



NATIONAL COLLEGE OF ART AND DESIGN

FINE ART SCULPTURE

SHOULD THERE BE AN ART THERAPIST IN AN ART COLLEGE?

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13. The Board of Directors

INTRODUCTION

The primary objective of this thesis is to make a case for an art therapist in an art college. I have outlined the history of art therapy and attempted to clarify exactly what art therapy is, in terms of art, psychology, and as a profession.

I shall try to paint a balanced picture as the field of art therapy is illuminated with strokes of brilliant colour, but has its shadows as well. In order to do this it is imperative to see art therapy from both sides, from the art therapist's and the patient's point-of-view.

As art therapy is more often than not used with the mentally and emotionally unbalanced, I will try to establish some connection within the intangible matrix of insanity, creativity and the unconscious. I shall consider what it is that made people in psychiatric hospitals turn to creativity long before they were encouraged to do so and will investigate what artists say their art means to them and how it is affected by events in their lives.

For the purpose of this thesis it is crucial to establish the point at which art therapy and art education overlap. The main argument of this thesis is to attempt to prove the point that it would be most helpful to teachers, students, and therapists if the connections between art teaching and art therapy were more fully understood.

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The artist feels this need for expanding his point of departure and will welcome the independent life of his medium. Something like a true conversation takes place between the artist and the work. The medium, by frustrating the artist's purely conscious intentions allows him to contact more submerged parts of his own personality and draw them up for contemplation. While the artist struggles with his medium, unknown to himself, he wrestles with his unconscious personality revealed by the work of art. Taking back from the work on the conscious level what has been projected onto it on the unconscious level is perhaps the most fruitful and painful result of creativity.

(Ehrenzweig, 1967, p.57.)

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CHAPTER 1

WHAT IS ART THERAPY?

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WHAT IS ART THERAPY?

The definition of art therapy, according to Caroline Case, involves the use of different art media through which a patient can express and work through the issues and concerns that have brought him/her into (art) therapy. The therapist and the client are in partnership in trying to understand the art process and product of the session in order to understand the state of mind of the client. For many clients it is easier to relate to the therapist through the art object which, as a personal statement, provides a focus for discussion, analysis and self evaluation. As it is concrete, it acts as a record of the therapeutic process that cannot be denied, erased or forgotten and offers possibilities for reflection in the future. The transference that develops within the relationship between therapist and client is extended to the art work, giving a valuable 'third dimension' or three-way communication.

When Adrian Hill first coined the term 'Art therapy' in 1938, he meant simply that art does the therapeutic work. He tells us how he spent months in hospital with tuberculosis, how time dragged and eventually came to a standstill. One day he took a pencil and made a drawing of the flowers on his bedside table. The drawing intrigued him, he found it had a twist in it that 'pleased me mightily' - and by the simple act of drawing he had set the pendulum in motion again. As he took more and more to drawing and painting he felt a 'mental emancipation' from his situation. He considered that his drawing and painting helped to pull him through his illness, and encouraged by his doctor, he took the good news to the other patients. He urged them to paint also, not to copy but to express in their pictures what they felt, to paint 'dangerously'. Again and again this activity made for an improvement in their condition. Art thus had the power to heal.

As the practice of art therapy has become established within the professional base of psychotherapeutic ideas and

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principles, there is a current tendency to call it 'art psychotherapy'. Some therapists feel that this term describes their work more accurately.

Personally, I believe that both definitions are valid and 'art therapy' as I see it refers to the actions, that are, or seem to be effective in removing psychological or physical pain on the part of the patient, whether they involve a therapist or not.

For the purpose of this thesis I will essentially be using the term to describe a process involving a therapist, as it has been recorded and documented.

IS ART THERAPY MORE ART OR THERAPY?

Although Freud was interested in art, he saw it more often as evidence of pathology, Jung, on the other hand was more intrigued by the creative life of his patients. Jung treated pictures in much the same way as dreams, as material for analysis, and as a key to the unconscious life of his patients.

Quite separate from the development of analytical psychology, the practice of bringing art materials into sanatoria for invalid rehabilitation dates to the second world war. These Artists introduced painting as a form of constructive and creative occupation for people who were shell-shocked or recovering from physical injuries. They found that the use of art for these patients became more than an occupation to pass the time, in fact, painting seemed to contribute actively to patients' mental healing process.

These two strands, from art therapy history, are still present in current practice. Some art therapists pay little attention to the process of producing a picture, feeling that the most important part of the therapy lies in the discussion of the product, and the relationship with the therapist. Other art therapists feel that the process of making an art

work is the most important aspect in making change, and that discussing the product is largely superfluous. Most art therapists recognise both as being important, and realise that different clients may have different needs in this respect. (Liebmann, pp. 15, 1990.)

Debate continues concerning the issue of how much 'art' there is in art therapy. Most art therapists agree that art therapy is not about producing 'beautiful pictures' or 'brilliant works of art'. The main concern is with the making of art which is personal and follows the natural needs and standards of the individual. The value of it is not based on judgemental criteria, but on personal benefits to the patient. And so a scrawl may have as much therapeutic value as a completed picture. However, most art therapists acknowledge that the actual composition of a statement is very important thus emphasising the connection with art.

From the other end of the debate, there are those from an analytical therapy background who feel that art therapy is a derivative of more traditional analytical therapies, using paintings as well as verbal descriptions. Some of these practitioners feel that art therapists ought to train as verbal psychotherapists first and then add their art skills.

