocative theoretical and practical approach to the discipline of art therapy.

Author's Note

The clinical vignettes in this book are, in spirit, true. In all instances, details are fictional to ensure the confidentiality of persons with whom I have worked. The case illustrations and artworks presented are amalgamations of many specific situations. My intention is to provide realistic accounts of an art therapist's work while also protecting the privacy of individuals.

Second Edition

INTRODUCTION TO ART THERAPY

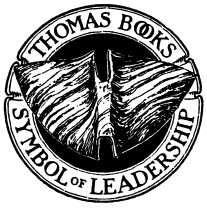
Faith in the Product

By

BRUCE L. MOON, PH.D., ATR-BC

With Forewords by

Shaun McNiff



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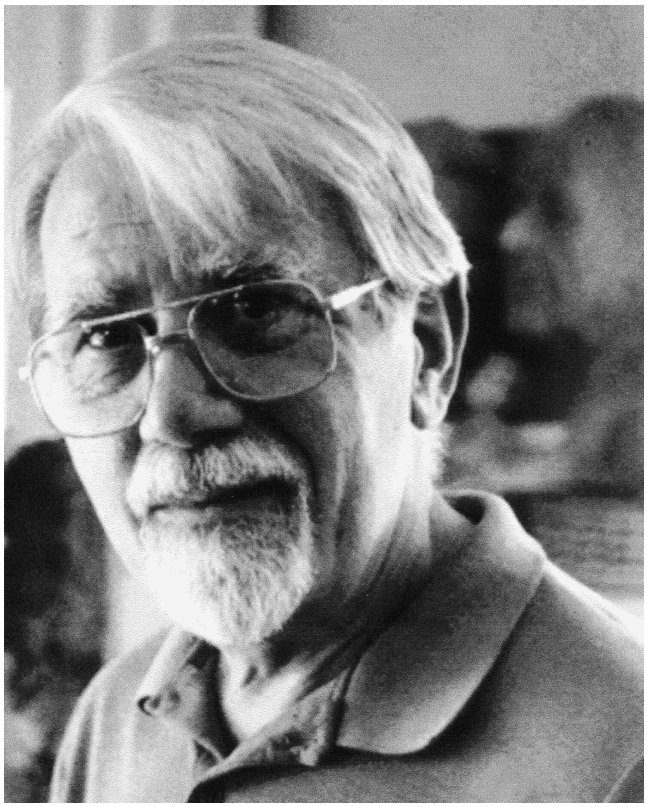
This book is dedicated to Don Jones, ATR, HLM: my mentor, colleague, hero, and friend.



Don Jones

FOREWORD

The 1994 edition of Bruce Moon's *Introduction to Art Therapy: Faith in the Product* has become a classic text in art therapy. I am leaving my original foreword intact because it is part of the historical record of the publication, and because it offers readers the passionate and enthusiastic response of another person's initial engagement of the book. In this foreword to the second edition, which updates and renews Moon's overview of art therapy, I will comment on the book's impact and Moon's larger influence in this field.

Since he began to focus on communicating his ideas and practice in books, starting with *Existential Art Therapy: The Canvas Mirror,* Moon has made major enduring contributions to art therapy. Because his writings are accessible, clear, convincing, and inspiring, he has pioneered and shaped the future direction of the discipline. I predict that time will recognize Moon as one of the most influential figures in the history of art therapy because of his many years of experience; the numbers of people whom he has directly influenced as an art therapist and educator; his consummate devotion to this work; and most importantly, the lasting power of his vision of art and healing.

The area within art therapy that has changed most significantly since the 1994 publication of this book is the realm that received the most critical attention in the first edition. At that time, Moon questioned the one-sided orientation to scientific justification that historically had permeated the art therapy field. As mentioned in my original foreword, art therapy's artistic identity took on a shadow dimension as the discipline aspired to cloak itself in science. The change we see today whereby art therapy celebrates and furthers its core artistic nature is largely due to the impact that Moon has had in calling for an art-based approach to practice and understanding in art therapy. I believe that the artistic soul of this work has become its most defining

and appealing characteristic rather than an area of perceived inferiority in relation to what Moon describes as the "scientist-clinician" model.

Creative expression and the making of art objects are the empirical elements that characterize every approach to art therapy. They are our primary defining qualities: the unique things that we bring to the larger domains of therapy, healing, and wellness. An appreciation and recognition of art therapy's unique integration of art, psychology, and service to others have required neither the making of dichotomies between art and science nor doubts about the valuable roles that science and scientists can play in the art therapy field. An issue that Moon addresses in the first edition of this book is the one-sided scientism that has threatened the art-based powers of our discipline. Like Nietzsche and other expansive thinkers, Moon believes in the integration of complementary elements like art and science rather than the oppositional stances that attempt to reduce one to the other.

Thanks to Moon and others who have helped to establish a new mainstream in art therapy that affirms an essential basis in art, we are now in a clearer, more mature position to continue our discipline's historic partnership with science. With our artistic identities established and affirmed, we can confidently enter a new period of creation and growth in which more attention can be given to studying and perfecting the essential phenomena of art therapy.

The revisions in this new edition of *Introduction to Art Therapy: Faith in the Product* amplify the already large impact of a seminal text. Enhancements include: an overview of the spectrum of theoretical orientations within art therapy; a brief history of practice in the United States; descriptions of applications that were not widely understood in 1994; and most importantly, Moon's most current and seasoned descriptions of how he perceives the art therapy experience. A pragmatic and excellent teacher, Moon takes to heart and learns from his ongoing interactions with students at Mount Mary College and other settings, as evidenced by new issues and trends that he addresses in this book.

Art therapy continues to fascinate and inspire many of us over sustained periods of time and lengthy careers because of its one-of-a-kind integration of multiple forms of expression and human understanding. In my opinion, Moon remains one of the most intelligent and passionate contributors to this more complete vision and practice of art

therapy. I am proud to be closely connected to his work and grateful for once again being asked to comment on this important book.

SHAUN MCNIFF
Professor and Dean of Lesley University
Cambridge, Massachusetts

FOREWORD TO THE FIRST EDITION

Introduction to Art Therapy: Faith in the Product offers Bruce Moon's most passionate and convincing call for the renewal of art therapy. The book is full of the inspiration and wisdom conveyed when a pioneer honestly describes his deepest personal instincts and those of art. More than any other book in art therapy literature, this text fulfills Rudolf Arnheim's (1972) ideal of a psychology of art permeated by smells of the studio. All of my senses were aroused as I read Moon's descriptions of clients working with diverse materials: the sounds of a man chiseling concrete, cutting and bending tin, building stretchers and preparing canvas, and squeezing wet clay. The clear and numerous vignettes show how art therapy is about action, constructing things, and making soul. I am intrigued by the subtitle *Faith in the Product* because the book is so strongly focused on "trusting the process." But process and product are two sides of a coin, necessary partners in creation that depend upon one another.

The embrace of products is an expression of a love and respect for images that is the foundation for art therapy's rediscovery of its soul. Moon helps us see the enduring therapeutic function of art: the healing that comes from making objects, perfecting craft, and reflecting upon the images as talismans who change the lives of those who are able to enter into relationships with them. *Faith in the Product* assumes that the image has a therapeutic purpose and offers medicine to those capable of being open to its remedies. This shift of authority from therapist to image threatens the control of the labeling mind that has until recently dominated the modern history of art therapy. Moon reintroduces art therapy to itself and suggests that closer attention to the deep streams of creation that run through our lives will help us realize ways of practicing art therapy that lie beyond our current imaginings.

Many professional art therapists distance themselves from art and

strive to become scientists. One-sided identification with science and the repression of the artistic persona produce a malady that Pat Allen (1992) calls the "clinification syndrome." She attributes the malady to a self-defeating inferiority, which can be distinguished from the soul-deepening sense of vulnerability and humility that characterize Moon's work. The suppression of art paradoxically makes a shadow of the profession's essence because it threatens the tightly constructed and controlled persona of the therapeutic technician. The primal and unpredictable forces of creation do not fit the guise of the "in-control" scientific clinician. This contrast accounts for the hostility that often characterizes the institutional art therapy response to the soulful expressions of therapists who identify with the artist archetype. Unfortunately, this aggression is also addressed by the images and results in the "imagicide" that Moon (1995) laments. Images and products are vital parts of the constellation forming the shadow complex of art therapy. If we art therapists do not make, love, and honor our own images, how can we do this for our clients? When will we see that our profession is an ancient and also new collaboration between art and therapy that presages a transformation of both?

My sense of the shadow aspect of art therapy is not a matter of good and bad qualities, and it affects everyone involved in the profession. Exploration of the shadow is a mature and deeply affirming gesture not to be confused with the oppositionalism and bickering that characterize efforts to exercise control and power over professional affairs. Moon is not concerned with regulating others or institutionalizing his experience. He simply strives to describe his experience and maintain the freedom to practice according to his personal vision of art and healing. Since Moon worked for many years as an artist within a medical environment with scientist colleagues, he demonstrates how respect for art does not require opposition to science. However, the power of his medicine comes from his primary identity as an artist who offers something pure and unique to the therapeutic milieu.

The shadow of art therapy can be imagined as the antithesis of the face our profession displays to the world, the qualities that we hide. Moon articulates how he became caught up in this repression of the artistic persona. As long as the dominant energy of a profession represses a vital part of itself, it is impossible for any of us to avoid collusion until we are ready to openly admit to discomfort.

Moon says that for over 20 years, he denied the ideas that he pres-

ents in this book. But the denial is not his alone. He carries, lives out, and liberates the collective experience of our profession. The angels and demons of creation are always a step ahead of the reflecting mind. Moon (1994) says, "I did not want to hear them, nor did I want to speak them aloud for fear of the repercussions" (p. ix). Just as the individual ego fights against its shadow, the collective ego of a profession guards against whatever it deems unacceptable to its persona. Whoever has the courage to expose and celebrate the repressed shadow can expect an uneven reception. It takes time for these internal inclinations to mature "from inaudible murmurs to clear voices" that Moon (1994, p. ix) offers our profession.

We know from depth psychology that repression of the essential desires of the soul will ultimately generate a primal release of energy. Throughout this book, I feel the continuous bursting of the creative essence of art therapy. There seems to be no end to the corrective medicine, and Moon models how the transformation of a profession can occur with the precision and discipline that is also associated with the artist's craft. The outburst of passion is paired with aesthetic sensitivity and the containment of media.

This book will inspire serious artists to become involved in art therapy, and it will help art therapy students become more demanding consumers who ask, "Where is the art in my training and practice?" The book will also encourage veteran art therapists to renew their vocations by living the process of art therapy, which will help us become more effective in reaching others.

Moon's writing is pervaded by compassion and reverence for the sacred medicine of art. He gives testimony, bears witness, and does not try to prove anything; by doing this, he makes the book especially convincing and useful. He offers a new paradigm for art therapy practice, a contagious faith based on personal experience as an artist and therapist. He is not compromised or sidetracked by trying to prove the unprovable. This book contains inspirations and meditations on the healing function of art in which the shaping of an artistic product is a metaphor for a corresponding crafting of soul. The therapeutic studio is presented as a sanctuary where "confessions, thanksgiving, and praises" are expressed through images, and where it is all witnessed by the therapist who acts as a caretaker of the environment in which art heals. People are vital contributors to this therapeutic ecology, but they step aside to let art do its work.

This homage for the sacred dimension of art therapy shows yet another shadow repressed by the scientist/clinician persona. Moon's affirmation of *faith* is perhaps more provocative than his assertion of art's healing function. He not only challenges secular boundaries of art and science, but also mixes the more explosive materials of sacred and profane. Where pre-Freudian society repressed sexuality, the post-Freudian therapeutic world has considered spiritual experience off-limits, thus increasing its shadow power. Moon, who earned a master of divinity degree at the same time that he was becoming an art therapist, has never compromised his vision of art as soul's medicine. I feel the pulse of the sacred *Imago* in this book like nothing else Moon has written. By describing the intimate details of how he interacts with his clients, Moon shares the ministerial function he was destined to serve and affirms his faith in the creative spirit.

The many examples of Moon's practice at Harding Hospital and other clinical settings are straightforward, and they show how the making of art will adapt to the person's needs and offer guidance, insight, and revitalization. Art is part of living, and Moon repeatedly shows how the creative process cultivates the soulfulness of existence. Love, as Moon suggests, has got everything "to do with it." This book portrays art therapy as an image of the beloved, which Moon carries within his soul. The reader who is able to open and become a client of art's medicine will be transformed, as will art therapy itself. This vision of art therapy is an expression of a love for the soul, a love for creation. It is an introduction to art therapy that the profession needs more than ever, a fresh perspective of what we are about that respectfully acknowledges what art has always been. This is what I love about Moon's work and this book.

SHAUN MCNIFF
Dean of Lesley University
Cambridge, Massachusetts

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PREFACE

I am never entirely sure where or when my ideas emerge; they just come to me. The ideas presented in this book have developed subtly, gently, and fiercely. They have grown over the past 35 years from inaudible murmurs to clear voices within. For a long time, I tried to ignore these voices, and I denied their existence and relationship to me. Neither did I want to hear them, nor did I want to speak them aloud for fear of the repercussions they might inspire. Alas, they would not leave me in peace. Gentle as they were, there was tenacity to them, reminiscent of a dog that will not let go of your pants leg until given attention. My author-cuffs are tattered but having at last written, and now revised, this book, I hope to move about more freely.

For over three decades, I have worked with people suffering emotional, behavioral, and mental maladies. Together we have written poetry, performed dramatic enactments, and made music, but it is in painting and drawing with them that I feel most at home. In this book, I refer often to the visual arts experiences of clients, colleagues, and students. I embrace and appreciate many forms of the creative arts, but I am most comfortable in the visual realm.

In 1994 when the first edition of this book was published, it was in many ways a continuation of my first two books, *Existential Art Therapy: The Canvas Mirror* and *Essentials of Art Therapy Training and Practice*. In those earlier works, I laid out a philosophical foundation upon which all of my clinical and teaching efforts were built, and explored critical elements of our profession. Now, in 2007 as I revisit, update, and add to this text, I am aware that this second edition is influenced by all the subsequent writing I have done as well as by those of many other authors in our profession; trends in health care in the United States; professional licensure and credentialing issues; and new movements in art.

In a deeper sense, however, this second edition of *Introduction to Art Therapy: Faith in the Product* precedes all of my other written works. The content of this effort is the metaphorical ground from which the others have grown. The title of this book expresses my desire to explore prominent themes and dilemmas in our profession. Significant questions of the field are addressed but not necessarily answered. Instead, I offer positions that have evolved over the years in the hopes that my discussions will encourage readers to embrace the processes of reflection and questioning.

When this book was initially published, the inclusion of the word *faith* in the subtitle was an expression of my belief that the efficacy of art therapy could not be validated through quantifiable research methods. The intervening years have shown that this is not necessarily the case, and remarkable research efforts have been made that confirm the healing benefits of art-making (Kapitan, 1998; Kaplan, 2000; Belkofer, 2003). I suspect that there will be an ever-increasing number of scientific studies supporting the medicinal value of art. McNiff's (1998) vision of art-based research has also eased my misgivings regarding art therapy research processes. Nevertheless, I continue to think that the heart and soul of the work of art therapists is beyond the scope of precise measurement, and I remain convinced that the greatest validation of art therapy comes in the form of anecdotal testimony from clients. Such evidence is conveyed best in creative narratives that are primarily artistic expressions. I also adhere to the belief that to practice art therapy, one must have faith in healing qualities of art processes and products.

The subtitle also accentuates the role of the *product* in my ideas regarding the work of art therapists. For far too long, the products–art objects–created in art therapy sessions were relegated to a subordinate position beneath process in our literature. In this text, I make an effort to attend to that injustice.

Introduction to Art Therapy: Faith in the Product begins and ends with reference to love. These bookends provide the parameters of the work, both in the context of the writing process and context of clinical art therapy endeavors. Love is the source that first called us into the profession: love of art and love for people. Love sustains us as the work proceeds. I can think of nothing I'd rather have said of me when I am dead than that I lived my life in a loving manner.

When I wrote the first version of this text, I was a full-time art ther-

apist working in a psychiatric hospital and a part-time art therapy educator. Now, I am a full-time educator and part-time clinician. Everything has changed, but ironically nothing's that different. When I was practicing in the hospital, I was intensely focused on clients' experiences and the things I learned from them. In those days, I was not concerned with academic issues related to literary form. One shift that will be evident to those who read the original and this second edition is that I have adopted the American Psychological Association format and cited other's works more appropriately this time to improve the scholarly quality of the book.

Another less evident shift is in the overall tone of the writing. As I look back at the original text, I sometimes wince at the stridency of the presentation. It seems I had an axe to grind then that I have since lost somewhere along the way. Either I've mellowed or grown wiser. Whichever the case, I am less convinced that my way is the right way. Rather, it is just my way, and to paraphrase the poet and theologian Rumi, there are countless ways to kiss the ground and many ways to practice art therapy.

In addition to the revisions of form that I have made to this book, I have included two new chapters. One offers brief summaries of a range of theoretical approaches to art therapy, and another introduces historical figures in the art therapy profession. These chapters evolved in response to feedback I've received from colleagues in art therapy education indicating their desire for a succinct, yet engaging, overview of these topics.

I hope that this book strikes you as a bit of a jigsaw puzzle. The work that art therapists do is mysterious, and it should neither be too easily described nor too readily understood. Should the reading become frustrating, I ask of you what I ask of clients: Trust me, have faith, and make some art. I hope the picture will be clearer when you have finished the book. Until then, I hope you will enjoy the reading and struggle with it.

BRUCE L. MOON
Milwaukee, Wisconsin

ACKNOWLEDGMENTS

I am in debt to many colleagues, teachers, and mentors who shaped my ideas about art therapy. Don Jones, ATR, HLM, laid the groundwork for my understanding of the healing power of art, and at varying stages of my career, he has served as my hero, supervisor, boss, collaborator, and friend. My approach to art therapy has been deeply influenced, both overtly and subtly, by many art therapy theorists. Among the most prominent of these are Pat Allen, Shaun McNiff, and Catherine Moon. Without these people, this book would not have been written.