THE HISTORY OF ART THERAPY

Edward Adamson has been described as the father of art therapy. He opened his studio at Netherne Hospital in 1946. It soon became a place of refuge in the hospital, a space where people would find inner resources and channel them out into reality, a place where patients were given the chance to help cure themselves. In his book 'Art As Healing' Adamson tells us that he never tries to interpret work - he just welcomes it - he sees his job as a facilitator, as a catalyst who allows the healing art to emerge.

Adamson discovered that even before he arrived at Netherne the patients had already taken to drawing, with the burnt

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ends of matchsticks on toilet paper, with pencils on the pages of books, and that many of them carried with them ragdolls that they had themselves made. The patients had naturally turned to making images. We know of this phenomenon from the asylum scene in Rake's Progress (fig. 1.2) by William Hogarth where the walls are decorated with graffiti and paintings done by the inmates.

Hans Prinzhorn who was born in Westphalia in 1886, studied philosophy and art history in Vienna, singing in London and later qualified in medicine and psychiatry, completed his collection of works executed by mentally ill patients in 1921. He then moved on to be assistant to the Heidelberg psychiatric clinic, and acted on the suggestion of its director, Karl Wilmanns, who had started on his own collection which he wished Prinzhorn to enlarge and analyse. Prinzhorn thought that the primal creative urge is inherent in every human being and that the sudden activation of this in patients could be explained by the 'inner development or transformation of the patient - his artistic concentration on his own person - together with his removal from the activities and countless little stimuli of life outside'. (Prinzhorn, 1979, p. 24.)

Prinzhorn followed up his investigation by a study entitled 'Artistry of Prison Inmates', published in 1926, in which he reproduced photographs of pencil sketches, carvings and scratches in wood and plaster on prison cell walls, of small sculptures made out of kneaded bread, playing cards made by the prisoners and tattoos on their bodies. (Thompson, 1989, p. 25.)

THE STATE OF TEXAS,
COUNTY OF DALLAS.I, the undersigned, Clerk of the County of Dallas, Texas, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the County of Dallas, Texas.GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 1st day of May, 1907.CLERK OF COUNTY.[Signature]

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Dallas, Texas, this 1st day of May, 1907.CLERK OF COUNTY.[Signature]

NOTARY PUBLIC FOR THE STATE OF TEXAS,
My Commission Expires the 1st day of May, 1908.[Signature]

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My Commission Expires the 1st day of May, 1908.[Signature]

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My Commission Expires the 1st day of May, 1908.[Signature]



(fig. 1.1)

A Paris Beauty.

This 'pin-up' (fig. 1.1) was done when the male and female wards were quite separate. This man used to spend hours meticulously copying pictures from magazines on any scrap of paper that he could find; in this case the fly-leaf from a hospital library book.



(fig. 1.2)

In 1735 the English Artist William Hogarth (1697-1764) published a set of engravings entitled *The Rake's Progress*. The prints depict eight stages in the downfall of a youth of mean moral principles named Tom Rakewell. Beginning with Tom's entry, through inheritance, into the world of the fashionably rich, the engravings narrate the sad, though edifying story of his rapid descent into the underworld of eighteenth century London. (McGregor, 1989, p. 18.)

Although there were tentative beginnings in the mid 1950's it was not until 1981 that the profession of art therapy was officially recognised in the Health Service. Since then art therapy has become more widely recognised and is now developing into social services, education and other independent agencies such as the hospice movement and other voluntary organisations.

Edwards (1989) traces different models of art therapy, and attitudes towards art and psychoanalysis, back to their origins some two hundred years ago. By describing attitudes towards art and madness in the eighteenth and nineteenth century, Edwards demonstrates how ideas from other areas of enquiry, such as the use of art in rituals, religious customs and other such ceremonies, form a 'more elaborate and enduring context' for art therapy and was in existence well in advance of its established profession. Art history and the history of psychiatry have given rise to certain models of art therapy practice and Edwards postulates that the roots are codified. Diagnostic attitudes towards imagery go back to eighteenth century neoclassicism, and have their roots in the rational belief that a person's state of mind could be read from a picture. The depiction of feeling in art was formalised and enabled the painter and the viewer to remain uninvolved. However by contrast to this, the nineteenth century romantics embraced a positive conception of the imagination and valued the artistic expression of the inner-experience. This attitude related to the belief in the natural healing powers of art. Caroline Case believes that the development of the profession in the early years enabled most art therapists to emphasise the process of art and the inherent healing properties as central to art therapy practice.

Influenced by such innovators as Adrian Hill (1941), and Herbert Read (1942), two strands of art therapy developed in parallel - one in the setting of education and the other from medical roots where art was used as a past-time for patients

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recovering from illness. (Case & Dalley, 1991, p. 4.)

The outsiders exhibition mounted by the Arts Council at the Hayward Gallery in 1979 showed art work selected largely by the French artist Jean Dubuffet, from his collection of, what he termed, art brut or raw art, illustrating

"Those forms of extra-cultural creativity which arise from internal promptings, the spontaneous expression of personal resources untainted by outside influences".
(Prinzhorn, 1979, p. 22.)