I am grateful to many former students at the Harding Graduate Clinical Art Therapy Program, Marywood University, and Mount Mary College whose feedback helped shape this second edition. Their critical responses and constructive suggestions over a number of years were both insightful and encouraging.

I am also in debt to many clients with whom I have worked. Their emotional, behavioral, and artistic struggles have inspired and motivated me to write, and I hope this effort honors them.

I also want to express gratitude to Ling Olaes, an aspiring art therapist who edited the final work.

CONTENTS

ILLUSTRATIONS

INTRODUCTION TO ART THERAPY

Chapter 1

WHAT'S LOVE GOT TO DO WITH IT?

I often ask myself, why do I make art? As new students enter the graduate art therapy program at Mount Mary College, I ask them the same question, "Why do you make art?" Now I ask you, the reader, "Why do you make art?" Don't answer too quickly. I am not interested in the first answer that comes to mind. For art therapists, there is no more meaningful question to be asked; this question is a matter of philosophical bedrock. Our stability, our place in the therapy world, and our authenticity is anchored to our responses to this question.

How should I begin this book? Where should I start? Was this book's moment of conception some time on the morning of St. Patrick's Day 1967? Have the ensuing years been nothing less than an extended gestation period? Or did this book really begin to be written on an April afternoon in 1991 as I drove through a line of severe weather on my way to Macomb, Illinois, thinking only that I was going there to present a paper at an art therapy symposium? I had no inkling that my numb professional death walk was about to be exposed. Maybe this book began to be written when my mother died? I don't know. I don't know where to begin.

You know I've heard about people like me,
But I never made the connection,
We walk both sides of every street,
And find we've gone the wrong direction.

But there's no sense in looking back,
All roads lead to where we stand,
And I believe we'll walk them all,

No matter what we may have planned.
Don McLean, 1971

In 1967, I was a sophomore in high school in Sidney, Ohio. In those days, my life revolved around athletics and rock 'n' roll. I liked football and baseball, but lived and breathed basketball. On that particular morning of St. Patrick's Day, I was in gym class. We were being taught the basics of gymnastic apparatus, and I was attempting my first full flip off of the springboard. I didn't rotate completely and landed to the left of the safety mat, driving my left heel into the hardwood floor. The pain was instantaneous and blinding. I crushed my heel bone, ruptured my Achilles tendon, and essentially ended my participation in organized sports. For a few weeks after the injury, I was bedridden, and for the next 10 months, I was on crutches. I never again played on the basketball team, and my world view shattered. How could life revolve around that which was no longer possible? For the rest of my high school career, I was bothered by a slight limp, and since then, I have had to endure pain that comes and goes, and limitations that still remain (Figure 1).

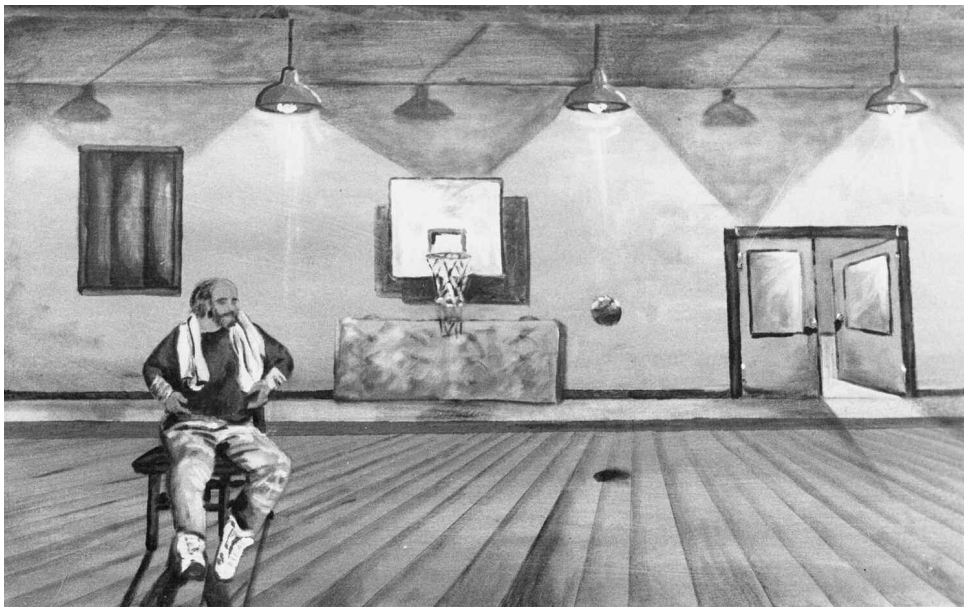

Figure 1. *Gym Ghosts*–Acrylic on canvas.

I entered a deep adolescent malaise. Then my friend, Cliff (my first sort of art therapist), came to my rescue. Intuitively sensing the struggle I could not put into words, Cliff began to visit me at home after school. He had the reputation as the best artist at Sidney High School, and I was regarded as a solid guitarist. Cliff offered me a deal. "Bruce," he said, "I'll teach you to draw if you teach me to play guitar." I was desperate for company and consolation, and so our covenant was made. Every day after school, Cliff would come to my house, and for an hour or so, he would instruct me in the proper use of #2 lead pencils. For the second hour, I would teach him bar chords and lead riffs. In those dark hours of my young life, the arts brought me light, comfort, and meaning–and I survived (Figure 2).

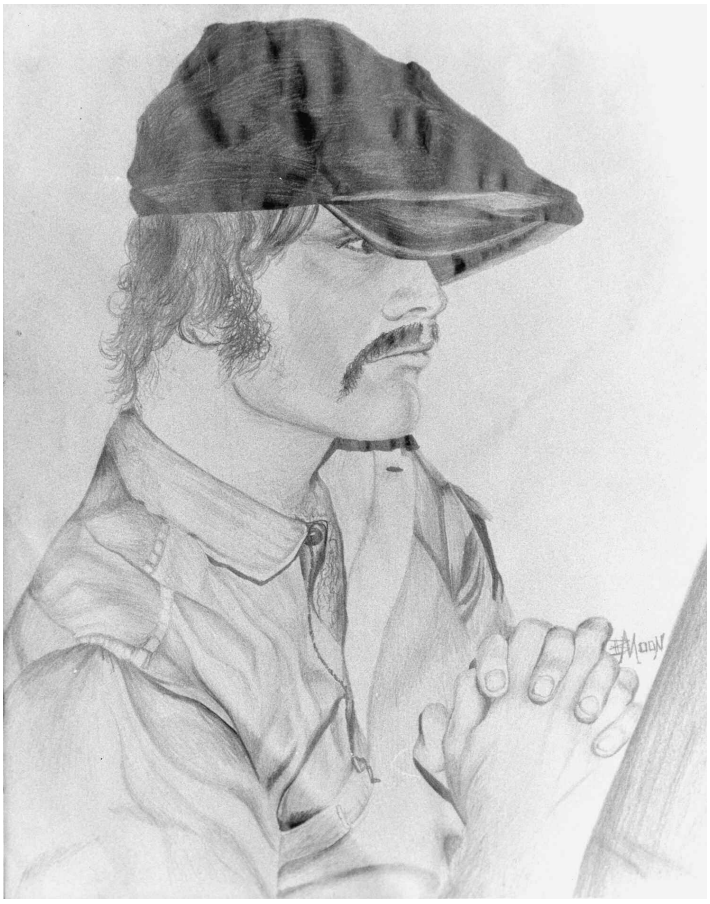

Figure 2. *I Survived*–#2 pencil.

In the fall of 1990, Cain, an art therapist and faculty member of Western Illinois University, invited me to present an excerpt from my book *Existential Art Therapy: The Canvas Mirror* at a symposium that she was coordinating. As I drove 1-70 across Ohio and Indiana, a line of tornadoes swirled just 20 miles south. It was quite a drive.

Over the previous two years, I had gradually assumed more and more administrative and supervisory responsibilities at the psychiatric hospital where I was working. In fact, my actual time with clients had been reduced to little more than one hour per day, and I had no studio art in my schedule at all. In place of clinical art therapy hours were program-planning meetings, budget meetings, supervision sessions, and a variety of committee meetings. The '90s were a difficult time for health care in the United States, and my non-client-contact days were filled with stress and conflict, both overt and covert. Against that backdrop, driving through tornadoes seemed like a perfectly normal thing to do. Looking back on that difficult period of my professional life, I think I had made myself numb so that I could just go through the motions.

Perhaps it was because I had no big expectations for the symposium. I was just going to present, try to relax, and enjoy myself. I was caught off guard when the keynote speaker, Whyte, began his address. With a deep resonating voice, he opened with this poem:

Waking

Get up from your bed
go out from your house,
follow the path you know so well,
so well that you see nothing
and hear nothing
unless something can cry loudly to you,
and for you it seems
even then
no cry is louder than yours
and in your own darkness
cries have gone unheard
as long as you can remember.

These are hard paths we tread
but they are green

and lined with leaf mould
and we must love their contours
as we love the body branching
with its veins and tunnels of dark earth.

I know that sometimes
your body is hard like a stone
on a path that storms break over,
embedded deeply
into that something that you think is you,
and you will not move
while the voice all around
tears the air
and fills the sky with jagged light.

But sometimes unawares
those sounds seem to descend
as if kneeling down into you
and you listen strangely caught
as the terrible voice moving closer
halts,
and in the silence now arriving
whispers

Get up, I depend
on you utterly.
Everything you need
you had
the moment before
you were born.

David Whyte, 1990, pp. 36–37

It is hard to describe, but the instant that he finished his recitation, something broke loose within me. I felt as if I'd been awakened from a long numbing sleep. On the 10-hour drive back to my home, I had two recurrent thoughts: I must paint, and I have to get out of the administrative world that has ensnared me.

Art, the common thread in these life stories, has caused me to think about the art therapy profession and what it means to be an art thera-

pist. These experiences have made me question what drives our discipline. As part of my own life-review process, I have questioned my motivations, the inner push, and the energy that being an art therapist demands. How do we do it? How do we rise from our beds each morning and make our way to work, knowing that our hearts will be shattered as we watch a four-year-old boy scribble out the pain of his father's belt; knowing that our souls will be battered as we witness acrylic blood streaming down the canvas as a young woman portrays the nightmare that lives within her; and knowing that our sense of security will be tattered as a 70-year-old stroke victim offers images of what may wait for us in the future?

What is the source? How do adolescents survive life-altering injuries? How do administrators maintain their sanity amid insane health care systems? How do art therapists endure?

> *Everything you need*
> *you had*
> *the moment before*
> *you were born.*
>
> David Whyte, 1990, p. 37

I believe that our source as art therapists is love. I feel a bit uneasy writing this because I know it sounds unsophisticated; still, this is what I believe. I have read graduate art therapy program catalogues from many colleges and universities, and I have scanned the tables of contents of many art therapy texts. I have reviewed the *Ethical Principles for Art Therapists,* and I've attended almost every American Art Therapy Association (AATA) national conference since 1975, but I have failed to find any direct mention of, or even veiled reference to, love. Yet I affirm that love is the force that motivates us art therapists to do the work that we do. I contend that it is love that first attracts students into the art therapy profession because making art is an act of love.

Of course, any attempt to explore this idea is an exercise in discussing things that are immeasurable, illogical, and mysterious. No scientific study will validate my assertions about the centrality of love in art therapy. No legislative body can mandate their truth or falsehood. No form of credentialing or certification testing can measure the reliability of this premise. Nevertheless, I think that an attempt must be

made to grapple with this force for it is the foundation upon which many therapeutic structures are built. Making art is an act of love.

Throughout the history of the arts, innumerable paintings, poems, plays, songs, and dances have been created solely to describe or express love. If you listened to popular music on the radio for an hour, you probably would hear the word *love* hundreds of times. These modern day expressions range from the romantic to the raunchy, from the divine to the profane. But with few exceptions, historic works of art and current top 40 hits alike capture only partial facets of love.

Plato and the early Greek philosophers conceptualized three subcategories of love: *agape,* divine love; *philia,* strong attraction; and *eros,* erotic, sexual love. While this triadic tradition deserves intellectual respect, it will not suffice for the purposes in this text.

Pertaining to art therapy, I offer another definition of love: the will to attend to the self and to others. The inclusion of the word *will* signifies an explicit integration of intent and action. In my experience with activity-oriented therapy modalities, I subscribe to the adage that actions speak louder than words. That love is an *act* of will suggests that it is less an emotion or feeling, and more a manner of behaving. It is not enough to simply want to be loving or feel loved. Love must be expressed through actions toward others and oneself. *Will* also denotes that such actions are done out of free choice. To attend to another is an act of volition. We do not have to love, and we cannot be forced to love. However, we can choose to act out of love.

Implied in this definition, the will to attend to self and others is a quality of interactive reciprocity. I believe you cannot genuinely attend to another if you are not attentive to yourself. In the art therapy studio, this principle is enacted through the interactions of clients with their artworks; art therapists and their artworks; and clients and art therapists with one another. Being with the images and artworks of clients enhances my capacity to attend to my own creations. Likewise, familiarity with my artwork deepens my sensitivity to client imagery. The same is true of human interactions: The more comfortable I am with my interior world of demons and angels, the more comfortable I am in the company of clients' dragons and knights in shining armor. Through the reciprocal interaction of artworks and persons, a circular artistic process of loving is created.

Although loving is an act of will and choice, the force itself lacks goal and purpose. We love for the sake of loving. We attend to anoth-

er for the sake of attending. We make art for the sake of making art. Such love does not increase in personal or professional power or prestige. Instead of material gain, it brings only itself, and that is the most mysterious aspect of love.

Clients come to therapy bearing their psychological scars, often remnants of physical, sexual, or emotional abuse. Persons who should have been safe supporters have often victimized the people who come to art therapists for help. Clients come hungry for attention, desperate for the soothing balm of love. Those who should have loved them have hurt them. Our clients long to be understood and held, and yet they are frightened, guarded, and defended from the curative effects of being loved.

The creation of art is an act of love. As the artist dips a brush into acrylics and moves pigment to an empty canvas, an image begins its journey from deep within to without. Lines form, shapes emerge, hues color, and an image is born. This is a process of attending to the soul, so subtle and profoundly moving that it resists verbal description. Only the artist can experience the full meaning of the unfolding event. The task of an art therapist is to attend, to serve as midwife to the birth of the artwork. This provides the client/artist with a restorative, healing milieu, which I define as love.

The artist establishes parameters of love through the performance of creative endeavors. The artist acts out of love during creation. The art therapist, through acceptance, praise, or confrontation, also acts out love by seriously engaging with and attending to the artwork and the client/artist. The mystery of this creative interaction among artist, image, and therapist is that such love is neither earned nor imposed. Creation and attending are acts of grace. They cannot be forced, and they are not deserved; they simply are.

The mystery is felt as the artist steps away from the canvas for a different perspective on the work. It is sensed as others pause in passing to absorb the meaning of the creation. The mystery is felt as the artist signs the work, knowing that the signature does more than denote, "I did this." Rather, it proclaims, "I am this!"

Being attended to sharpens one's ability to value self and others. Both the lover and the loved one see the world with new eyes. According to Frankl (1969), love does not make us blind; it lets us see. All actions and images are enhanced and given meaning through love. From meaning comes the motivation to create again. From creation

comes meaning, which drives motivation and inspires more creations, and so on and so forth.

Fromm (1956) suggests that for love to exist, five human elements must be present: discipline, focus, patience, mastery, and faith. I believe that all of these must be present in the practice of art therapy because the relationship between art, art therapy, and love is tied to the presence of discipline, focus, patience, mastery, and faith.

Engaging in any art process requires discipline. We can never truly be good at anything if our efforts are undisciplined. This implies practice, repetition, and struggle. I have led art therapy supervision groups in which I ask participants to work with the same art piece over several months. Students and seasoned therapists alike often find this task difficult. They lament that it would be easier to work on several images rather than stay with the same one for an extended period. I typically redirect them to their work by saying: "There is always more that can be done. There is always a deeper level that the work can take you to." I do not take their struggles lightly, however. I know that it requires discipline to stick with the work, especially when it is not going well or when it seems like there's nothing left to do. Of course, I know that this is difficult. Still, my insistence that supervisees keep working with the same image sets the stage for all that follows.

Anything that we attempt to do, if we only do it when we are in the mood or feel like it, may be amusing; it may pass the time, but it will never be art. This presents difficulty in our culture, which has lost its aptitude for self-discipline. Compounding the problem, discipline must pervade the artist's entire existence; thus, it is not enough to apply order to isolated tasks like learning to paint. Discipline needs to be an ingrained attribute of the whole person.

Our culture deifies relaxation, time off, and time away from the rigors of disciplined, routine work. We have drifted toward being a society that lacks self-discipline. This deficiency can be seen in a host of sociological phenomena, including drug and alcohol abuse, domestic violence, dysfunctional families, and the divorce rate. Without self-discipline, life is random and chaotic, what Frankl (1969) describes as the "existential vacuum":

> The existential vacuum manifests itself mainly in a state of boredom. Now we can understand Schopenhauer when he said that mankind was apparently doomed to vacillate eternally between the two extremes of

> distress and boredom. In actual fact, boredom is now causing, and certainly bringing to psychiatrists, more problems to solve than distress. (p. 129)

In the art therapy studios where I have worked, art therapists set the tone for disciplined engagement with the arts in many subtle ways. Perhaps easiest to describe is my approach to painting. I do not like to use pre-stretched, pre-gessoed, or factory-constructed canvases. From my first encounter with clients, I encourage an authentic and active engagement with materials and processes. I begin the therapeutic journey by teaching the client to use a miter saw to cut stretchers from 2 x 2s and construct the frame. Then I help them measure, cut, stretch, and staple their canvas. Applying gesso correctly is the final step in preparing to paint. This approach establishes a mode of authentic engagement with materials, tools, and procedures that become invaluable to clients as they struggle with creative expression. Additionally, this struggle is a metaphor for the intense self-discipline that clients may apply to the rigors of psychotherapy. If clients are to find or make meaning out of the chaos of life, it is critical that they exert control. Without discipline, there can be no art or love, and there will be no focus.

The ability to focus, what Fromm (1956) describes as *concentration,* is essential for true engagement in art. Anyone who has ever tried to learn to play the guitar, taken a ballet lesson, grappled with watercolors, or attempted to master digital video-editing techniques knows that concentration is critical. Yet, even more than discipline, focus is needed. So many things go on all at once. In a 20-minute drive to work, one can simultaneously listen to the radio, talk on a cell phone, eat an Egg McMuffin, and think about the day ahead and the ball game that will be on TV that night. Our culture might best be described as a monstrous, open-mouthed consumer. We have grown used to the visual stimulation popularized in the television series, "Miami Vice," in which no scene remained constant on the screen for more than a few seconds. This visual style was further refined by MTV and music videos. Political campaigns use fleeting visual images mixed with sound bytes to create impressions of candidates that offer little more than glimpses, slogans, and visual sensations.

To be still, without talking, listening, drinking, or doing something, is nearly impossible for many people. If there is no focus, there will be

no art. In the art therapy studio, the art therapist monitors the atmosphere of the milieu to shape an atmosphere conducive to artistic focus. Sometimes therapist interventions are necessary to maintain a healthy, disciplined, and focused studio; however, the milieu should not be overly regimented or constrictive for that would impede spontaneity and creativity. An example of such monitoring is found in my work with adolescent clients in which one environmental element that often requires attention is the use of music.

Music is an integral cultural phenomenon for adolescents. At times, the stereo provides an invaluable point of connection between therapist and client. As McNiff (1989) notes, rock 'n' roll music has a primitive and powerful rhythm that stirs our inner creative forces. Music can set the tone for the studio in both positive and negative ways. Sometimes a song lyric or details of a musician's life provides the art therapist and client with a common place to initiate dialogue and establish a relationship. In other instances, adolescents may express resistance by turning the volume up so high that conversation is difficult, or by plugging themselves into an i-Pod and effectively isolating themselves from others in the studio. At other times, particular songs may be considered inappropriate for a treatment setting because of the violent or antisocial nature of their lyrics. Although I advocate freedom of expression, I still occasionally censor elements in the art therapy studio. As an art therapist, one of my crucial responsibilities is the maintenance of a safe and predictable therapeutic milieu. Music and other environmental elements can be health-promoting, or they can be detrimental to the overall tenor of the atmosphere.

There is no universally applicable recipe for maintaining a positive therapeutic milieu that promotes artistic focus, but art therapists should attend to all facets of the studio. Art therapists must continually assess whether or not the studio is safe, predictable, and devoted to art-making in the service of relationship-building. If the milieu is not safe, predictable, and artistically infectious, clients will find it hard to focus. If there is no focus, there can be no love or art.

Concentration requires patience. If you have ever tried to work with clay on a potter's wheel, you know that nothing is achieved without patience. Learning to throw on the wheel takes time and practice. It takes time to wedge clay properly to remove all of the air bubbles so that pieces will not explode during firing. It takes time to master the process of centering the clay on the wheel. When the clay is finally

centered, one must patiently try, try, and try again to insert the thumbs properly to open the clay. It takes time to perfect pulling the clay upward. If one attempts to hurry or take shortcuts through any of these steps, the end result will be failure.

For many people, working patiently is as difficult as maintaining discipline and concentration. In western society, life fosters and rewards quick results. Nowhere is this phenomenon more apparent than in the popularity and use of laptop computers and PDAs. Research and calculations that would have taken hours to complete years ago are now made in fractions of seconds. GPS systems tell us were we are and how to get where we want to be, and Google is so popular that it is now an officially accepted verb in the English language. However, speed is not of the essence when it comes to art-making and love. In fact, doing things quickly may be the antithesis of doing them skillfully.

One of the most challenging tasks I have encountered in my work with clients is helping them slow down. Art processes provide a compelling action metaphor for this aspect of a client's treatment. Some aspects of artistic processes simply cannot be hurried. For example, raw canvas must be gessoed. Adolescent clients have often expressed frustration with this aspect of their work in the art therapy studio. I try never to miss these opportunities to comment on the nature of the arts, therapy, and life itself. I respond to the impatient client: "Well, you're going to have to let the gesso dry for the rest of this session. Why don't you use the time to think about what you are going to paint, or you might want to make some initial sketches to plan your painting."

Client: But I want to paint today.
Bruce: I understand, but some things just take time. You can't hurry this, or you'll make a mess of things.
Client: Can't I get started as soon as the gesso is mostly dry?
Bruce: No, you really have to wait until it's completely dry. That way, the canvas will be entirely sealed so it holds the paint better.
Client: But I really thought I'd get to start painting today. I don't want to think about it anymore, and I don't like to sketch. I want to paint.
Bruce: You know, I think the Rolling Stones (Jagger & Richards, 1969) said it best: "You can't always get what you want." Sometimes it is important to take your time and be patient.
Client: I don't like being patient. I want what I want when I want it.

Bruce: It doesn't work that way in art. You have to cooperate with the materials and procedures. That's sort of like life, you know!
Client: This is boring.
Bruce: Do you know where boredom comes from?
Client: What are you talking about?
Bruce: You said you are bored. I believe boredom comes from an absence of quality relationships. If you have good relationships in your life, no matter where you are or what you are doing, you are never bored. On the other hand, if you don't have quality relationships, you could be at Disney World and be bored. Do you see what I mean?
Client: What's that got to do with art?
Bruce: Good relationships take time to grow. You have to be patient with them, and they can't be hurried. It's the same with making art. You can't make the gesso dry any faster than it will. You have to be patient.

The goal of mastery is perhaps the most controversial for art therapists. Fromm (1956) asserts that the artist must be ultimately concerned with mastery of a task. If the art, therapy, and loving are not of concern, the novice can never really learn their intricacies. One may be a dabbler or hobbyist, but never the master of the art. When working with paint, for instance, I regard it as important that my students and clients learn to shade, dry-brush, layer, and wash. This way, they experience themselves as being capable of stopping, rethinking, and struggling with the painting process.

The element of mastery is contentious for art therapists because much of the literature of the profession argues that process is most important in the therapeutic use of art. In contrast, the products (finished artworks) that result from the therapeutic process receive significantly less attention in our literature. Because of this emphasis on process over product, the role of procedural mastery and aesthetic quality has been downplayed in art therapy. I am convinced that the tendency to accentuate process and overlook product has been unwise, and art therapy literature (Henley, 1992; C. H. Moon, 2002) has begun to address this issue. C. H. Moon's (2002) concept of "relational aesthetics" has been particularly helpful: She argues for an aesthetic characterized by "concern for the capacity of art to promote healthy interactions within and among people and the created world" (p. 140).

The tendency of art therapy literature to emphasize process over product represents, on one hand, the capacity of art that is made freely and without concern for aesthetic quality to express feelings and ideas that might be inhibited by formal artistic considerations. On the other hand, it may represent a fear about artistic competency. Historically, the art therapy community may have suffered from an unconscious product phobia, or perhaps this is the result of living in a culture that does not seem to value the arts processes or products. Regardless of the etiology of our hesitancy to address the artistic proficiency and aesthetic considerations that are implied in mastery, I believe this is essential to our profession.

The assertion that mastery and aesthetic sensibilities are essential to the art therapy profession has often stimulated heated discussion in workshops I have facilitated at conferences and academic settings throughout the United States. Those who complain about this contention argue that they do not consider themselves artists. I am never sure how to respond to these complaints. On one level, I do not understand why someone would enter the art therapy profession without feeling some measure of proficiency as an artist of some kind. Implicit in the decision to become an art therapist is a love for art processes and products. I also wonder if complaints about my position that art therapists must be artists and ought to manifest some form of mastery of media are born of misguided understandings of what it means to be an artist. My response to these complaints is always the same: "There is no magic that determines that one person is an artist and another is not. The only genuine route to mastery is practice."

My son Jesse has always loved basketball. Throughout his life, he has worked hard to become good at the game. He shoots well and has developed his skills in all aspects of the game. This is no accident; he has spent countless hours practicing. I will never forget when he tried out for the seventh grade basketball team and did not make the final roster. I was out of town the night that he was cut, and when I called home to see how the tryouts had gone, he cried on the phone. I ached for him. But by the time I got home two days later, he was back outside at our hoop practicing again, working toward next year's tryouts. Several years later, as a senior in high school, he was one of the captains of the team and, at the end of the season, was given the coach's most valuable player award. Jesse understands the nature of artistry, mastery, and practice.

In our culture, we have divided ideas about art. On one hand, we build elaborate multi-million dollar shrines (museums) to art. On the other hand, arts programs are often the first to be cut when school systems face budgetary problems. While some artworks are revered and deified, others are reviled and trivialized. An unfinished sketch by Picasso bears a high price tag, while a fully developed painting by an anonymous art student is auctioned off at a starving artist's sale for peanuts. Go figure.

What does it mean to be an artist? Can anyone be an artist? Artists are sometimes viewed as an exclusive club. This may be why so many of my clients have told me that they are not really artists. They have been told that the artist club is exclusive, and they do not belong. Even some art therapists I know have trouble calling themselves artists. There has been a sense of elitism in the art world that divides us into art producers and art consumers. When I was little, my mom never told me that she hoped I'd become an artist when I grew up. You just don't wish for things like that.

One of my earliest encounters with the therapeutic use of art came when I was young. My mother insisted that I go to church with her every Sunday morning. The pews were so hard, people sat so still, the sanctuary was always too hot, I hated my little bow tie, and the minister's sermons were unbearably long. As little boys do, I fidgeted and squirmed. My mother would hand me the church bulletin and whisper between clenched teeth, "Draw." So really, my mother introduced me to art therapy when I was three or four years old, and being an artist helped me survive the weekly torture of church.

Unfortunately, many people have lost touch with the ability to struggle. I have, for example, met some art therapists who lament that they cannot paint. I mourn the fact that they do not struggle with or practice painting. Rather, they give in to the frustration of failed efforts and avoid the pain of future disappointment by ceasing the activity. There are few things that are truly valuable in life that come conveniently. I encourage art therapists to reclaim their identity as artists who are ultimately concerned with both process and product in whatever media they choose to employ.

Each of these four elements, discipline, focus, patience, and mastery, depend upon faith. The practices of art, art therapy, and love demand faith. By this I mean that we must have faith in the goodness of life, the arts, others, and ourselves. Fromm (1956) suggests that only people

who have faith in themselves are able to be faithful to and trustworthy of others. I would add that only art therapists who have faith in their own art processes and products are able to have faith in those of their clients. Without faith in the power of images and artworks to heal, we have no reason to be in the art therapy profession. This is why I am so disturbed when I hear colleagues bemoan the fact that they never make art for their own sake. They complain that there is just too little time, and that they are too busy, too tired, or too something else.

At every stage of my life, at least since St. Patrick's Day 1967, art has comforted me when I was in pain and afflicted me when I was too comfortable. Simple #2 lead pencil drawings helped me survive the life shattering injury to my left foot. The words of a poet awakened me from a numb administrative death walk, and when I returned from the symposium at Western Illinois University, I renegotiated my work schedule so that my clinical contact with clients was quadrupled. Not long after that, one of my paintings forecast my mother's death (B. L. Moon, 1992, pp. 159–163). That painting (Figure 3) prepared and strengthened me, as I became no one's son.

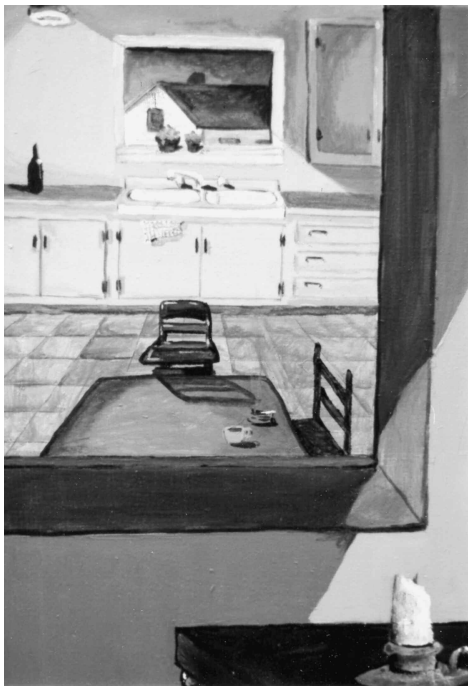

Figure 3. *No One's Son*–Acrylic on canvas.

Every little boy must have someone to look up to: a man who by his very being shows the boy what it means to be a man. In the best of situations, this initiation is done between fathers and sons. My father died when I was 18 months old. In his place, in my eyes, stepped my oldest sister's husband Marvin. As I grew up, Marvin was always important to me. He was big, strong, and fearless. Throughout most of my life, whenever I was in Marvin's presence, I felt special. I remember when I was young, he took me to a circus and put me on his shoulders because I was afraid of the elephants. I knew that no elephant could hurt me up there. I also remember him taking me to the train store and letting me pick out two accessories for my Lionel Train. He played football, built houses, and helped me build soapbox derby cars. Marvin took me fishing and taught me to hunt. One memorable afternoon in 1962, he explained how men and women make love. He was always there for me, doing things that fathers do.

In the time that I was growing up, Marvin built two houses for his family. I have vivid memories of these. The first one was constructed when I was four or five years old, but I remember carrying pieces of wood, sweeping up, and doing whatever I could to please him. I recall how badly his words stung as he nicknamed me "Lightning" because I wasn't moving as quickly as he wished.

By the time he was building the second house, I was a teenager. He gave me my first real paying summer job, helping him build that house. What a summer that was! I drank my first beer one hot July afternoon. The other men on the job told their off-color jokes as if I were just one of the guys, not just a kid anymore. Marvin was always larger than life to me.

In 1987, my wife Catherine and I built a house together. I nearly burst with pride when Marvin showed up on the first day of construction and praised the work I'd done on the main support beam. I have a photograph of him and me placing the last log at the peak of the roof (Figure 4). He was there as always.

Not long after we finished the house, Marvin was diagnosed with leukemia. Many medications were tried, but he continued to weaken. Blood transfusions helped, but the intervals between them continued to shrink. He faded, withered before my eyes, and finally died. We will build no more houses together. What can be done? How can I bear this life as it is? I must paint, and I must love.

Why do I make art? Why do you make art? I have no choice.

Figure 4. *The Last Log*–Photograph by Catherine Moon.

What's love got to do with it? Everything. I mean everything. Have faith (Figures 5 & 6).

Figure 5. *Building the House*–Acrylic on canvas.

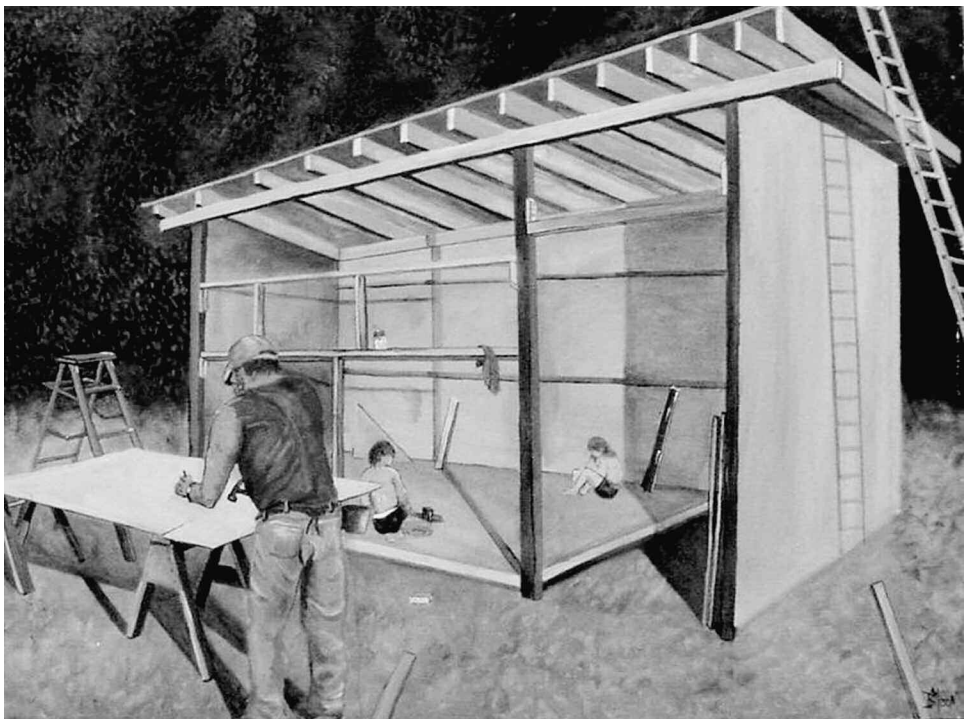

Figure 6. *Building the House*–Acrylic on canvas.

Chapter 2

AN OVERVIEW OF ART THERAPY: THEORIES AND HISTORY

Just as there is a multitude of media options available to art therapists, there are many theoretical orientations upon which to base our work. Rubin (1999) notes, "There have always been as many different approaches as there are art therapists" (p. 157). Art therapists tend to anchor their work in one or more of these theoretical frameworks. This chapter offers a short summary of the main schools of thought that have been incorporated into art therapy theory. It would be impossible in this context to fully describe the impact that these diverse theoretical orientations have had on various art therapy techniques. The purpose of this chapter is to provide an overview of the basic tenets of these schools of thought and summarize some of the ways that art therapy theorists have integrated these ideas into the practice art therapy.