Many of the outsiders exhibited had worked in secret. Gaston Duff for instance, interned in an asylum in Lille, did drawings on scraps of paper and kept them hidden in his pockets until his doctors discovered them. Henry Dargan's thirteen hand-bound volumes of realms of the unreal, the illustrated adventures of seven beautiful Vivian girls, were found only after his death. There was something secretive about the outsiders exhibition. The works were to be shown to the public and then taken away. After their celebration at the Hayward Gallery, they were to have a period of seclusion in a special house in the French countryside. The feeling is that there is some honour due to these works, as one might honour a secret and that they must be actively protected from commercial exploitation. The point I am making is that the work of the insane, was not done for monetary gain. It is personal, vulnerable work, that reflects a state of mind. Art for the insane, is often their only means of self expression, and is therefore done for therapeutic reasons, not for commodity reasons. Victor Musgrave writer, filmmaker, and director of an art gallery in London was associated with Jean Dubuffet's venture, and it was at his instigation that the outsiders exhibition took place. Musgrave went on to establish an outsider archive in this country as a nucleus for a proposed museum of outsider art.

Only in retrospect can it be seen that this type of art work has always existed, right back to scratchings on cave walls,

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before the beginning of 'art therapy'.

Adamson had an insight into art as therapy when he took the post of hospital artist at Netherne (mental hospital). He soon came to realise that this work at Netherne was to be radically different. He put this down in part to the far wider range of personalities he now found under his charge. Before this his painting had been used as an occupation or a direction wherein he could help with technical advice. Confronted by his new patients - who were able to give spontaneous expression to what they found within themselves and often did so with amazing force - he knew that something quite other was expected of him. He neither criticised nor praised their work but merely received it.

Another attitude to such work is expressed by Dr. Leo Navratil (1966), medical director of the hospital of psychiatry and neurology at Klostenburg in Austria. Navratil, for years studied drawings by the mentally ill. He follows Freud, who was inclined to see in the manifestations of psychosis not only the illness but also an attempt at self-healing. He thus regards the stereotyped movements of his patients as a bid to hold on to some certainty, some order as well as seeing an ordering principle at work in the formalism of their drawings. In the spontaneous creative activities of schizophrenics he sees the same endeavour to find meaning in life, 'to come to terms with existence, to spin out a new myth which will help to provide an anchorage for its creator'. He reminds us that Prinzhorn found a 'metaphysical bent' to be as characteristic a trait in schizophrenia as any other. In telling us that one of his own patients stopped drawing when, after two courses of E.C.T. treatments, his illness was gone, he concludes almost with regret that 'the artist in him' was the psychosis.

In his hospital in Austria he set apart a purpose built home where his artists live, work, exhibit and even sell their work. He felt that these patients, in their lifetime should receive some of the honour due to them. (Freud, 1923, p. 51.)

Such statements as, 'Art should be the basis of education' (Read 1942) and 'Art, however we may define it is present in everything we make to please our senses', influenced the direction of art teaching in the 1940's and '50's, as did imagination, and expression in art graffiti. It also had the effect of highlighting the central nature of art in terms of its inherent potential for therapeutic work. The influence of early analytic writing, such as that of Jung, gave support to the idea that art was an important measure of both unconscious and conscious communication. During his own self analysis Jung had drawn his dreams and fantasies and encouraged his patients to do likewise. 'What a doctor then does is less a question of treatment than that of developing the creative possibilities latent in the patient himself'.

It was Jung's technique of active imagination - encouraging the kind of phantasy that came to his patients when they were neither asleep nor awake at the specific time when judgement was suspended but consciousness not lost - that closely parallels that of the creative process and the inspiration of artists and inventors. By mobilizing the patients creativity, the gap between conscious and unconscious can be bridged. (Jung, 1954, p. 51.)

More recently, however, there has been a tendency in the practice of art therapy to enquire why bridging this gap is so effective and to discover how the process works. This has led therapists to look further into psychoanalytic processes. Consequently some art therapists might be informed by the ideas of Klien, Freud, Jung or more recently the post Freudians, such as Donald Winnicott, Marian Milner and others.

A BRIEF HISTORY OF ART THERAPY AS A PROFESSION

Art therapy as a profession has its roots in modern psychology and psychotherapy. Freud's emphasis on the significance of the unconscious image making power of dreams and fantasies has had an important influence on all forms of psychology and psychotherapy. This image making power of

man's unconsciousness bypasses the verbal thinking which traditionally is over emphasised in formal educational training.

According to Marian Liebmann the reason why art therapy has only recently been recognised as a profession is because verbal communication assumes a dominant role in all relationships, and so is the basis of our culture. Traditionally an individual's success has been measured by the degree of language skills he or she has developed. One interesting point is, in non-western cultures (in terms of healing) the principle intervention mode is action, including the use of non-verbal symbols such as bombarding the patient with sensory stimuli. The art therapy approach offers a specialised, additional, non-verbal technique for releasing, through symbolic imagery, the unconscious, repressed emotions. (Liebmann, 1990, p. 13.)

In the early '70's in the U.S.A. more and more directors of departments of art education at American Universities and clinics were establishing courses in art therapy training for graduate students not only in art but other disciplines. The interest in training art therapists grew in the '70's, when professionals in such disciplines as psychology, social work, and occupational therapy came to recognise the value of art therapy training as a means of broadening their own professional competence. (Naumburg, 1973, p. 94.)

A training course was first opened in Great Britain at Merseyside College, St. Albans in 1970, towards a certificate in remedial art. The word 'therapy' was avoided in the title for it was learned that to make such a claim, might incur the wrath of psychotherapists and doctors. Until then remedial art had been mostly in the hands of teachers but it was felt that teachers did not have the skills the work demanded. The business of the course was therefore both to separate itself from teaching (to the extent of eschewing membership of the association of art therapist, which had to be affiliated with the NUT), and to define itself within the medical profession.

Inevitably a lot of psychological and para-medical subjects filled the syllabus, including child development, mental handicap, delinquency, the brain, perception. There was a therapy group run by a clinical psychologist, and the legal aspects of mental illness were taught by a magistrate. The candidates for the course were selected from a wider field than the arts - for example nurses and social workers could apply. The image of art therapy as it came to be recognised by the D.H.S.S. was being defined in those days, and this had to be in terms that could be communicated in other disciplines. It is not surprising, therefore, that anything unclear was frowned upon. This development in art therapy coincided in time with the advent of the growth movement and its 'life enhancing' ethics.

The art therapy course at Goldsmith's College started as an option within the Institute of Education in 1974 and became a separate course in 1976. Whereas the bias at St. Albans had at first been on mental handicap (owing to its connection with the many handicap hospitals in the area). Goldsmith's course was first linked with child psychology. Perhaps because it was that the later course and the art therapy image had already, to a certain extent, been fashioned. The orientation of Goldsmith's may have always been more towards the arts. The intake of students was confined to art graduates. The staff were all art therapists, some of whom held a qualification in psychotherapy as well. The teaching of art therapy, as such went on in both directive groups and analytic workshops which continued throughout the year. In 1984 a further course was established within the department of psychiatry at Sheffield University. The emphasis of supervision in the course follows the northern tradition established by Winnicott and Balint.

In 1988 two training centres in Great Britain for the Rudolph Steiner based method of artistic therapy opened. Following Steiner's ideas the student studies the forces inherent in black and white, and geometric line drawings, and learns about their healing potential. (Routledge, 1992, p. 137.)

Art therapy as a distinct post-graduate profession has been recognised by the Department of Health and Social Services since 1982. There are presently 600 registered art therapists in Britain. They are now accepted by the Council for the Professions Supplementary to Medicine (CPSM) for state registration. Since 1990 the qualification has been recognised by the National Council for Social Services. Training is a post-graduate diploma completed over one year full-time or two years part-time. This is currently under review and may be extended by a year.

There are three colleges offering training courses in art therapy, Hertfordshire College of Art and Design, the University of London, Goldsmith's College and the University of Sheffield. A fourth course is being set up at Edinburgh University. (Hershkowitz, 1992, p. 36.)

CHAPTER 2

ART THERAPY, FOR AND AGAINST

A CONSIDERTION OF THE ART IN ART THERAPY

Several recent articles have been concerned with the role of art in art therapy. Dubowski (1985) challenges those who are 'taking the art out of art therapy' maintaining that the link with psychotherapy has become too strong which leads to the practice of 'illustrative' therapy, where the patient is given time to make a picture simply in order to talk about it. Art as a basic human behaviour must have some selective analysis in its own right. Those who are artists and therapists understand this from their own experience. They understand that the relationship the artist has with materials, forms, images and symbols is a unique relationship and a deeply rewarding one. The artist knows that it is a very private relationship, initially at any rate, and that such a complex relationship must be given time to develop. As this develops, there is an increasing acquaintance with what develops on the picture surface and the evolution of this symbolic language leads to a conversation between the artist and the art. Why is it then that therapists deny their patients the opportunity to develop such a relationship?

According to Dubowski there is another view questioning the value of the emphasis by the therapist on the art work or any visual communication. Judd (1986) describes how this concentration on imagery can pre-empt the session:

This means that the art therapist may respond with more interest and enthusiasm to say, a painting, than for example the child who sits quietly playing with his fingers, or jumps on the couch or what ever - all equally part of what the child is 'saying' or significantly 'not saying'. This narrows down the potential awareness. (Judd, 1985.)

The creative process of art therapy can be seen to be destructive rather than constructive in terms of the product as "explosive feelings are not so much depicted as acted out". (Kramer, 1975.)

In this way the art is less of a consideration in terms of the product, and so the art is merely a medium or a vehicle, not an end in itself.

As therapists we are more accustomed to failure than success. We are used to seeing paintings of volcanoes become a mass of red and black because explosive feelings were not depicted but acted out. We see carvings end up as pieces of wood because the act of cutting unchains aggressive drives that cannot be confined within a given shape. Before our eyes, drawings turn into angles of half erased lines because ambivalence paralyses the capacity for making decisions. (Kramer, 1975.)

ART THERAPY FOR THE THERAPIST OR PATIENT

There is also the problem of the patient producing work for the therapist. Regardless of whether the patient or therapist realises it. Because the relationship between the therapist and the client is based on trust, there must be a strong bond made. If the patient is deeply insecure, and quite dependent on the therapist, she/he will put a lot of emphasis on the relationship with the therapist, and in this case, it would not be unusual for the patient to make work, that she 'thought' the therapist would like, or react well to, thus relieving the patient's insecurity.

It does seem to be true that the work produced in the context of therapy is different from the work that mental patients produce independently. Writing in the 'Outsiders' catalogue about the patients represented in Prinzhorn's collection, Victor Musgrave says: "Their works were spontaneously generated and did not go through the art therapy process". And talking about Navratil's artists, he says that:

Their work is immediately distinguishable from the vast amount of therapeutic 'art' which, seen in quantity, begins to become somewhat monotonous in theme and content. There is also present a desire to please and satisfy the expectations of the therapist.

(Musgrave, 1979.)