The Art Psychotherapy–Art as Therapy Spectrum

In the broadest sense, the history of the art therapy discipline has been marked by a philosophic and theoretical spectrum between *art psychotherapy* and *art as therapy* approaches (Wadeson, Landgarten, McNiff, Free, & Levy, 1977). Lusebrink (1990) writes: "At one end of the art therapy spectrum is the use of visual media with focus on the product and artistic aspects. At the other end is emphasis on process, verbal free association to the images rendered and insight" (p. 10). In *Art Psychotherapy,* Wadeson (1980) states: "The field [art therapy] is a broad one with much variety among the approaches of different practitioners. Some place emphasis on the art, some on the therapy. . . .

Some art therapists consider themselves psychotherapists using art expression as a therapeutic modality" (p. xi). Between the two poles of the art therapy continuum are a number of theoretical subcategories.

Practitioners who use an art psychotherapy approach typically emphasize the process of expression and the client's verbalizations about the visual product. The development of psychological insight is the prime objective in this approach; thus, the artwork is seen as a means to an end with the end being verbal expression. Practitioners who use an art-as-therapy approach assert that the process of creating is itself therapeutic. According to Kramer (1971, 1993), the art therapist establishes the conditions for nurturance and support of the creative process by maintaining the studio space, and offering technical advice and emotional support. In this approach, the art therapist may serve as an artistic role model and teacher, and client verbalization and insight are not emphasized. In practice, most art therapists would describe their approach to clinical work as falling somewhere in between the art psychotherapy and art-as-therapy theoretical poles; of course, this may vary for a given therapist based on the specific client and site. Many art therapists would describe their style as a blend of several theoretical orientations. Despite the realities of pragmatic eclecticism, and for the sake of clarity in this overview of theoretical positions, I will discuss some of the most prominent art therapy theoretical approaches.

Art Psychotherapy Approaches

Throughout its history in the United States, art therapy has been rooted in two worlds: art and psychology. According to Vick (2003), "Art therapy is a hybrid discipline based primarily on the fields of art and psychology, drawing characteristics from each parent to evolve a unique new entity" (p. 5). The psychological root of art therapy grew out of psychoanalytic and psychodynamic theory. Rubin (1999) notes "Psychoanalysis is only one of many ways of trying to understand how and why people function as they do. But it is the oldest and most elaborate among modern therapeutic approaches, and has influenced all of the others, which are either modifications of or reactions to it" (p. 158).

Psychoanalytic Art Therapy

Freud is the most prominent of the early psychodynamic theoreti-

cians. He is the father of psychoanalysis, and his therapeutic theories are based on understanding the powerful dynamics that shape the inner life of the client. Freud describes a model of the mind that includes three levels of consciousness, from the deepest and least accessible through the level of greatest awareness. These three levels of awareness are: unconscious, preconscious, and conscious. In addition, he postulates three divisions of the mind: the *id,* which comprises instinctual drives that are primarily sexual and aggressive; the *ego,* the negotiating aspect of the mind that attempts to find compromises between the impulses of the id and limitations of the *superego;* and the superego, a person's conscience or moral code.

Art therapists who work from a Freudian perspective generally view the impulse to make art as an expression of id energy. The approach used by Naumburg (1966), one of the earliest pioneers of art therapy in the United States, emphasizes the importance of free association in relation to spontaneous imagery to bring unconscious forces into conscious awareness and stimulate insight. Thus, Naumburg's approach was deeply indebted to Freud's psychoanalytic concepts. Kramer (1971/1993), another early art therapy theorist, emphasized the role of art-making in sublimation. Stated simply, sublimation is a process by which the ego transforms destructive energy into socially productive outcomes.

Art therapists working from a psychoanalytic perspective have two primary goals. First, they use spontaneous art processes and imagery to help clients free associate to uncover unconscious internalized conflicts that are the source of problems. Second, through the emotionally-charged transference relationship between client and therapist, they help clients understand the meaning of problematic behaviors in terms of previously unconscious dynamics. Both of these goals rely upon verbal interaction between client and therapist with art used to stimulate and focus therapeutic discussion.

Jung was a colleague of Freud who was influenced by psychoanalytic theories; however, Jung broke with Freud's teachings and founded analytical depth psychology. Jung hypothesizes that all people share a *collective unconscious,* and that certain universal archetypes are common to all cultures. In Jungian psychology, an archetype is an inherited memory represented in the mind by a universal symbol that

can be observed in dreams and myths. Jung found support for his ideas in the similarities he observed in artistic traditions throughout the world.

Both Freudian and Jungian theories have been integrated into the practice of art therapy. Still, the theoretical rift between Freud and Jung that led to the development of separate approaches to therapy has also impacted art therapists. This can be seen in their divergent ideas about the functions of symbolism: Freud emphasizes the capacity of symbols to express the unconscious sexual and aggressive forces of the id in fantasies and feelings, whereas Jung accentuates the ability of symbols to unveil hidden ideas and universal truths. Thus, Freudian theorists tend to regard artistic imagery as a sort of psychological riddle and thereby approach imagery with a deductive perspective. Moon (1995) coined the term *imagicide* to describe that phenomenon. On one hand, art therapists working from this theoretical base are likely to view artworks as expressions of pathology. Jungian theorists, in contrast, tend to revere artistic imagery as both psychologically and culturally significant. Jung promotes using visual imagery along with movement and drama in a technique he calls *active imagination,* which is a creative way of intensifying and expressing ideas and feelings in therapy. Hence, Jungian art therapists are likely to encourage art activity as an expression of pathos.

Other strains of psychodynamic theory that have made their way into art therapy include Robbins' (1987, 2001) incorporation of object relations theory that stresses the role of art in containing and organizing phenomena; Lachman-Chapin's (1994) integration of self psychology; and Levick's (1983, 1986) emphasis on children's artworks as expressions of defense mechanisms.

Approaches Based in Humanism

In response to the emphasis that psychoanalytic theorists placed on clients' unseen dynamics, unconscious motivations, inner conflicts, and past experiences, another major branch of therapeutic approaches emerged under the umbrella of humanism. Humanism is a system of thought based on the values, characteristics, and behaviors believed to be best in human beings. Humanistic approaches to therapy are concerned with the needs, well-being, and interests of the individual client in the present. A hallmark of humanistic psychology is a model

of change based in a wellness concept that sharply contrasts the medical model of pathology.

Maslow (1968, 1975), Rogers (1951, 1961), Adler (1958), Perls (1969), Frankl (1969), May (1975), Moustakas (1994), and Yalom (2005) are humanistic theorists who developed approaches to therapy that have been incorporated into art therapy practice. These theorists broke new ground by de-emphasizing the authority of the therapist and accentuating the inherent worth, dignity, and capacity for self-direction in clients.

Maslow (1968, 1975) developed transpersonal psychology, which deals with the best and highest potential in human nature. Transpersonal psychology emphasizes interpersonal connection, love, affection, and respect for others, and embraces the notion that longing for spiritual connection is essential to human development. Art therapists influenced by Maslow emphasize the capacity of art-making to foster psychological growth, self-actualization, and art activity as a form of spiritual contemplation and meditation. In transpersonal art therapy, artistic expression is seen as a way to explore not only the self, but also that which is beyond the self.

Art therapists who work from Rogers' (1951, 1961) person-centered approach use art processes to empower clients' capacities for growth and autonomy (Silverstone, 1997). To facilitate this, the art therapist strives to encounter the client with genuineness and authenticity; foster unconditional positive regard for the client; and develop an accurate empathic understanding of the client's subjective world. Rogerian art therapists endeavor to help clients realize that they have the capacity to help themselves. Art therapists encourage clients to express feelings without suggesting methods of change.

Adler, another colleague of Freud, began the individual psychology movement. His approach to therapy is notably integrated into the art therapy graduate education program at the Adler School of Professional Psychology in Chicago. Art therapists working from an Adlerian approach encourage clients to overcome feelings of insecurity and develop feelings of connectedness to others. The primary goals of Adlerian art therapy are to exchange clients' unrealistic needs for self-protection, self-enhancement, and self-indulgence with courageous social connectedness and social contribution.

Perls and his wife, Laura, developed gestalt therapy, an approach based on the premise that people must be understood in the context

of their relationship with the world in which they live. "Gestalt therapy is lively and promotes direct experiencing rather than the abstractness of talking about situations" (Corey, 2005, p. 192). Rhyne (1973) integrates Perls' ideas into art therapy by emphasizing art experiences that focus clients' awareness and senses in the here-and-now. In addition to helping clients overcome dysfunctional symptoms, gestalt art therapists aim to enable clients to live more fully and creatively in the present. Clients are encouraged to experience their feelings and behaviors and perceive the self as a whole, a totality of many parts that together make up their reality.

Erickson's approach to strategic therapy with metaphoric communication and paradoxical interventions (as cited in Haley, 1973) has influenced the work of many art therapists (Jones, 1980; Mills & Crowley, 1986; B. L. Moon, 2007). Jones, an early American pioneer of art therapy, relies heavily on the magical power of metaphor to gently lead clients toward deeper understandings of their lives through guided imagery art experiences. In *The Role of Metaphor in Art Therapy: Theory, Method, and Experience,* I (B. L. Moon, 2007) identify seven advantages to using visual, aural, kinetic, and milieu metaphors in art therapy, including: (1) the stimulation that comes from visual artworks; (2) the less confrontational and psychologically threatening nature of indirect expressions over direct statements; (3) client access to conscious and unconscious meaning contained in metaphors; (4) chances for clients to reframe their experiences by looking at situations from new perspectives and making them concrete in visual images; (5) the introduction of artworks as a "third member" in therapeutic relationships; (6) building rapport between the art therapist and client through the acts of making and sharing; and (7) opportunities for art therapists to support, inform, engage, offer interpretations, provoke thought, and gently confront clients in safe, psychologically nonthreatening ways.

Existential therapists (Frankl, 1969; May, 1975; Moustakas, 1994; Yalom, 1980) describe psychotherapy approaches based on the ultimate concerns of existence, believing that human beings have the ability to choose what they want to be. Ideas from these authors' writings were important influences in the development of principles for existential art therapy (B. L. Moon, 1990, 1995), which explores ways that art-making can support the creation of meaning in clients' lives. The primary tenets of existential art therapy are engagement in meaning-

ful activity with the client; openness to being with the client regardless of what the client brings to the therapy; and honoring of a client's suffering.

Behavioral Art Therapy

Historically, art therapists have not embraced behavioral approaches to therapy. Rubin (1999) suggests that this is because "at first they appear antithetical to a genuine creative process" (p. 165). I believe that the reticence of art therapists to integrate behavioral theory may be because of the perception that behaviorists are not interested in the feelings and underlying motivations of the client; rather, they focus on the client's observable problematic behaviors. However, it is indisputable that making art is a behavior, and thus art therapy can be adapted to include behavioral therapy techniques. Behavioral art therapists use art activities to help clients deal with explicitly defined goals related to the client's current problems. The behavioral approach stresses a psycho-educational process through which clients learn self-management skills and self-control strategies. The practice of behavioral art therapy is grounded in a collaborative partnership between the client and art therapist, and conscious effort is made to inform clients about the nature of the treatment process. There is also an emphasis on practical application of the strategies for change that emerge in the therapeutic process (Corey, 2005).

Cognitive-Behavioral Art Therapy

Although many different strains of cognitive behavioral approaches to therapy exist, they tend to share the following characteristics: (1) a mutual and collaborative relationship between therapist and client; (2) a belief that psychological dysfunction results from disturbances in the thinking processes; (3) a focus on changing thoughts to change behavior and affect; and (4) time-limited therapy focused on specific problematic feelings or behaviors.

Ellis (1993) was an early champion of a cognitive approach to therapy. He developed rational-emotive behavior therapy, suggesting that life events are not necessarily responsible for negative emotions; rather a person's assumptions, expectations, and interpretations of life events are (Corey, 2005).

Cognitive-behavioral art therapists use art processes to help clients

recognize false, destructive, and unhelpful beliefs and thoughts that negatively influence their behaviors and feelings. A cognitive-behavioral approach offers pragmatic and observable ways to reframe clients' negative patterns of behavior, which can be particularly helpful in short-term therapy.

Integrating Multiple Art Forms in Art Therapy

There is a significant body of literature advocating the use of all of the arts in art therapy. McNiff (1973, 1974, 1981, 1982, 1986, 1989, 1992, 1998, 2004) has long argued for integrating various art forms in what he describes as interpretive dialogue with images. "Art, like therapy, not only includes all of life but certainly the specific elements of gesture, body movement, imagery, sound, words, and enactment" (McNiff, 1982, p. 123).

Knill (2006), a long-time colleague of McNiff, advocates an intermodal expressive therapy approach that relies on the disciplined integration of all of the arts in therapy. Levine and Levine (1999) emphasize the capacity of individual imagination to integrate multiple dimensions of artistic activity and unify the array of experiences that can cause emotional disintegration.

A central tenet of a multi-modal, or integrative, arts approach is that when one responds to an artistic expression like painting through another artistic modality such as writing a poem, a transformative process of ever-intensifying expression is promoted whereby the client/artist comes to know the meanings of artworks more deeply. I (B. L. Moon, 1999, 2007) expand on these ideas in describing a process of responsive art-making through which the art therapist responds to clients' visual artworks through gestures, sounds, and poetry.

Feminist Art Therapy

Feminist art therapy places issues related to gender and power at the heart of the therapeutic process. C. H. Moon (2000) writes, "A feminist aesthetic paradigm of professionalism values such qualities as flexibility, creativity, inclusion, openness to interdisciplinary pursuits, being in relationship, engagement with ordinary life, emotionality, and artistic sensibilities" (p. 9). It is based on the principle that to understand the client, it is imperative to consider the social and cultural context that

contributes to a client's difficulties. Corey (2005) says:

> A central concept in feminist therapy is the psychological oppression of women and the constraints imposed by the sociopolitical status to which women have been relegated. Our dominant culture reinforces submissive and self-sacrificing behaviors in women. The socialization of women inevitably affects their identity development, self-concept, goals and aspirations, and emotional well-being. (p. 341)

The AATA has a 94 percent female membership (Elkins, Stovall, & Malchiodi, 2003). "Given that art therapy is a profession dominated by women, there have been surprisingly few publications devoted to gender issues in art therapy" (Hogan, 1997, p. 11). Notable exceptions to the scarcity of feminist literature in art therapy are Hogan, 1997; Talbott-Green, 1989; and Cathy Moon, 2000 and 2002. In my opinion, it is also interesting to note that despite the prevalence of women in leadership positions within the AATA and the Art Therapy Credentials Board, both organizations have tended to operate from traditional male hierarchical models of leadership.

Postmodern Approaches to Art Therapy

Each of the theoretical orientations discussed so far have their own description of reality. In the past two decades, growing attention has been placed on the idea that many versions of reality exist simultaneously. This has led to skepticism that there is any one universal objective truth. "We have entered a postmodern world in which truth and reality are understood as points of view bounded by history and context rather than as objective, immutable facts" (Corey, 2005, p. 385).

Alter-Muri (1998) posits four assumptions on postmodern art therapy. First, dialogue is a shared reality between the therapist and the client, and language and visual images have powerful meaning. Second, meta-narratives, universal ideologies, and prescribed meanings for various symbols in artwork are not accepted. Third, every psychological theory and practice is specific to a culture and time in history; thus, therapists must always be aware of the multiple cultures that clients bring to a session, including family culture, religious culture, culture of origin, economic culture, and culture of the community and society. Finally, social action is the underlying goal.

In postmodern art therapy, images and art-making are viewed as ways to create meaning, and there may be as many versions of meaning as there are artworks that express them and artists who create them. Each of these image stories is true for the artist telling or creating the story, or both.

Narrative Approach to Art Therapy

The focus of narrative therapy involves the establishment of a collaborative relationship between therapist and client. The therapist's primary tasks in the relationship are: to intently listen to clients' stories to identify periods in clients' lives when they were good at problem-solving, especially in difficult situations; to interact with clients in a way that encourages self-exploration; to avoid labeling and diagnosing; to help clients chart the influence that a particular problem has had on their lives; and to help clients distance themselves from the prevailing stories they have internalized to make room for the creation of different and more satisfying life stories. In describing underlying assumptions of narrative therapy, Corey (2005) writes: "We live our lives by stories we tell about ourselves and that others tell about us. These stories actually shape reality in that they construct and constitute what we see, feel and do" (p. 397).

Riley (& Malchiodi, 1994; 1999) was instrumental in advancing the notion that art therapy is a social construction. She integrates narrative therapy understandings into her art therapy practice. "The art therapist offers media, the opportunity, and facilitates visual expression; the client chooses the focus, the subject, and the meaning of the art product" (p. 263). The notion that client-generated images and artworks represent meaningful expressions of the life stories of individual clients has been central to art therapy theory from its earliest days. What is new in the narrative therapy approach to art therapy however is the therapeutic perspective from which art therapists do not pathologize clients' images or offer static interpretations of clients' artworks. Perhaps most notable in the narrative therapy approach, art therapists do not prescribe particular artistic tasks or directives to avoid preset outcomes. Instead, clients are given freedom to tell their own stories through art-making and ascribe whatever meaning(s) they deem appropriate.

Eclectic Art Therapy

The term *eclectic* means made up of elements from various sources (Corey, 2005). Eclectic art therapists choose what they regard as the best approach from a range of sources or styles. Wadeson (as cited in Rubin, 2001) uses the metaphor of a layer cake to describe her integrated approach to art therapy as a blend of psychodynamic, humanistic, and behaviorist styles. One can argue that an eclectic approach allows art therapists the freedom to operate from any one of a number of theoretical orientations with a given client. On one hand, such an argument is appealing because it places clients' needs at the hub of therapeutic interaction. On the other hand, it can also be argued that eclecticism is a professional euphemism for a "jack-of-all-trades, master-of-none" approach. I believe an eclectic approach is most valid when enacted by seasoned practitioners with extensive experience operating from the various theoretical approaches that comprise their eclecticism.