FREUD AND AESTHETICS

Unlike Jung, Freud's attitude to art and aesthetics was clearly ambivalent. His view of artists varied from adulation to denigration. He argued that aesthetic experience was not susceptible to psychoanalytic enquiry and that psycho-analysis can do nothing towards elucidating the nature of the artistic gift, nor can it explain the means by which the artist works. (Freud, 1952 pp. 431.)

Freud discussed the 'formal' or 'aesthetic' as the artist's means of deceiving his audience, and expressed the awareness that the better the quality of art, the more completely have its origins been transformed and obscured.

However, this early Freudian interpretation of art - art merely as a substitute for unfulfilled desires - does not parallel his own aesthetic experience. He did acknowledge that, in spite of his layman's knowledge of art, he found himself quite surprisingly affected by it.

Nevertheless works of art do exercise a powerful effect on me, especially those of literature and sculpture, less often of painting. This has occasioned me, when I have been contemplating such things, to spend a long time before them trying to apprehend them in my own way, i.e., to explain to myself what their effect is due to. Where ever I cannot do this, some rationalistic, or perhaps analytic, turn of mind in me rebels against being moved by a thing without knowing why I am thus affected and what it is that affects me Some writers on aesthetics have discovered that the state of intellectual bewilderment is a necessary condition when a work of art is to achieve its greatest effects. It would only be with the greatest reluctance that I could bring myself to believe in such necessity. (Freud, 1952, pp. 443.)

CASE STUDY ONE

ADOLF WÖLFli

ART THERAPY A PREVENTION, NOT A CURE

(McGregor, Ch. 13, 1989.)

Adolf Wölfli (fig. 2.1) is one of the greatest psychotic artists. His significance is enhanced by the fact that his work has broken through the barrier separating the art of the insane from that of healthy painters.



(fig. 2.1)

13.5. Adolf Wölfli at work, Adolf Wölfli-Stiftung. Kunstmuseum, Bern.

Wölfli was born in 1864 in Nuchtern, near Bern. He lived with his parents, mostly his mother, until the age of nine, when his mother died and he was abandoned to the care of a series of foster parents who used him as a farm labourer. He was mistreated and received little schooling. He appears to have been a deeply withdrawn boy, difficult to manage or to relate to.

As a consequence of a series of sexual assaults on young girls he was imprisoned in 1890 at the age of twenty-six. His hospitalization in 1895 was the result of a further sexual assault and the recognition by the judicial authorities that he was mentally ill and dangerous to

society. In the hospital Wolfli deteriorated rapidly, retreating into a private delusional world. During the early years of his hospitalization he was extremely violent and had to be isolated to prevent dangerous attacks on other patients and the hospital staff. He experienced both auditory and visual hallucinations, periods of wild excitement and uncontrolled behavior, while living in a world full of delusional beliefs.

During this time he showed no interest in any artistic activity. Which, in fact, would have been quite out of keeping with his former life-style and personality in that he had had no art training and, so far as is known, had never evinced any interest in drawing. It was in 1899 that he quite spontaneously began to draw and write.

In 1921 Walter Morgenthaler (1882-1965) was a psychiatrist newly in charge of a private mental hospital at Munchenbuchsee near Bern. Morgenthaler's interest in psychotic art goes back to the time of his appointment as director of the Waldau Clinic in 1913. It was Morgenthaler who undertook an elaborate study of Wolfli's work.

When Wölflli began to draw and write in 1899 he became less violent and had less of a tendency to hit emotional extremes. He seemed to use up all his psychic energy in his art work. This made him much easier to manage and less likely to be a danger within the hospital.

One question to which Morgenthaler diverted his attention was whether Wölflli's art had changed over the years. Could one truly speak of a development in the vision of the world that was reflected in the pictures? In answering this question Morgenthaler reveals his integrity as a physician and his honesty as a critic. There was no evolution.

According to Morgenthaler (1928) Wölfli nourished himself from the excess of psychic capital which he possessed from the beginning of his illness, without being able to acquire anything new from that time on. Even today he searches for real tenacity, for new place names in the atlas and old periodicals, in order to transform these and utilise them for his ideas. But this does not represent an enrichment for him, and contributes nothing to his evolution. It is for this reason that one cannot truly speak of his drawings in terms of progress or of increasing perfection due to the enlarging or deepening of his personality. The endless variation of his drawings all originate in a few fundamental themes, which over tens of years have never changed.

Wölfli's earliest drawing of the sun was done in 1904. The drawing was taken from him and stayed in a cupboard. In 1919 another sun appeared, exactly like the first with seven rings in which two contained exactly the same number of bells and the sixth was decorated the same way with six polyhedrons. Around both suns he had arranged exactly sixteen stars - this was done without the slightest recollection of the first picture. The amazing resemblance between pictures separated by so great a time lag, during which he drew hundreds of others, can only be explained on the basis of an absence of any evolution.

These drawings (fig. 2.2, 2.3, 2.4) show, how over a period of fifteen years, there was little if any change in the theme of Wölfli's drawings. Whether this is because there was no 'art therapist' available to deal with him, or whether in this case art therapy simply did not work, is a very difficult question to answer. The only conclusion I can come to is that art as a means of focusing emotion prevented Wölfli's violent outbursts. However, since there was no fundamental change in his work, it can only be said that it did not cure him.