Studio Art Therapy

The theoretical approaches to art therapy discussed to this point are derived from a school of thought originating in psychology. There are, however, more recent theories of art therapy that emanate directly from the artistic roots of the profession. The terms *art-based approach to art therapy, art as therapy,* and *studio art therapy* are often used interchangeably. Art-based art therapy theories place creative processes, various art forms, and artworks at the center of the theoretical construct. Art-based approaches to art therapy are "guided by the idea that art is a means to know the self" (Allen, 1995, p. xv). C. H. Moon (2002) further defines studio art therapy as:

> An intentional, disciplined, art-based art therapy practice. In such a practice, art remains central to all facets of the work, including: conceptual understandings; attempts to understand clients; creation of therapeutic space; development of treatment methods; interactions with clients; and communications that occur in relation to the work. (p. 22)

Interest in art-based approaches has risen steadily since the mid-1990s, and has served to rekindle discussion and debate regarding the role of art and place of artist's identity in the art therapy profession (Allen, 1992, 1995; Fleming, 1993; Lachman-Chapin, 1993; McNiff, 1995, 1998; B. L. Moon, 1994, 1995, 1998; C. H. Moon, 2002; Wix,

2000). The roles of art and artistic identity have been central philosophic questions since the early days of the AATA (Ault, 1977; Wadeson, Landgarten, McNiff, Free, & Levy, 1977).

Spiritual Approaches to Art Therapy

In 1993, the theme of the national conference of the AATA was *Common Ground: The Arts, Therapy, Spirituality.* The conference theme signaled a growing acceptance of a significant but heretofore dissident movement in art therapy thinking. Perhaps because of the influence of Freudian psychodynamic theory in art therapy, which eschews spirituality as being non-rational, there was some resistance to dialogue regarding this aspect of practice.

A central idea of spiritual approaches in art therapy is that art-making can be a form of spiritual practice. In a presentation at Ursuline College, in Cleveland, Ohio, DeBrular (1988) discussed her view that art processes are a mode of prayer. McNiff (1989) describes art as an "unconscious religion" and art therapy as a modern expression of shamanic traditions (pp. 20–24). McNiff (1989) and I (B. L. Moon, 1996, 2004) integrate Hillman's (1989) concept of soul as a perspective that changes random events into meaningful experiences through understandings of creative process as a method of soul-making. A number of authors have described art-making as a meditative practice that leads to deeper connection with the self and others (Allen, 1995; Horovitz-Darby, 1994; Horovitz, 1999; Franklin, Farelly-Hansen, Marek, Swan-Foster, & Wallingford, 2000). C. H. Moon (2001) describes art practices in therapy contexts as expressions of prayer, sacrament, and grace.

LOOKING IN THE REARVIEW MIRROR: A BRIEF HISTORICAL OVERVIEW

We cannot set the course if we don't recall the past
the famous and the unknowns, I want to thank you now at last.
Thank you for the things you did, thank you for the things you said,
you ought to be in the books I've read
I thank the living, I thank the dead.
Bruce Moon, 2002, *The Acoustic Memory Project*

I remember sitting in a graduate seminar exploring the topic of *exegesis,* which refers to the process of explaining or interpreting a historical text or event. The professor warned our class that the exegetical process is dangerous and difficult. He admonished us to always be mindful of the hermeneutical perspective from which we viewed a particular text. "Hermeneutics is the inquiry concerned with the presuppositions and rules of the interpretation of some form of human expression, usually a written text, although it could also be an artistic expression of some kind" (Harvey, 1971, p. 117). The professor explained that, in his view, there are three essential qualities one must possess in order to accurately explain or interpret events or documents from the past: (1) a thorough knowledge of the historical context in which the events took place or the documents were produced; (2) a basic sympathy with the subject(s) of inquiry; and (3) a prior understanding of the fundamental issues with which the events or documents are concerned. Without these three elements, it is likely that events or documents, or both, may be misconstrued.

It is, then, with some trepidation that I attempt to provide a brief overview of the history of art therapy in the United States. While I believe that I have a fairly comprehensive knowledge of the historical context from which art therapy has grown over the past 70 years, and I am sympathetic with the subject and hold a fundamental understanding of the concerns of art therapy, I am also aware that I see the past through my own hermeneutical perspective. I know that my version of history has been influenced by the voices I have heard of significant figures in the profession, as well as by the absent silence of other voices.

In this context, I can only offer my interpretation of the history of art therapy. This is dangerous because my interpretation of our beginnings will likely overvalue or overlook one or more important events and persons. Still, as C. H. Moon (2002) states, "If a historical perspective is to be instructive, we must come to see ourselves as a continuation of the story being told" (p. 286). It is important to learn about the past so that we can more deeply understand how we have arrived at this place and time, and perhaps gain some sense of where we are heading.

The quasi-official history of art therapy in the United States has focused primarily on two overlapping groups of people: the so-called *pioneers* of art therapy and the *founders* of the AATA. Note that many art therapists who avoided the limelight were working at the same

time as the celebrated pioneers and founders; although they are less known, they too were influential in the early development of the art therapy profession. It is particularly troubling, as C. H. Moon (2002) acknowledges, that "little has been written about the work of pioneering art therapists of color, such as African-American art therapists Lucille Venture, Georgette Powell, Sarah McGee, and Cliff Joseph" (p. 287). I am aware that as I am working on this second edition, there are contemporary art therapy authors committed to rectifying this deficiency in the literature of the profession.

The emergence of art therapy as an organized profession in the United States is generally Cane, Kramer, Huntoon, Jones, Kwiatkowska, and others, began documenting their work in various psychiatric or educational settings, or both. As Rubin (1999) notes:

> Not only are there many genetic roots; art therapy is a child with multiple parents, all with legitimate claims. In fact, as art therapy came to be better known, many individuals in different places appear to have given birth to remarkably similar ideas around the same time, often unknown to one another. (p. 101)

In 2002, I presented a performance artwork, *The Acoustic Memory Project,* at the national conference of the AATA. The performance was comprised of a series of interwoven monologues and songs intended to honor the early practitioners of art therapy. The following is a portion of one of the songs that addresses the difficulties inherent in attempting to depict the history of the art therapy profession:

It's Good to Paint

Who's to say how this all began
who defines the start
The notion there is medicine
hidden within art
On the walls of the caverns
buffalo were stained
There must have been some voices
sayin' yes, it's good to paint

Plato spoke of images as

medicine of soul
and the Navajo paint with sand
when evil spirits pull
Prinzhorn traveled everywhere
for the art of the insane
There must have been some voices
sayin' yes, it's good to paint

Some say this all began in the east
Some say it was the west
Some say it was out in Kansas
It doesn't really matter, I confess
Wherever you stand that's where you are
you know that old refrain
There must be some voices
sayin' yes, it's good to paint
Bruce Moon, 2002

When I envisioned the performance, I imagined writing six or seven songs that would recognize the influential characters of our history. I began my research by reviewing Rubin's (1999) accounts of the pioneers, and Junge and Asawa's (1994) history of art therapy in the United States. I also telephoned a number of the living founders of the AATA and asked them to tell me stories about the early days of art therapy. In no time, I had gathered a list of more than 40 names of art therapists or people who had supported the early development of art therapy, many of whom I had never heard.

The opening segment of the performance artwork began with a recitation of the following names: Gladys Agell, Charles Anderson, Rudolf Arnheim, Bob Ault, Florence Cane, Pedro Carones, Felice Cohen, Cay Drachnik, Paul Fink, Linda Gantt, Joe Garai, Gwen Gibson, Marge Howard, Mary Huntoon, Don Jones, Cliff Joseph, Sandra Kagin, Edith Kramer, Hanna Yaxa Kwiatkowska, Helen Landgarten, Myra Levick, Bernhard Levy, Viktor Lowenfeld, Vija Lusebrink, Sarah McGee, Micky McGraw, Shaun McNiff, Elsie Muller, Margaret Naumburg, Tarmo Pasto, Ben Ploger, Georgette Powell, Arthur Robbins, Janie Rhyne, Judy Rubin, Don Seiden, Bernie Stone, Prentiss Taylor, Don Uhlin, Elinor Ulman, Lucille Venture, and Harriett Wadeson. In-depth information regarding some of these indi-

viduals is readily available in art therapy literature or via the Internet. However, information is quite sparse on many of these people, and I have no doubt that other names should be on this list: people who labored in obscurity and were more interested in doing art therapy than writing about or presenting on it. I did not leave anyone off the list intentionally, and I hope that others will someday be able to tell the story of each of these groundbreakers.

For those interested in a more thorough discussion of the early development of art therapy, I would refer you to Rubin's (1999) and Vick's (2003) chapter on history, and Junge and Asawa's (1994) text. *Art Therapy: Journal of the American Art Therapy Association* and its predecessors, *American Journal of Art Therapy* and the *Bulletin of Art Therapy,* are also useful resources.

As important as it is to study the history and development of the art therapy profession, it is also important to be aware of our own hermeneutical perspective. The reality is that the ideas of art therapy are bigger than the identities of the American and European pioneers, and certainly broader than the particular thoughts associated with the founders of the AATA. As McNiff (2004) notes: "Art therapy is an idea and a profession that holds varieties as well as contradictions. It welcomes and assimilates the polarities of science, art, studio and clinic, artist and therapist" (p. 269). Whenever and wherever people have used imagination and creative process in the service of healing, the history of art therapy can be found.

Chapter 3

ARTIST OR THERAPIST

In 1975, I attended my first national conference of the AATA, and one of the presentations I attended addressed the question, am I an artist or a therapist? At the 1976 AATA conference, I listened to a panel presentation that focused on self-concept conflicts of art therapists (Wadeson, Landgarten, McNiff, Free, & Levy, 1977), as well as a paper by Ault (1977) that directly discussed the artist-or-therapist identity question. My initial response to these presentations, which at the time I kept to myself, was that these were odd questions. Up to this point, all of the art therapists I knew were active artists committed to their identity as such. With naiveté, I assumed that this was the case for every art therapist.

In the ensuing years, this artist-or-therapist identity question has often prompted spirited debate among art therapists. At some point, I have heard many first-generation members of our profession express their views on this question. Some of these art therapists say they focus their energy on cultivating their identity as therapists with a special affinity for using art processes in ways beneficial to their therapy work with clients (Feen-Calligan, & Sands-Goldstein, 1996). In contrast, my mentor, Jones (1980), adheres to the position that he is first and foremost an artist. His artistic authenticity is evidenced by his daily art practice throughout his career and further validated by his ongoing studio work since his retirement in 1988. As I write this in the spring of 2007, Jones continues to spend much of his time painting and sculpting–exactly what he always says is most important to him.

At the AATA conferences of 1975 and 1976, I kept my reactions to the aforementioned presentations to myself because I was, after all, a neophyte. Today, when students or colleagues ask whether I consider

myself an artist or therapist, my response is always, "Yes."

Sometimes, the person who posed the question assumes that I misunderstood what was being asked and repeats, "Are you an artist first and foremost, or a therapist?"

Again, my answer is, "Yes."

If pressed to explain, I respond: "For me, art has always been therapeutic, and I am convinced that therapy is an art. How can I be anything other than both?" To separate or value one word of our professional title over the other hurts our professional identity.

Questions about the role of art in art therapy and importance of personal art practice for art therapists continue to be the subject of theoretical discourse in the art therapy professional community. In a provocative discussion that followed one recent panel presentation, a woman from the audience asked panel members to comment on her assertion that although she sees herself as a competent art therapist, she does not consider herself to be an artist or desire to become one. The woman's response to the panel was interesting and made me wonder what had motivated her to enter the art therapy profession in the first place.

Questions about art therapists' professional identity continue to be asked and, in fact, have been expanded upon. At a recent national conference of the AATA, there was much attention and discussion on the variety of roles that contemporary art therapists play in their work settings, including artist, clinician, assessor, educator, healer, art teacher, individual therapist, group leader, case manager, administrator, shaman, social activist, community-builder, researcher, and supervisor. Regardless of the many functions art therapists may serve, I believe that art therapists should be both active and practicing artists, and well-informed and committed therapists; these roles must not be separated. Although semantically unusual, and perhaps grammatically awkward, it would be helpful to our professional identity to describe ourselves as *arttherapists*.

For over three decades, I have participated in conferences and symposia where questions related to our profession have been discussed. Recently, in talking about this ongoing identity question in a class session, one of the graduate students at Mount Mary College asked, "Don't you ever get tired of talking about this artist or therapist question?"

I responded: "No, I think this is a critical and essential question

because it addresses the soul of the discipline. It deals with where we art therapists came from, and I believe our answer to that question defines who we are, both as individual art therapists and as a professional community. So, in a sense, wrestling with such questions is a sign of dynamic life in the profession, and I never get tired of that."

As discussed in the second chapter, it is difficult to pinpoint where, when, and by whom art as therapy was first used. Some would argue that our roots go back to the ancient cave paintings of Lascaux, France. Others point to early writings by Freud that mention the imagery of his clients. Certainly Jung was a significant figure who valued the role of the arts, both in his own life and in his work with clients. Still others credit Prinzhorn for bringing attention to the art of the insane, thus stirring interest in the formal use of the arts as therapeutic agents. In this country, "pioneers" of the profession seem to have spontaneously begun the occupation in the mid-1900s. However, art therapy originated, there is a consistently high regard for images, art processes, and products. This leads me to believe that we art therapists should view ourselves equally as artists and therapists: *arttherapists*. It is a fascinating conundrum that art materials, processes, products, and history have so far received relatively little attention in art therapy literature and academe.

The educational journey of art therapy graduate students is complex, traveling many paths simultaneously. One path is filled with books, articles, and lectures. Another is littered with powerful emotional experiences unlike anything most students have experienced before. There is yet another path: an inward one defined by images in students' artworks as they brave the educational process.

I'm not sure why so little attention has been given to the art aspects of our collective persona. In my role as the director of a graduate art therapy program, I often hear students complain that they have no time to paint or draw because of the demands of schoolwork. Art therapy colleagues who say their jobs make it impossible to make their own art echo these complaints. I counter these lamentations by saying, one always has time for what is really important. When my children were younger and living at home, I made time to hug my daughter and play basketball with my son, and I was never too busy to kiss my wife. Likewise, I make time to make art.

The role of personal art-making for art therapists is more than a matter of semantic interest; it is a matter of professional survival.

Presently, many disciplines in health-related fields are facing difficulties. I have known many social workers, activity therapists, and art therapists who have chosen or been forced to leave their fields due to the unfavorable financial climate of health care in America. Psychologists lament that they are relegated to providing assessment services rather than treatment. Psychiatrists bemoan that because of managed care, they are only allowed to prescribe medications, not really provide the full range of services for which they were trained. I have heard art therapy colleagues wonder aloud if they made the right decision when they chose the field of art therapy as their life's work.

I can, in good conscience, say that I have never had such misgivings about my vocational decision. Of course, I am not immune to the insecurities about future employment that plague everyone in uncertain times. Still, this does not alter my resolve to be an art therapist. I feel secure at my foundation: the art. I know that to make art is good, and I have faith in the products and processes of art-making. My anchor in the turbulent worlds of health care and academia is my own art practice. The images that come to me as a result of my contacts with clients and their artworks deepen and enrich my life. The only times I have felt the numbness of burnout have been when I strayed too far or for too long away from my studio. I know that in an existential sense, I could live without being an art therapist, but I do not think I could survive psychologically without making art.

When students ask me for guidance on their prospects for future employment, I respond to their questions in the most authentic manner I can: "If you stay active as an artist, you will survive in this profession. If you give up making art for your own sake, you may in all likelihood leave the field if things become too difficult."

An artist is one who professes and practices an imaginative art. This definition does not mandate exhibitions or enter juried competitions; rather it leads to a definition of the art therapist as one who practices an imaginative art and attends to others through the processes and products of artistic work. Art is the anchor, the heart and soul, and one of the taproots of the profession.

Since the taproots of art therapy are art and psychology, one may wonder why there has been such long-standing debate about professional identity. The roots of this division are traceable to the haughtiness of some persons who describe themselves as artists and pomposity of others who carry the title of therapist. Perhaps it is human

nature, but both artists and therapists have an ample quantity of vocational snobbery. I have been fortunate to function in the separate realms of each. For nearly 13 years, I taught at a professional arts school, the Columbus College of Art and Design. In that setting, I was often confronted with the vain glory of faculty members and students. In this culture, a hierarchical pyramid placed fine arts practitioners at the top, commercial artists at the bottom, and illustrators and fashion designers somewhere in between. The fine arts people behaved as though they were the only true artists in the school, whereas the commercial artists smirked that the "fine artsies" would have a rude awakening when they went out into the real world and tried to make a living being creative and self-expressive. The hostility between these factions was usually subtle, yet never far from the surface. The tragedy of this caste system was that the various subgroups missed opportunities to learn from one another. Occasions that could have enriched their learning were often avoided because of fear of contamination and ego wars.

In my role at the college, I often sensed mistrust from my art colleagues. In a faculty meeting, one of my peers told me that other faculty members were leery of art therapy because art therapists ascribe meanings to, or make interpretations of, artworks that go beyond commenting on media and technique. I had no way to confirm my peer's statement, yet I suspect there was at least a grain of truth in his words. In *Existential Art Therapy: The Canvas Mirror,* I (B. L. Moon, 1995) assert, "Artists have always known that a major source of their creativity is their own inner emotional turmoil" (p. 86). It is understandable, then, that people in the art community would be reticent to fraternize with art therapists in fear that art therapists would intrusively or secretly analyze or interpret their artworks.

I also have had extensive experience interacting in psychiatric institutions and psychological treatment communities. In these spheres, there are also hierarchical pyramids; however, they tend to be clad in professional civility. In such systems, the psychiatry profession sits atop the pyramid of institutional power and prestige, with psychoanalysis hovering just above the pinnacle. Psychologists, who are considered higher in rank than counselors and social workers, are just beneath psychiatry. Sometimes, there is a layer of creative arts therapists, nurses, adjunctive therapists, chaplains, and other technical specialists. Psychiatric aids and attendants are at the base of the pyramid.

Members of each stratum are typically rewarded commensurate with their station in the system. I have always found it fascinating that this system works in such a way as to inadvertently discourage contact with clients. By this I mean that those persons at the lowest level of the pyramid, the aids and attendants, spend the most time with clients, yet are paid the smallest amount and have the least power in the institution. On the other hand, psychiatrists typically spend the least amount of time with clients, but are reimbursed the most for their efforts and have the most institutional influence. It is interesting to note that Freud's psychoanalytic model of therapy was better understood and applied by writers and artists than by doctors (Papini, 1934).

Perhaps at some deep level, there is awareness on the part of the medical professional community that artists, not doctors, are the prototype analysts. This would explain why, in some treatment settings, art therapists are regarded with a measure of discomfort. Perhaps it is art therapists' comfort in dealing with clients' deeply disturbing imagery that inspires a veiled disciplinary rivalry that is publicly unacceptable.

Arrogance and competition in professional communities is expressed in many ways. Foremost among such expressions is the belief that members of one discipline know how to do therapy more skillfully, more effectively, or more efficiently than members of another discipline. Historically, psychiatry expressed such biases against psychology. Psychology in turn expressed biases against counseling and social work. This also happens within different segments of an institution, as well as between competing centers of care. For instance, I consulted for the activity therapy department in a psychiatric hospital for a period of six months. In this facility, the adolescent division of the hospital was convinced that the adult division didn't know how to treat clients correctly. The adult division felt that members of the adolescent division were overly controlling and heavy-handed in their approach to treatment. This rivalry negatively affected the members of the activity therapy department who felt they had to choose sides. At the same time, members of both divisions vociferously declared that their institution's standards of care were far superior to those of a competing hospital across town.

The art therapy professional community has inherited a tradition of hubris from both of our ancestral disciplinary roots: art and therapy. Unfortunately, this tradition is maintained as students come into the

field from different directions. I suggest that we appeal to the higher natures of our lineage. Artists have always had a unique creative capacity to integrate polarities in their work. The creative act of making art is an alchemical process, transforming powerful conflicting forces within the artist (B. L. Moon, 1990, 1995). Through creative transformative actions, we may be able to forge a collective identity inclusive of all the disparate influences that contribute to our professional identity.

The Greek root of the word therapy means *to be attentive to.* Surely this implies the ability to attend respectfully to our differences and commonalities in service. Art therapy is more than the actions of sensitive humanitarian artists, and more meaningful than the techniques of verbal psychotherapists who experiment with crayons and markers in their work with clients. It is the marvelous covenantal relationship of art and therapy that fuels the powerful work we do. Each aspect of our professional identity embellishes and enhances the other, and the absence of either diminishes both.

When I am asked, are you an artist or a therapist, my response is always the same, "Yes!" I hope that this will be your answer as well.

Chapter 4

ART PROCESS AND PRODUCT

In an early document describing the psychotherapeutic use of art, Jones (1974) suggests: "Emphasis must be placed on the process not the product. A simple stick figure may be more meaningful than an elaborate painting." This view of the components of therapeutic artwork went unchallenged for many years as the art therapy profession developed in the United States. Evidence of the continued prevalence of this position is seen annually at national conferences of the AATA. Reproductions of clients' art products are often presented in slides or PowerPoint presentations of poor quality. The artworks tend to be rough and aesthetically challenged. At the same time, art therapists' discussions of clients' artworks typically focus on pathology, indicators of personality deviance, and interpretive intrigue.

Bias about the value of process over product can be seen in abstracts prepared for the AATA conference proceedings. Seldom have the topics of the aesthetics of the client/artist or the art therapist as artist been addressed. There have been exceptions to this, but by and large, the professional gatherings of art therapists have been devoid of reference to the quality of art by the client or therapist. Jones, to the best of my knowledge, first introduced slides of his own paintings in a presentation at the AATA conference several years ago.

More recently art therapists have stepped to the forefront of this issue by publicly displaying their products as artists in presentations, publications, and exhibitions of their work. In *Existential Art Therapy: The Canvas Mirror* (1990, 1995), I posit that art therapists must remain artistically active to stay honest in our profession. If not, they risk the damage that artistic inactivity does to the authenticity of art therapists. In that book, I included a discussion of 17 of my paintings as a plea for

artists/therapists to return to their studios.

I am not alone in this hope. In 1989, art therapists DeBrular and C. H. Moon staged a two-woman show of paintings, sculptures, and quilts in the exhibit hall of the Methodist Theological School in Ohio. Their focus was not on artwork done by art therapists but, rather, works created by two women artists. Soon thereafter, McNiff (1992) devoted the last 81 pages of his text to exploring the messages of a number of his paintings. A meta-message of this segment of the book is that McNiff is confident in his proficiency as an artist and willing to withstand the potential criticism that the inclusion of his products may engender. Also in 1992, Allen described a model for art therapists that she terms *the artist in residence.* She proposed that art therapists reclaim their tradition as artists and avoid the complications of becoming overly clinified. Each of these examples, and many unmentioned ones, point to a growing movement in the art therapy profession that reclaims the role of the artist as a crucial aspect of our professional personality.

It was puzzling that such a movement should be necessary at all in a profession in which the first word of its name is *art.* I suspect that the art appellation lost its significance as the profession moved to define itself in the company of psychiatry, psychology, and social work. Perhaps unintentionally, as early leaders of the discipline struggled for professional recognition and prestige, efforts were made to master the language of these other more established occupations. It was as if art therapists longed to be seen as equals to physicians, psychologists, and family therapists. Although it is easy to understand the motivations of those in the forefront of such efforts as the field of art therapy developed, it is also easy to see in retrospect that much of our unique identity as artists/therapists was abandoned along the way. The motives for being like psychiatry or psychology are apparent: increased earning potential, potential administrative influence, employability, and professional prestige. All of these were powerful persuaders that lured the art therapy profession away from its roots in the art world. What emerged was a generation of art therapists fluent in statistical study, psychological jargon, and political savvy, but insecure about the integral place of the arts in the treatment of human suffering.

Despite encouraging signs about the resurgence of the role of aesthetics in the professional life of the art therapist, the field is still divided on this issue. Many in the profession continue to insist that art therapy must imitate other health care disciplines. This is evidenced in the

guidelines for approval of master's level academic programs, and national trends toward licensure as counselors, marriage and family therapists, and other helping disciplines.

The power and depth of artistic expression demands that we art therapists be sensitive to nuances of color and shade, the push and pull of emotional currents that take course through line character, and the aesthetic sensibilities inherent in the balancing of weight and mass. Those who become art therapists should resist temptations to aspire to the lifestyle of the physician or the institutional political power of the psychologist. Students of the field should instead insist that they be trained as art therapists and nothing less than that.

The art therapy profession is connected to the sensual. The core of our work revolves around the senses: taste, touch, sight, smell, and sound. This establishes an inherent tension between art therapists and members of other verbally oriented disciplines because our primary therapeutic language cannot be found in a dictionary. Our language is found in studios, exhibitions, and museums. Art therapists ought to be cautious about movements that lead us to become pseudo-counselors. We must always keep in touch with our disciplinary heritage in the arts.

The Anguish of Aaron

Aaron came to my private practice office complaining that he was "always depressed and worried." A pleasant and gentle man in his mid-30s, Aaron had been treated for alcoholism at a residential center for several weeks the year prior. In our intake session, he told me he had remained sober for 13 months, and that although he felt positively about not drinking, he simply could not shake the feelings of emptiness and pointlessness that plagued him. Aaron told me that he was in his second year of graduate school and that he was going to complete his master's in business administration in the spring. He was unmarried and "on the rebound" from an intense relationship with a woman he had planned to marry. She left him for another man.

I asked Aaron what he hoped to get out of coming to see me.

"I am not sure," he answered. "A friend suggested that I try art therapy, and I got your name from the hospital. I feel like I've tried a lot of other stuff, so why not this?"

I asked again, "What do you hope for from our relationship?"

He sat quietly then said: "I guess I want to get control of myself. I want to feel better."

I handed him a large pad of newsprint and a box of pastel chalks. "Aaron, I'm not sure that I am the best person for you to see for therapy," I said. "It would help me if you would draw a portrait of how you feel."

Looking surprised, he asked: "What do you mean you aren't sure? Why?"

"Well, this practice is small, and I can only work with a few clients at a time," I said. "I have to be sure that you really want to do the work that you say you want to do. Now, would you please start your drawing?"

Although he looked as if he had more questions, he began to work. Aaron drew a circle, about two inches in diameter in the lower right side of the page. Then, using black chalk, he covered the rest of the sheet of newsprint. In the middle of the circle, he scribbled an intense red asterisk. In less than five minutes, he handed the pad back to me and said that he was finished. The design was visually interesting but his handling of the media was slipshod. Because of his careless application of the chalk, the image seemed messy, impulsive, and incoherent.

Without commenting on the drawing, I asked Aaron how his grades were and if he liked graduate school. Although he clearly liked the idea of having a master's degree, his answers hinted that he was doing just enough to get by and that he did not particularly enjoy his studies. He then initiated a long story of how he had begun to drink in his early teens. He essentially recited the work that he had done in completing the first step of Alcoholics Anonymous.

I asked, "Were you good at drinking?"

He looked at me incredulously and said, "What kind of a question is that?"

"Were you good at drinking?" I asked again.

Aaron's face reddened. "Well, I guess so," he said. "But what does that have to do with anything?" He sounded irritated.

I placed his drawing on the floor between our two chairs and said: "You seem to want to hurry through things like your drawing, Aaron. I didn't put any time limits on how long you could work. The task was to draw a portrait of how you've been feeling. By your own account, you've been feeling sad and empty for a long time; it was surprising to

me that you could draw such profound feelings so quickly."

"I don't get this!" he exclaimed.

I said, "Aaron, I wanted to know if you were good at drinking because I am interested in things that you really have paid attention to and taken your time on in your life."

"I don't see what in the hell this has to do with anything," he said.

I replied, "Aaron, I am willing to see you in therapy on one condition: You commit yourself to working diligently with art."

"Why?" he asked.

"I think that you already know a lot about your feelings, but you don't seem to think much of yourself," I said. "What I have to offer you, as an art therapist, is my willingness to help you work with the images inside you. I believe that they have things to teach you, but you have to handle them with care and respect. That means taking your time and attending to them."

Aaron looked down at his drawing and said: "I don't want to sound rude, Mr. Moon, but it almost seems like you care more about my picture than me. I think maybe I've made a mistake. I don't think you'll be able to help me."

"You are probably right, Aaron," I said. "If you don't believe that I can be of help then I certainly won't be. It's your choice. Why don't you think about it and give me a call if you want to start. If I don't hear from you in a couple of weeks, I'll assume that you have decided against working with me."

As Aaron left the office that afternoon, he took his drawing with him; still, I suspected that I would not hear from him again. Nearly six months had passed when he called to set up another appointment. He asked, "When would be a good time for me to come to your office?"

I responded, "Do you really want to work with me in art therapy?"

"Yes, that's why I called you," he said.

"Then meet me at the studio at 7:00 Thursday night," I said.

He immediately began to ask why we would not be getting together at the office, what we would be doing, and how he should dress. I told him that I wanted to teach him to paint and that he should come wearing clothes that he wouldn't mind getting dirty.

Aaron arrived at the studio promptly. He looked around for a minute or two, taking in the paintings on the walls and the sculptures cluttering the benches, artifacts of clients past and present.

Enthusiastically, he said, "What am I going to paint first?"

"I don't know," I replied. "All that we are going to do tonight is build the canvas."

With slightly less eagerness, he said, "So, where do we start?"

I pulled two 2 x 2s from the wood rack and said: "Since this is your first painting, let's start small. I'd like you to measure two pieces 24 inches long, and two pieces 28 inches long." I handed him a tape measure and carpenters pencil.

When he finished marking the wood, he asked, "Now what?"

I gestured toward the hand miter box and said, "Set the angle for 45 degrees and cut each end of your 2 x 2s." I was operating on a hunch that Aaron had not had many experiences in his life with hand tools or building processes. Likewise, I suspected that he had not experienced parallel play/work situations with his father. It was my belief that he was hungry for positive encounters with an accepting male who would do things with him.

I watched as he approached the miter box tentatively. He clearly did not know where to position the 2 x 2, or how to place his hands so that he could both operate the saw and clamp the piece of wood to the metal back wall of the miter box. He also seemed unsure of how to adjust the angle mechanism of the saw. Without commenting on his lack of knowledge about the saw and box, I showed Aaron how to change the angle and position the wood. I left the sawing to him. He began to pull the saw hesitantly. "It won't bite," I said.

Without stopping, he replied, "I've never done this before."

"You are doing just fine, Aaron," I said.

When all his cuts were made, I gave him a piece of coarse sandpaper and suggested that he smooth the edges that he'd just cut.

"Why, they aren't going to show, are they?" he asked.

"No, they won't show, but they will fit together more snugly," I said. "You'll feel better about the joints if they are clean and tight. There is no substitute for quality."

"This is taking longer than I thought," he said with a sigh. "I thought I'd be painting something tonight."

As I continued to work on the stretcher frame that I was building, I said: "Aaron, you have got to learn the five Ps: Patience and Planning Provide for Positive Performance. Building stretchers is all about patience."

"But couldn't I just go to the store and buy a canvas that is already stretched and painted white?" he asked.

"Sure you could," I said, "but you can't do that and work with me." He asked why, and I said: "Because if you buy a pre-stretched, pre-gessoed canvas, you've already cut yourself off from the process. You miss an opportunity to be in touch with the soul of the painting."

When each of the angled cuts had been sanded, I showed Aaron how to clamp two pieces together to nail them securely. After he put the last nail in, he held up the rectangular frame for inspection. It was clearly a moment of gratification and pride for him. "Does the canvas go on now?"

"No," I said. "First we need to use the carpenters square to check all of the corners, then we'll make a couple angle braces to make sure that the frame doesn't distort when we stretch the canvas." By the time we finished, Aaron's hour was nearly over. "Aaron, we should discuss the financial arrangements for your therapy," I said. "There are a couple of options."

"Oh yeah, I almost forgot about that part," he said.

I replied: "If you would like to use your medical insurance, the fee will be $60 per session. I'll expect you to pay $30 at the end of each session. The rest you can pay me when you get reimbursed by the insurance company."

"I think I'd like to avoid the insurance company," he said. "If I use them, I'll have to talk with my employer again. That got a little embarrassing last year. How does payment work if I don't use insurance?"

"I work on a sliding scale, so it depends on how much you earn," I said. "For instance, if you make $30,000 a year, I charge $30 per session. If you make $50,000, it will be $50. The most I charge anybody is $70, and the least I charge is $25. So, you tell me how much you owe me."

Aaron wrote a check for $45. He said: "You talk about the bill very nicely. One of my other counselors always hemmed and hawed about money. He seemed embarrassed."

"I don't mind talking about the fee at all," I said. "I believe in the product you are purchasing, and I know that I will give you the best quality service at my disposal."

In a variety of ways, this session set the tone for the rest of the time I spent with Aaron. Our interactions most often focused on the tasks at hand: stretching canvas, planning paintings and technical details, and framing and setting hanging wire on the back. From gathering tools and materials to signing and displaying the finished product,

each step was done with care and concern for quality. Note that Aaron did not come to me with a sense of himself as an adequate artist; in fact, the opposite is nearer to the truth. He came bearing his emptiness and self-loathing. It was critical that I engage him at the level he desperately longed for and help him develop a more positive regard for himself through doing. Mastery of task, coupled with self-expression, was the treatment of choice for Aaron.

Bly (1990) points out that prior to the industrial revolution, young boys spent time with their fathers who plowed the fields, worked in shops, or built houses. This provided boys with experiences that taught them what it meant to be a man, thereby initiating them into manhood. However, in the modern era, few such opportunities exist between fathers and sons. This leaves the son with an empty hunger for masculine relationships (Figure 7).

Figure 7. *This Leaves the Son with an Empty Hunger*–Chalk on paper.

The therapy for Aaron became a process of doing things together and investing attention in the quality of the work. By making things together, Aaron got to experience the healing effects of being in the company of an older male who did not judge or abandon him, and the therapeutic effect of the expressive arts processes. He also developed a more positive view of himself as he worked with and gained mastery over materials and procedures.

The third painting that Aaron worked on illustrates the relationship between mastery of materials and self-image. It was a large work, approximately 3' x 4'. The scene was of a stark white house, bathed in bluish-green light from a street lamp. The night sky was very dark, and a woman stood in the open doorway, dressed in a red half-open robe. She appeared to be looking for something or someone in the darkness. The painting seemed cold, yet it had a quality of passion and expectancy. The first time I saw it, the sky was painted a dull black, and appeared flat and empty. "Aaron, do you want the sky to look dead?" I asked.

He shook his head. "No, but I want it to be really dark," he said. "I tried to mix up a midnight blue, but I couldn't get it the way I wanted, so I gave up."

I studied the painting and said: "Well, I think we ought to back up and make a dark blue for the sky. It really needs more depth than the flat black can give."

"But I've already painted the sky," he said. "Do you know how much paint it took to cover all that canvas?" He raised his voice. "Do you know how long it took to paint it black?"

"It doesn't matter how long or how much paint it took, Aaron," I said. "It doesn't look right. There is no substitute for quality work. What colors did you use to try to mix midnight blue?"

He told me he had blended cobalt blue with warm black.

"Oh," I said. "That was the problem. Let's try it again, only this time, try using ultramarine blue as the base."

Aaron sighed and said: "I really think that this is a waste of time and money. I already used a lot of black."

I replied: "I'll be glad to help you, Aaron. But I won't do it for you. You know this reminds me of other things you've said about your life. Now, c'mon, start mixing paint."

As he squeezed ultramarine blue onto the palette, he asked, "So what is that supposed to mean: It reminds you of other parts of my life?"