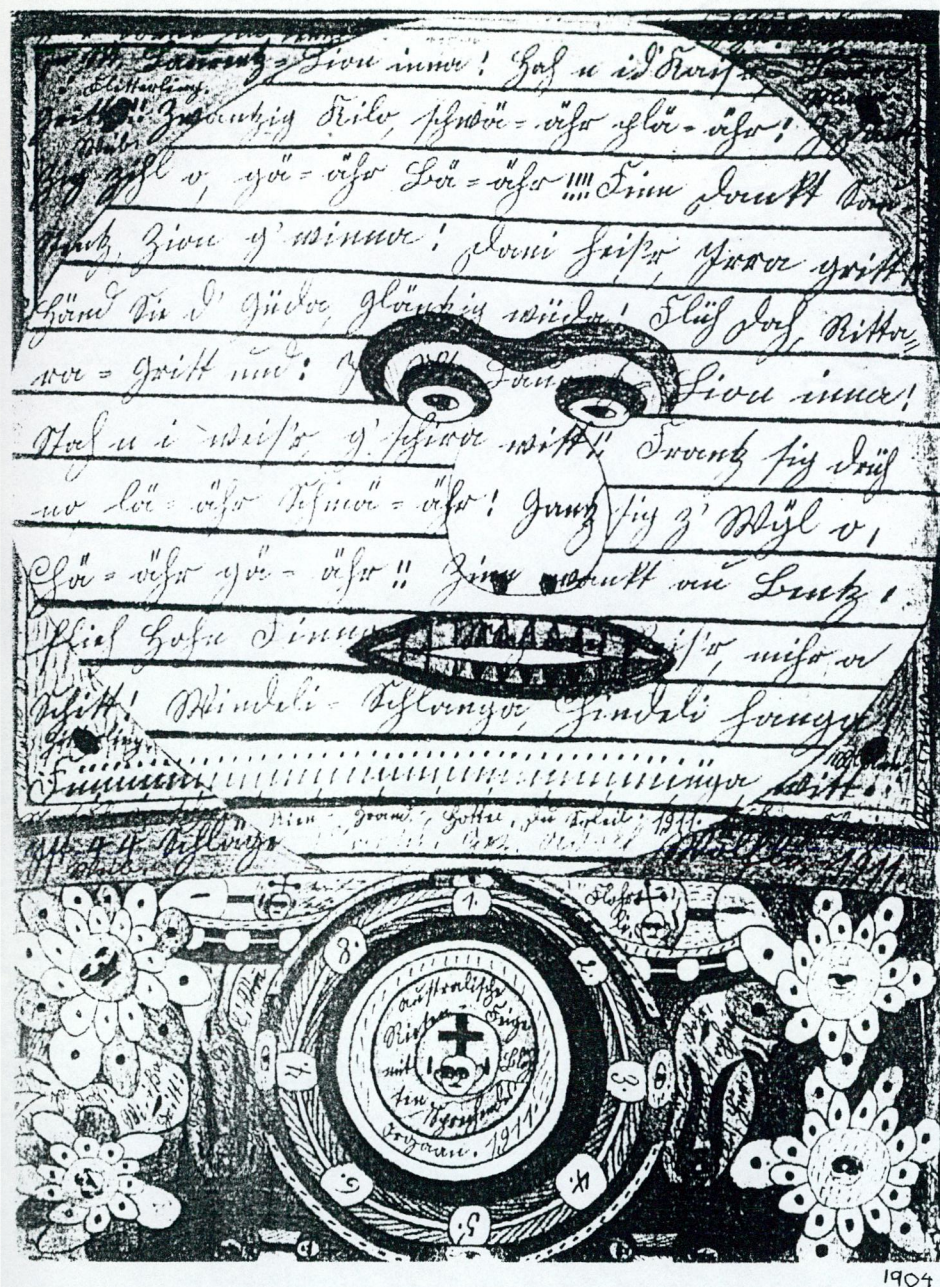
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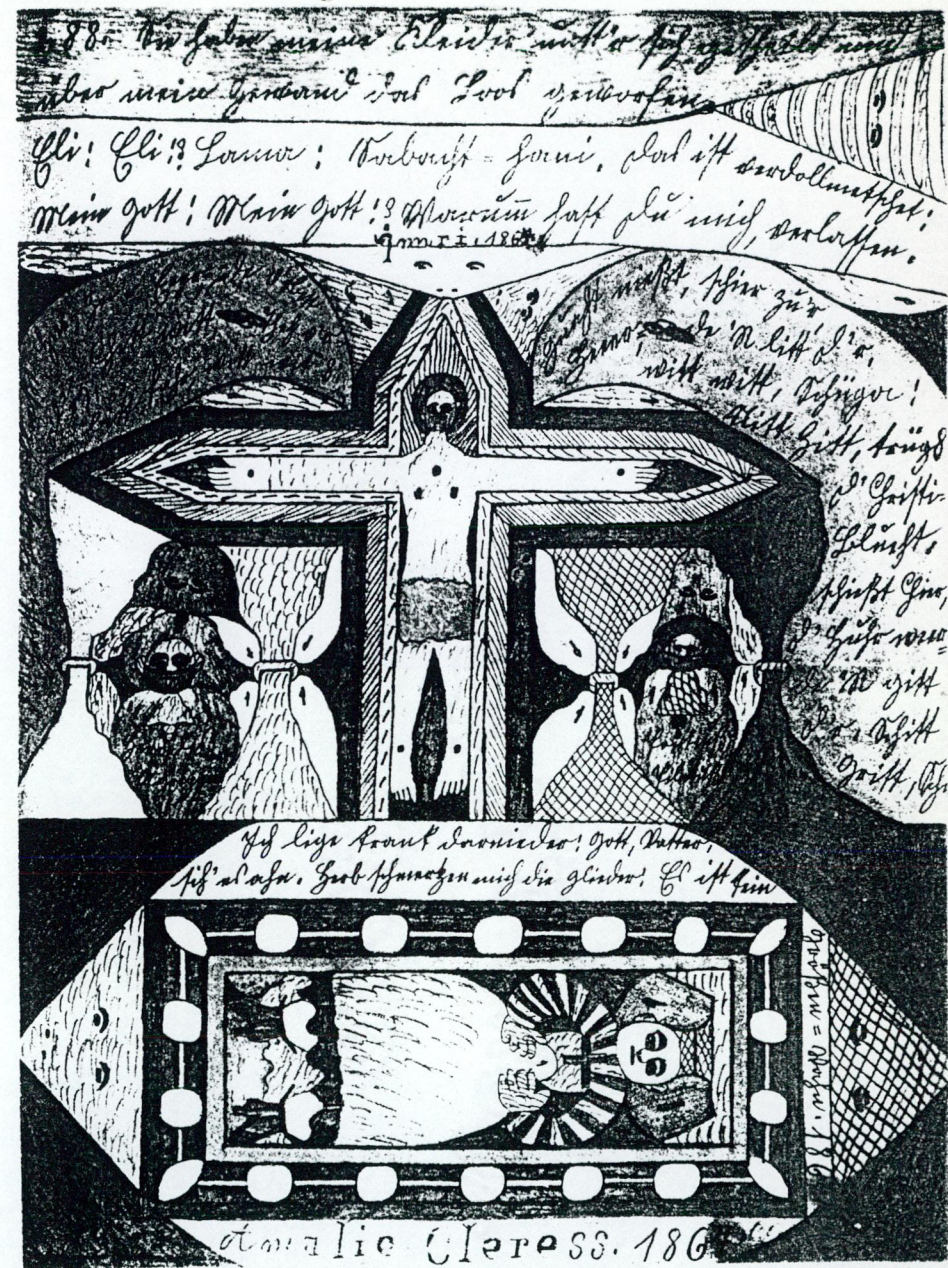
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(fig. 2.2) From the cradle to the grave



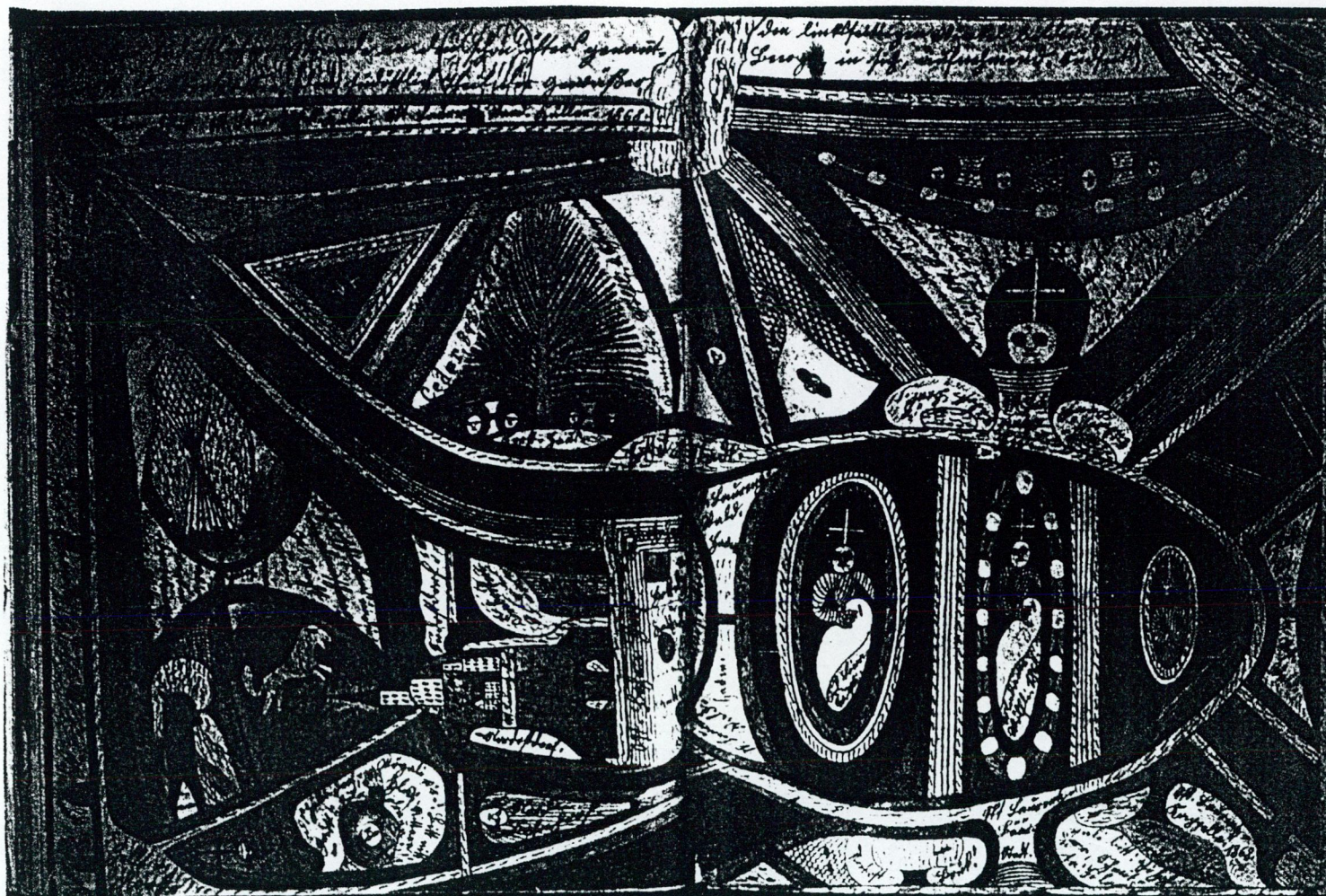
(fig. 2.3) From the cradle to the grave

SHIRT ROOM

ROOM

SHIRT ROOM

ROOM



From the cradle to the grave

(fig. 2.4)

THE BENEFITS OF ART THERAPY

Before I list the benefits of art therapy, I would like to point out that not all these benefits will apply to any one group of individuals. There may be groups or situations where art therapy is not helpful.

Many paintings and sculptures bear eloquent witness to the success of, not so much a method as a wider philosophy of caring which can allow natures calm balance to be restored. This approach is not burdened with dogma: it's most persuasive argument is that it works! Many illustrations express suffering and alienation, but they often also document and facilitate an inner process of rebirth and regeneration. Series of paintings by people who at the time were otherwise unable to communicate show this clearly.
(Adamson, 1984, p. 72.)

If therapy can be defined as the process bringing about a positive change which lasts beyond the session, then art therapy could be described as the the use of art in enabling the change on the part of the person who made the art work.

One of the major advantages of art therapy is that it can be used with anyone, no special skill is needed, just willingness to use the art material. Because of this, art therapy has links with play and the use of the imagination. It is of great help to adults as they have often dismissed the role off play as purely for children and in doing so, block of their necessary creative ability. Art therapy gives the adult a new freedom to 'let himself play'.

Art therapy can be used as pre-verbal and non-verbal communication, as a means of symbolic speech, a different means of expression. This can be important for those who do not have a good mastery of verbal communication or for those who are over verbal. Often a situation is too intense to verbalise, but can be distanced by creating art that expresses this. It can be an outlet for the patient, a kind of release as well as a documentation, which may give clues as to the cause of the patient's suffering, even though verbally he cannot express it.

Art therapy products are concrete documentations which can be referred to at anytime. It is also possible to look back over a period of sessions and note development. From a research point of view this is particularly valuable as the material produced in each session is a personal expression of a state of mind, not just a generalisation or a psychological theory.

The process of creating art can enable people to become aware of feelings that were previously hidden, or of which they were only partly aware. This 'framed experience' can help people clarify situations that were otherwise confused. Creating art is also a vehicle whereby feelings can be released, in a safe and acceptable way and without the commitment of reality. Not only can these feelings be explored but also thoughts, ideas and possible behaviour can be analysed.