I replied: "You've told me several stories from your relationship with Annie (his former girlfriend), work, and grad school, in which the whole point was how much you regret that you did not do things more carefully, and take your time and do it right."

Aaron seemed irritated. "Yeah, give me one example," he said defensively.

"Well, how about the managerial time study project that you told me about a couple of weeks ago," I said. "You told me yourself that you hurried. The result was a B, and you said that you knew you could have gotten an A if you had really applied yourself."

He dropped the paint stir in an exasperated motion and snapped: "So what! That was no big deal. My life doesn't revolve around a managerial time study on a fictitious corporation."

"No, Aaron, you are right," I said. "But the point is that if you handle the little things in a sloppy manner, it is likely that you'll treat more important things in the same way."

"Ah bull," he grunted.

I said, "Another example, and maybe a more important one, is how you described your intimacies with Annie."

"What in the world are you talking about?" he asked.

"Well, you told me that when you look back, you think that you were only interested in your own pleasure, not hers. You said, 'I just hurried through all the preliminaries,' and eventually that backfired."

In a hostile and sarcastic voice, he replied, "So you think that taking time to mix paint will bring Annie back?'"

I replied softly: "No, but it might help you pay more attention the next time around. I think you've gotten into the habit of rushing through life, Aaron, without focusing on anything. You are a sort of jack-of-all-trades. Is the dark blue ready? I think that your life deserves more care than you have given it. There is no substitute for quality work."

Aaron repainted the sky. When he completed covering the black with dark blue, he painted an orange-white harvest moon. He added touches of moonlight to the grass outside the house, and small highlights on the woman's face and robe. Aaron allowed himself to work on the painting for a few months. He made some mistakes and got frustrated, but was able to back up, think things through, and rework the images until he was satisfied. In a parallel sense, this describes what Aaron was doing intra-psychically: learning to struggle with

attending to himself. He made some errors and got irritated, but was able to stop and gather himself, and remake his self-image. He learned to like what he saw in the canvas mirror.

I do not believe that such work could have been done in verbal psychotherapy. It was essential that Aaron encounter himself through the experience of making art. This is not to diminish the therapeutic benefit of the relationship that we developed over time. Certainly, our relationship had a curative impact, but it was intimately connected to the creative process and mastery of materials. It was in the context of the studio that our relationship existed.

It was equally significant that I insisted that he struggle with style and technique. Throughout our relationship, I encouraged him to use materials in a manner that honored them. Had I been willing to accept whatever artistic endeavor Aaron offered, I believe I would have exacerbated his negative self-view because he would have known that I was willing to settle for less than his best effort. There would have been no motivation on his part to struggle. That was the heart of his discomfort.

As art therapists, we have the unique capacity to simultaneously relate with the client, process, image, and product. This capacity allows us to move between the positions of consoler, teacher, beholder, and critic.

For many clients, the longing for meaning is a critical. As an art therapist, I believe that the role of art is a profound factor in establishing a sense of purposefulness. When the artist has genuinely struggled with the creative process and allowed the flow of imagery to proceed from within, he has said, in his most honest and clear voice, "This is who and what I am."

For too long in the art therapy profession, there has been a tendency to avoid looking too closely at the unique and authentic gifts of our client's and our own artworks from an aesthetic perspective. For art therapy to thrive, this oversight must be corrected. It is the aesthetics of the profession that depend most intimately on image and product, the lasting and tangible artifacts of the work. Art processes, images, and products distinguish the practice of art therapy from the routines of psychiatry, psychology, counseling, and social work.

Chapter 5

METAVERBAL THERAPY

Throughout the history of the art therapy profession, practitioners and theoreticians have been comfortable describing the discipline of art therapy as a non-verbal treatment modality. I, however, am not satisfied with this description of our work. I am concerned that defining art therapy as non-verbal portrays our work negatively. I believe that defining a profession in terms of what it is not, in this case not verbal, has an inadvertent detrimental effect on professional identity. I believe that we arts therapists should define ourselves positively by articulating what we are, rather than what we are not. I propose that we define art therapy as a metaverbal discipline. *Meta* is a prefix that means *beyond*. Thus, if we describe art therapy as a form of treatment that is metaverbal, we define our work as being *beyond words*.

The essence of our work as art therapists is found in our interactions with clients/artists, media, and process. In no way does what we say about this interaction change the nature of the art therapy process. The heart of the profession is experienced in moments that defy verbal description. Our words serve only to verify for the therapist the messages of the interaction and validate for the client that their messages have been heard. An art therapist's words do nothing to change the meanings of the interaction among client, media, and process. In a fundamental and radical sense, I believe that the most important work art therapists do is accomplished without speaking at all. Every time I find myself talking too much in an art therapy session, I worry that I have lost my center both as an artist and art therapist.

I have practiced art therapy for over 32 years in psychiatric hospitals, residential treatment programs, private practice, and educational settings. Having treated thousands of clients, I recall no occasion when

the referring therapist or client sought my services because of my reputation as a conversationalist. Instead, clients have been referred to me or have sought me out because of the need for a metaverbal treatment approach. The extraordinary gift that art therapy has to offer clients is that the arts provide a therapeutic milieu that does not depend on words. In art therapy, doing forges therapy relationships, and making art is what we do. The world of health care is populated by disciplines in which words are the primary communicative device. Psychiatry, social work, psychology, and counseling all depend upon verbal exchanges with clients. Art therapists provide a therapy of imagination that does not rely solely on talking and is, therefore, refreshingly distinct from the approaches of our verbally-oriented colleagues.

It is in this spirit that I challenge art therapists to be skeptical of their longing to talk meaningfully with clients. I am not implying that I am silent in the creative arts therapy studio. I often talk with clients about the weather, last night's basketball game, or their favorite musician. I might in passing discuss an art exhibit I attended over the weekend. I may struggle out loud with my in-progress artwork, and I often share my reactions to my clients' artworks. Still, I do not see these interchanges as anything more than they are: good-natured small talk. The real therapeutic work, the soul work in art therapy, happens before any sounds in the shapes of words pass my lips.

The arts provide glimpses of the inner lives of my clients and myself. Every paint streak, each chalk line, and every slab of color, harmonious and dissonant, declare to the artist, beholders of the work, and humankind, "I am here and I have something to express."

The most the audience can do is catch a fleeting glimpse of the multi-layered communication of the creator. From such glimpses come the first stammering attempts at dialogue between beholder and artist. As we art therapists look at the works of our clients/artists, we must wrestle to uncover and focus the feelings, thoughts, and physical effort found in the soul of the piece. It is helpful to attempt to engage artworks as if they were sacred icons, conveyors of holy stories. As mysterious as this may sound, every time a client pulls color across a canvas, a proclamation is offered to the world: I am here, and I have something to show you. Too often in client's lives, the responses they have received from such declarations have been indifferent or malevolent. Thus, one task of art therapists is to see what clients are trying to say and respond in ways that honor those communications. It is not

easy to be in the company of expressions that go beyond words (Figure 8).

If art therapy is truly metaverbal, one may wonder what role talking has in art therapy relationships. Vexing questions for students

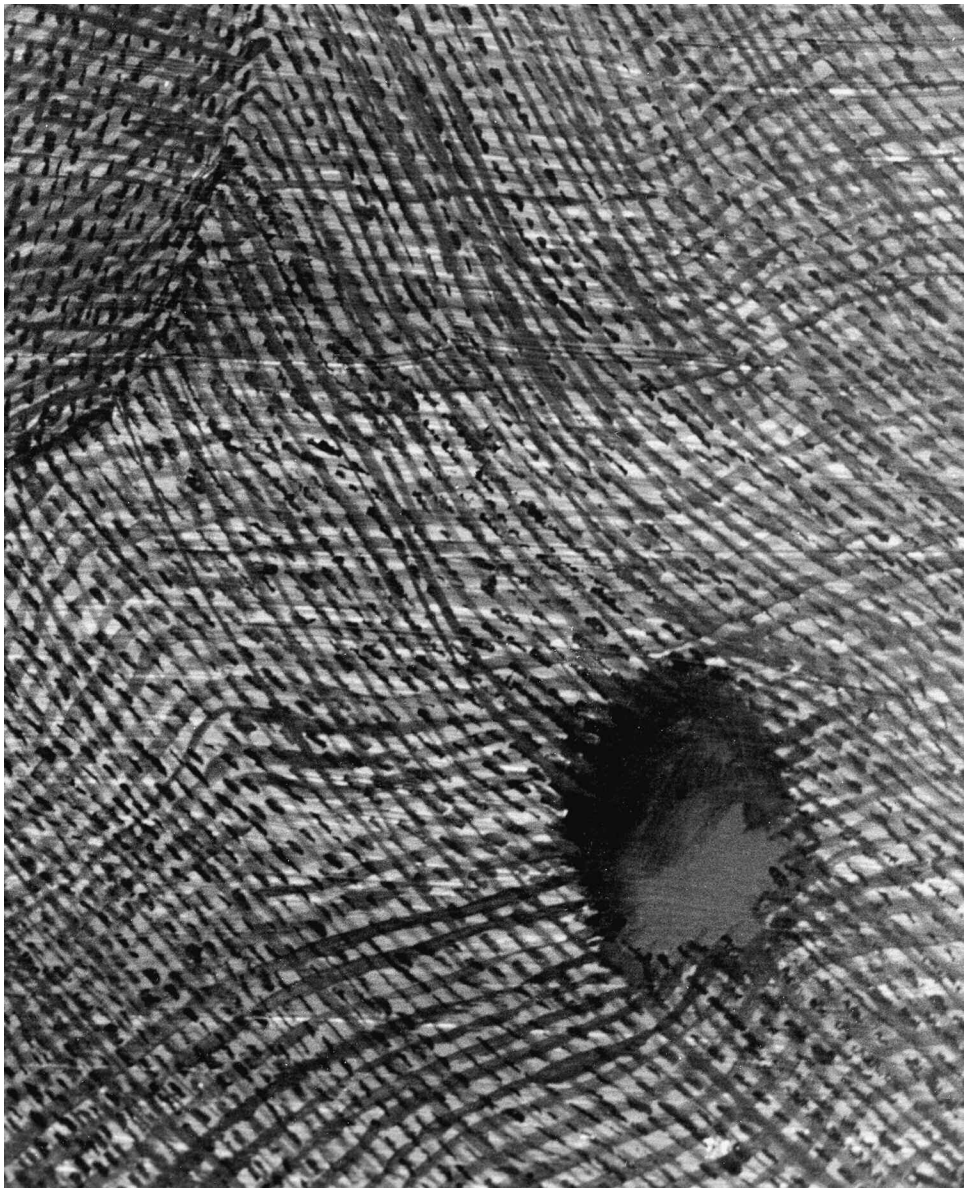

Figure 8. *Beyond Words*–Acrylic on masonite.

entering the arts therapy profession include: What is the role of talking? How much should I say? When should I say it? What should I say? Do I need to say anything at all? What if I can't think of anything to say?

As art therapists, we exist in the communities of helping professions, allied health professions, and educational professions. The therapies provided by psychiatrists, psychologists, counselors, and social workers depend upon spoken and written word. Yet art therapists by nature often find themselves dealing with feelings and ideas that cannot be sensibly or easily put into words. We operate in a world of images, colors, shadows, sensations, and intuitions.

In its early days, psychotherapy was termed *the talking cure.* One may ask if art therapy has a place in the realm of the psychiatrist, psychologist, and social worker, all of who use verbalization as their primary mode of interaction.

Words and Pictures from the Border

Dr. Lebeiko, a child psychiatrist, and I worked as co-therapists in an art psychotherapy group for more than a decade. The uniqueness of our joint venture lay in our ability to honor one another's disciplinary gifts: Dr. Lebeiko brought her tradition of verbal psychotherapy, while I contributed my respect for the unspoken power of artworks.

The clients selected for involvement in the group were often defensive, manipulative, and provocative adolescent girls with borderline personality disorder. Beyond the age, sex, and diagnostic criteria for entry into the group, we also sought clients who seemed to be slipping through the cracks in the hospital's therapeutic foundation. They were gliding through treatment as though coated in Teflon. No behavioral interventions or therapeutic interpretations went beyond their unhealthy psychological armor, and their verbal psychotherapists were frustrated.

One such client, Rachel, entered the group after having been in the hospital for nearly a month. She was a pretty, intelligent, outwardly cheerful 16-year-old. Prior to joining the group, she had remained distant and unattached to the treatment staff. She'd been hospitalized several times before coming to the facility, but had made minimal therapeutic progress. Her primary difficulties were identified as alcohol and drug abuse, intense enmeshment with her mother, sexual promiscuity,

and teen-aged motherhood. She also had exhibited antisocial behaviors including vandalism, theft, and assaultive behavior, and criminal charges were pending for her in two states. It was of diagnostic interest that Rachel's mother had adopted Rachel's baby, further complicating their intense conflicted relationship.

Rachel's primary modes of relating to the treatment staff and her peers were twofold: She alternated between a coy, child-like superficiality, and a pseudo-mature and seductive style. Both ways of interacting served her well in keeping others at a safe distance from any genuine relationship.

On her first day in the art therapy group, the chasm between her outward demeanor and inner sense of self became apparent. As we went through the beginning ritual of sitting in a circle and checking in with each group member, Rachel commented, "I'm just great," and she flashed a pearly smile around the circle. When everyone had a turn, I announced that the directive for this session was, "Draw how you really feel." Rachel quickly gathered red and black chalk, and drew a slashing, spinning symbol on her 3″ x 3″ piece of brown paper. Later, as group members returned to the circle to share their artworks, I joked with Rachel about her drawing. I said, "Wow, that sure looks great!"

She smiled.

Dr. Lebeiko asked Rachel to give her drawing a voice. "What would it say, Rachel?"

Rachel's smile disappeared momentarily, and she remained silent. A few moments passed.

I asked the group, "As you listen to this image, what do you hear?"

One girl said, "I hear, I'm angry."

Another said, "Hurt."

Another said, "I'm lonely."

Rachel blurted out, "Ok, ok, so I feel like shit, so what?"

Dr. Lebeiko quickly moved to reassure Rachel by saying it was important to have a place to express how we really feel. Rachel's eyes brimmed, but she was not about to let anyone see her cry. The smile returned.

Some of Rachel's most significant work in the group took place while I was away from the hospital for a brief period. This was a difficult time for group members because it re-enacted abandonment themes that lay at the root of their dysfunction. The girls seized this

opportunity and, in a pathological manner, acted out their hostility toward maternal figures on Dr. Lebeiko. To endure the attacks of each of these girls was no picnic for Dr. Lebeiko; however, it was a crucial opportunity to see their illnesses acted out on the therapeutic stage. It was grist for the mill. Rachel was the most vicious of the six. As she projected years of rage and frustration, her peers covertly elected her leader of the resistance movement.

Upon my return, as I saw each member in passing, there was a gush of, "Oh, God, group was so boring . . . so stupid . . . a waste of time." It was clear that the dynamic of devaluation of the mother, coupled with idealization of the father, was in full swing.

Our warm-up drawing in the next session was, "Catch me up on how life has been in this group." There was a flurry of ventilation on the walls of the expression room. Dr. Lebeiko and I made no comments as group members graphically spewed their hostility toward Dr. Lebeiko. Nor did we remark on their subtler message, "Please make it all better now." After everyone had a chance to vent about what they'd drawn, we moved on to the main theme of the day. The task was, "Draw a portrait of yourself and someone important to you."

I suspected that Rachel would draw either her mother or baby. What she drew, however, was a profound expression of the defensive psychological splitting process that actively engaged her. The drawing portrayed Rachel looking into a mirror, which reflected an ugly, fat, hateful, and lonely image.

As the two images of Rachel, one perfect and one horrible, began to dialogue, Rachel became tearful and vulnerable in the group for the first time. Her peers were at last able to see beyond the polished veneer that she had skillfully maintained. The mirror became a dominant visual metaphor for Rachel in sessions that followed, reflecting a more genuine image of her complete with good and bad qualities, both beautiful and blemished. The words used during her tenure in the group were few. The bulk of her work took place between herself, the paper, the chalk, and her images.

Amanda's Rage

When we announced to the group that Amanda would be joining us, there was a pronounced silence. Finally, one of the girls shared that she was frightened of Amanda. Amanda had a reputation on the ado-

lescent unit. She was a large, masculine-appearing girl whose arms bore gruesome testimony to serious suicidal and self-mutilating efforts. She looked threatening. Her favorite pastime was lifting weights. She didn't like to talk, but she did draw. Having heard about her, my anticipatory fantasy about her involvement in the group was not pleasant. I envisioned resistance, testing of limits, intimidation, and conflict with other group members. (I have so little faith in the power of art sometimes.)

My fantasy fell apart with Amanda's first week in the group. Where I expected resistance, I found attachment. Where I anticipated limit-testing, I found compliance and investment in the process. Where I feared intimidation and conflict, I found a catalyst for meaningful engagement in the group. Clearly, Amanda's tough style and appearance were only that: style and appearance.

An illustration of this came on a day that the assigned task was, "Portray three significant events in your life." Remarkably, everyone's graphics included one reference to death and one symbolic portrait of loss. Amanda's drawing was extremely powerful in its simplicity. There were two tombstones beside a campfire. As Amanda began to share her images with the group, there was a marvelous metamorphosis. The silence in the room and attention paid to her by her peers were electric.

The first tombstone represented the death of a neighbor. She explained, "He was really like my father–like a father ought to be." The second symbolized her grandmother. She told us: "She was really my mom. My real mom was never around." The fire, Amanda said, represented the warmth and security she felt when she was with these two important people. "They made me feel like I was somebody," she said. "I had a place in their lives."

As another client talked about what it was like for her when her parents got divorced, Amanda chimed in: "Yeah, when my parents would fight, I'd just watch from the corner. I knew I didn't belong there."

In this session, Amanda metaphorically illustrated the crux of her difficulties. Her experience of anger as the force that kept her from belonging was the dynamic that pushed her to attempt to rigidly control her own rage. Her unfathomable fear of anger stemmed from a belief that to be angry would lead to having no sense of acceptance. She used all of her emotional energy to gain control and keep herself from exploding. The pressure mounted, she controlled, and the pres-

sure continued to build. In subsequent sessions, she portrayed herself as a fire-breathing dragon. The equation was clear to Amanda: *anger = loss.* She had so much to be angry about, and her only avenue for release was in self-destructive and self-defeating behaviors such as cutting herself. The emotional payoff was that these actions eventually got her the attention she needed. The pattern had become: "If I tell anyone I'm angry, I will be rejected. But if I hurt myself, I will get attention and nurturance, plus everyone will know that I was angry." It was a great system that served her well.

The therapeutic task was to provide Amanda with alternative behaviors, nurturance, and acceptance like she had experienced with her grandmother and neighbor. Essentially, we wanted to help her learn to explode with color and line on the expressive room walls rather than implode on her arms. While words were a part of the process, they were not a major component of the therapeutic work with Amanda.

Tarri's Castle

Of all initial clients in my art therapy group with Dr. Lebeiko, Tarri was the most disturbed and disturbing. She was a moody, intelligent, volatile, bi-racial girl who was capable of being the center-of-attention comedienne who made everyone on the unit laugh. She could also withdraw from the world, acknowledging no one at all. I had seen her pound her fists wildly against her own face in a fit of rage.

Tarri had been adopted at age two. She was a cute girl with dark brown eyes. Her adoptive parents were blonde, blue-eyed people, with two older children of their own.

Tarri was a difficult client for the treatment team to understand. Her mood shifts were so dramatic that some thought she had multiple personality disorder. She complained of hearing voices, and some thought she was psychotic. Tarri had no way of describing or sharing her experience of the world. There were no words for her to offer. She was removed, distant, and suspicious of the staff. Nothing the treatment team did seemed to dent her psychological armor.

In the art therapy group, she seldom spoke. She responded to questions with yes-or-no answers. Graphically however, she poured on to the page images of the chaos she felt internally. Her startling pictures were always bound by thick, hard-edged lines. In one session, I asked

the group to portray themselves in some other time and place, either past or future. Tarri drew a complicated scene from medieval days. She cast herself as a fair, helpless maiden who'd been trapped by a dragon. She also depicted a knight, but his armor was rusted, and he appeared powerless before the dragon.

In some ways, this drawing symbolized a dilemma of Tarri and each of her peers in the group. The image of the maiden seemed to represent a quality of innocent helplessness, or the child within each of them who had ceased to develop. The dragon encapsulated the rage that held the maiden prisoner. The rusty knight seemed to symbolize the futility of hope and a lack of faith in relationships.

In a later session, Tarri drew her "life as a landscape." She portrayed a nearly barren desert scene. There was a tiny pool near the center of the page, surrounded by a fence and high wall made of stone. As the group talked about the drawings that day, Tarri spoke haltingly of the emptiness and loneliness of her desert. When I asked her about the pool, she said, "It's really just a wish."

I responded, "Tarri, I believe that everything we draw is a partial self-portrait."

She blandly replied, "Oh."

I asked her to pretend that she was swimming in the pool.

Her eyes lit up as she described diving into cool, clear water. She told us that it was a secret place where only she could go. "This is my place," she said.

Dr. Lebeiko then led the group in a discussion of how much each member longed for a place that was her own where she could feel safe, secure, and as though she belonged.

This drawing marked a turning point for Tarri. The pool became a recurrent symbol. In the sessions that followed, she talked more openly about her longing for a home. The more she talked, the more it inspired others to share their feelings of abandonment and yearning.

Several weeks later, Tarri entered the room in a dismal mood. I tried to ask her what was going on but received no response. I asked her to draw what was on her mind. She divided her page in half. On one side, she drew a desolate landscape with a small house standing beside a road that led to a distant nothingness. The other side was filled with a lush garden/jungle scene. She sat staring at her picture for a few minutes, and then quietly said: "I've made up my mind, I can't go back to that house. I don't belong there. I never have." No other words were

said. She sat, and she cried.

I cannot overemphasize the significance of this drawing. Tarri described the desolate landscape as her adoptive parents' plans and expectations for her. The garden represented her own goals. At a deeper level, these images presented a portrait of a square peg that had run out of energy trying to fit into a round hole. At times, there were words to frame her experience, but often the images simply spoke for themselves.

In our early days of co-therapy, Dr. Lebeiko would occasionally suggest that we spend more time talking in the group in the traditional open-ended, non-directive style in which she had been trained. Sometimes clients would complain that the art-making in the group was too predictable and boring. Despite my uneasiness with such verbally focused and non-directive approaches, for a time we did abandon the structure of doing art as the focus of the group.

We opened one session by announcing to the group that we had decided to shift gears and talk about whatever group members wished to discuss. The silence in the room was deafening. About 45 minutes of anxious and silent nothingness followed. The next session, the clients opened by complaining that the group was no longer helping them and that it was boring. Three of them stated that they were going to request to be removed from the group.

After several fruitless sessions, I again raised the issue of art structures in the post-group meeting with Dr. Lebeiko. In looking back on this phase of the group's life, there are at least two possible explanations of why so little happened. First, we had given in to the powerful resistance patterns of the clients. When they complained about the artistic processes as tiresome, they were really saying it was painful, hard work they wished to avoid. Their drawings inevitably brought them face-to-face with the struggles of their lives. Second, we had abandoned the non-directive approach too early; for example, perhaps our own anxiety pushed us to become more controlling so that something of value would occur in the sessions.

Both of these possible explanations may have some truth. Clearly, not much observable therapeutic work occurred in the group when we tried to rely on verbal, non-directive process. My bias is that it was the drawing process that provided a safe and secure environment in which to struggle metaphorically with the intense feelings of each group

member. When the clients made art, powerful feelings leaked out onto the page, and once there, they could no longer be dodged or circumvented by defensive verbalization.

Regardless of which explanation is most valid, we did return to the use of artistic tasks in the structure of the group. Immediately, the group was able to refocus on feelings related to abandonment, self-hatred, and rage that each member struggled to endure.

Dr. Lebeiko and I have worked together for over 10 years. We eventually expanded our groups to include clients of many diagnostic categories. We included males, and our clients' average length of treatment dwindled from one year (when we began the group) to slightly more than two weeks. Despite these radical shifts in group composition and duration of treatment, the work remained essentially the same. The role of words in the art therapy group process may best be described as one of honoring and validating the artistic expressions of clients, nothing less, nothing more. Art therapy truly is metaverbal.

Chapter 6

THE NATURE OF THE WORK

One surprising aspect of the field of art therapy to the novice student is the inherent presence of conflict in both clinical and academic environments. Perhaps the surprise element is related to motivations that bring students into the field, including love and a longing to serve humankind. The intense oppositional forces that novices confront as they begin their lives as art therapists often take them aback. Conflict, in the way I am using it, refers to the opposition of persons or forces that give rise to dramatic action in drama or fiction.

Art therapy students often come to the discipline wearing rose-colored glasses, full of good will and best intentions. Art has soothed them, and they want to use it to help others. Soon, however, they must contend with the ill-tempered client who defeats their warmest maneuvers, and the professor who demands that they document their papers in APA format. They are confronted with the peer in graduate school who thrives on competition and stirs their worst fears of inadequacy.

Conflict is everywhere in the world of the art therapist. The client seeks therapy, not in a spirit of harmony and peace, but out of dissonance and emotional turmoil. There are always interdisciplinary rivalries, philosophic disagreements, and institutional politics. Even within the art therapy profession, heated disputes have occurred throughout history.

To deal with conflict, I find it helpful to work toward an understanding of the role of discord in human existence. Life begins in struggle. Pre-birth hours are filled with hesitant, painful movement away from the safety and warmth of the womb, toward the bright, cold uncertainty of life outside. The birth process is the first conflict in a person's life. As such, it symbolizes much of what is to follow: a life

composed of one conflict after another.

Reflect on some developmental tasks and existential concerns that await the newborn. There are the initial struggles to communicate one's need for food, dryness, warmth, fondling, and love, all without the advantage of speech. Then come encounters with the outside world, parents, siblings, and peers. There are inevitable feelings of loss and rejection the first time that a mother leaves her child in the care of another. There is the first day of kindergarten and the first run-in with the school bully. Then come the first bodily and psychological changes of puberty. The first date, the first rejection, and the first move away from home are all challenging conflicts. Then come marriage and the birth of one's own children, and on and on the conflict cycle spins. The beginning to the end of our lives are flooded with inevitable changes and unavoidable conflict.

A finer attribute of humankind is our resilience in the face of surrounding instability. Our capacity to adapt, change, and struggle with conflict, both internal and external, is remarkable. It is a tenet of existentialism that the worth of people's existence is determined by how they respond to conflict and anguish.

The individual's ability to creatively contend with the skirmishes of life marks the difference between a productive, authentic existence, and a life marked with defeat and emptiness. This capacity may be described as a coping skill, defense mechanism, adaptability, or optimism. For our purposes, I will call it the capacity for creative conflict resolution.

Let me turn to my theological tradition to describe the foundation of creative conflict resolution. In the biblical Book of Genesis (Revised Standard Version) we are confronted with an image of God as Creator: "In the beginning God created . . ." (1:1). Within a few passages, we read that God created humans in His own image (1:26). At this point in the Bible, the only thing we know of God is that He creates. One may presume, then, that this is one primary characteristic that human beings share with God: We create.

In modern times, the notion of people as creative beings has diminished. It is as if creativity is seen as a private attribute of the artist, entertainer, or scientist. We seldom speak of the creative potential of the average person who works on an assembly line. Those who define themselves as creative often indulge in a form of elitism, excluding the common person from the ranks of creativity. The severity of such an

error is not only that the "creative people" delude themselves, but also that frequently the world at large accepts the prejudice.

It hasn't always been this way. Prior to the industrial revolution, every man and woman had to use creativity to survive. When faced with the realities of making shelter, food, clothing, tools, and entertainment, people created or perished. The conflicts were ever present, and the capacity for creative resolution determined one's fate.

In this age of mass manufactured housing, processed food, designer clothing, and the instant diversion of television, our conflicts are less material and apparent, but no less threatening. They are even more malevolent because of their subtlety.

Art history teaches that lasting works of great art are those that wrestle with confounding themes of existence. Humanity's relation to God, nature, war, sexuality, society, and self are repeated motifs. From the prehistoric cave paintings of France and Michelangelo's Sistine Chapel to Picasso's *Guernica* and Dali's *Last Supper,* the scenes are those of humankind's struggle to resolve conflict.

A mark of emotional and mental health is the ability to contend with the struggle and anguish of life. People who come to art therapists, whether in a private practice or psychiatric hospital and regardless of diagnosis or personality type, are in conflict. They have been unable to successfully cope, fully defend, or satisfactorily adapt. Their lives bear the scars of having been figuratively (and sometimes literally) beaten and battered by their struggle with life.

The task of art therapists is to call upon the inherent creative potential of clients. We must enlist creativity as an ally in the complicated work of unraveling the snarled yarn of the client's life, freeing the person from the snare of victimization.

In my first year of graduate school, I suffered from a malady common among my peers. I suspected that I was somehow less intelligent and less sophisticated than everyone else in school. For months, I wrestled with whether to drop out of school. I finally decided to share my concerns with my academic advisor. After I told him I thought I was "in over my head," he began to laugh. I flushed with anger and resentment. Then he told me that I was the third student that week who was feeling overwhelmed.

"Bruce," he said. "You are suffering because you haven't figured out the higher education game yet. You see, it's not a matter of teaching students facts or dates, or even the ideas of famous people. The point

of being here is to learn how to learn." A light came on in my head. I'd been focusing my attention on specifics of course material while ignoring the whole process of learning to think creatively about any given problem or situation.

As art therapists, we are in an intriguing position with clients. One of our primary tasks is making art in the company of clients. By doing this, we call out clients' creative potential. As artists, we know that conflict is inherent in painting, sculpting, molding, dancing, and making. By virtue of all that has been created in the name of art, we stand at a pivotal point in the acceptance and expression of conflict. Doing art is a natural method of evoking and sharing feelings and ideas that essentially oppose each other. As art therapists, we foster in our clients a belief that they are capable of creative resolution for problems in art production. At the same time, the capability to struggle with other areas of conflict in clients' lives is serendipitously nourished.

Art therapists do not necessarily need to focus attention on one specific conflict, but rather on the nature of conflict as a symbol of life in process. If this attitude can be engendered in the client, particular struggles will no longer be avoided but, rather, embraced as a validation of life itself.

AN ILLUSTRATION

I'd been on vacation for three weeks. It was my first day back at the psychiatric hospital, and as I walked into the art therapy studio, I quickly became aware of Jenny's hostile glare. She'd been admitted to the hospital while I was away, and although I had not met her, I knew from the staff meeting earlier that morning that she was 16 years old, and had been angry and resistive in the studio. Out of the corner of my eye, I saw her squirt a stream of white glue onto a piece of Masonite board. She proceeded to randomly place mosaic tiles on the board, paying no attention to color or design.

I approached her and introduced myself. "Hello, my name is Bruce," I said. "I've been on vacation for awhile. Who are you?"

She turned toward me and, with one fist clenched, asked, "What do you care?" This response triggered snickers from her peers.

One of the other adolescent clients said, "This is Jenny, she came in last week."

Figure 9. *The Studio at Harding Hospital*–Photograph by Bruce Moon.

"Thanks," I said. "Now, Jenny, what are you working on here?"

She shoved the board across the table in my direction without speaking.

"Ah, a mosaic," I said.

Jenny turned to her friend and smirked, "What is he talking about?"

I replied: "I'm talking about your work, Jenny, and I am curious about your theme. What are you trying to express? We want artists to work on important things in this studio. You know, things like feelings or events that have been significant in your life."

She snarled, "You want me to draw a pig?"

I learned later that she had been referred to the hospital from the juvenile court system. She had several criminal charges pending, and the judge wanted her to undergo psychiatric evaluation.

"No," I said. "But I . . ."

Jenny glared at me and said, "I don't give a shit what you want."

"Jenny, you are going to have to not talk that way in the studio," I said. "We need this to be a safe and comfortable place for everybody. Swearing makes it hard on everyone."

"Are you fuckin' for real?" she asked.

I replied: "I'm serious about this, Jenny. Now, can we talk about your artwork?"

She grimaced and said: "It's nothing. I'm just doing it."

My mentor, Jones, would often say that clients always express what they need to express. The difficult part for art therapists is to grasp the meaning of the expression. In this brief encounter, I sensed that Jenny had laid out several important themes of her life. First, there was the random and chaotic quality to the art piece she was creating. Second, she had dramatically enacted her disregard and disrespect for adult authority figures. Third, she had indirectly indicated that important aspects of her life were in the hands of others like the police.

I thought about these three thematic elements and said: "Well, we'll have to start something that has meaning for you. I'll stop back in a few minutes." I turned and headed back to an easel where I had a canvas in progress.

As I started to work on my painting, I overheard Jenny sneer to her friend, "I can't do a damn thing with him bitching at me."

"That's it, Jenny," I said. "I am going to have to send you back to the unit. We really can't have talk like that here in the studio. We'll try again tomorrow."

The next day went much like the first session. She was again sent back to the unit in response to her negative, devaluing, and hostile behavior. As she was being escorted from the building, I said, "Tomorrow, let's build a canvas together and get going on a painting." She did not reply.

To my surprise, Jenny entered the studio the following day and announced that she was ready to work. We began with my showing her how to use the miter saw to cut 2 x 2s for her stretcher frame. She whined that the wood was too hard, and the saw was too dull. I replied, "Jenny, let's struggle with it."

After the frame was constructed, I taught her how to stretch canvas. She asked: "Could you leave me alone? I can do this."

"All right," I said, "but let me know when you get to the corners; they can be tricky."

When she called me back to the room where she'd been working, I saw a too-loose, too-wrinkled canvas. "Jenny, this isn't tight enough," I said. "Let's take it off and start over."

"What?" she groaned. "It's Tom's fault. He came in here talking to me and . . ."

"Jenny, there is no substitute for paying attention to your work and taking your time," I said.

"Why isn't this good enough?" she asked.

I began pulling staples and said: "Because you are worth more than this. C'mon, give me a hand."

"I can't do this," she exclaimed.

"I have faith in you," I replied.

"I can't do this," she protested.

"Trust me," I said.

During the weeks that Jenny was in the hospital, our relationship shifted from focusing on conflict with authority and boundary setting, to one marked by mutual interest and support. I worked alongside as she cut wood, constructed a frame, stretched and primed canvas, learned painting techniques, painted over, critiqued, re-worked, and finally signed her canvas. She created an image of a desert plain leading to a desolate mountain range against an empty magenta sky. It was an intense lonely painting, and a heartrending metaphoric self-portrait. This was not easy work. Withstanding the initial hostility and resistance of clients like Jenny who you wish to help is not pleasant, and yet it is frequently an important aspect of therapeutic work.

What is the nature of the work that art therapists do? It is often painful, emotionally bruising blistering, stretching, and demanding. No one seeks therapy because of good feelings. On the contrary, therapy is typically sought as a last resort when other avenues for alleviation of discomfort have been tried. Therefore, the work of therapy is seldom reflective of happiness, fulfillment, or peace of mind. Art therapy does, however, typically proceed through three phases: resistance, working through, and termination. These phases are not linear and discreet, but rather fluid and intermingling. For the sake of description, however, I will discuss them in sequence.

The Resistance Phase of Art Therapy

Usually the guideposts of therapeutic work are rage, loss, hurt, denial, abandonment, anxiety, guilt, and emptiness. The roads these guideposts demarcate are hard to travel, and clients typically are forced to walk them by life circumstances beyond their control. Clients are understandably wary, guarded, hesitant to trust, and quick