The patient can discuss the product which can lead to exploration of important issues. Pictures can often be confusing or ambiguous, and it is important for the creator to try and find his or her own meanings. This can lead to people finding themselves through art therapy, with only minimal intervention from the art therapist.

Another advantage of art therapy is that it can be used alongside other therapies as well as on its own.

According to Patricia Nowell Hall (1987) art therapy can offer a way of exploring and expressing areas of oneself that lie beyond the reach of words, and can create a bridge between inner and outer self, towards greater integration of the two. In practice the people best qualified to comment on the effectiveness of art therapy, and the only people who can really understand it are those who have directly experienced it. And as art therapy claims to be about psychic growth and in-depth long term change, they cannot know it at the time; they can only really begin to know something afterwards.

CASE STUDY TWO

(Ulman, Lee, Case Study, pp. 224/230.)

In order to give an understanding of how the release of unconscious conflict is assisted by spontaneous art expression, I shall present a case study, made by a teacher, who with a brief knowledge of art therapy was able to help one of her pupils out of a withdrawn and depressed state. She was a classroom teacher in a fourth grade class in Queens Public School. The pupil, Lee, was a nine year old girl.

At the beginning of the year the child cried incessantly and often asked to go home, saying that she missed her mother and father. Lee responded with delight at the teacher's interest in her. She produced pictures that helped her discuss her problems, which were related to her situation at home. From the very beginning she made pictures eagerly and began to explain quite fully what they meant to her.

The first drawing (fig. 2.5) is of 'my mother, my father, my sister and me on horses'. When the teacher asked Lee about her horses she replied 'My horse was wild but I tamed it' This is an immediate response that shows growing ego assertion by this previously timid and withdrawn child. Figure 2.6 shows Lee holding hands with her favourite beetle, Paul McCartney. She depicts herself wearing a red dress, a dress she says she would like to have but does not have. Figure 2.7 was drawn several weeks later called 'Things I like and things I hate'. She had now become articulate about her personal feelings.

Lee spent one period drawing a handsome green dragon (fig. 2.8.) When the teacher asked her about it she said "The dragon will be my pet and protect me with its tail". Clearly Lee was seeking protection from a hostile world through creating this mythical creature.

Changes were now being observed in Lee's classroom behaviour. Some of her classmates remarked on how much Lee's behaviour had changed since the lower grades. It seemed as though the child from that time began to gain even greater courage to face up to her difficult home life. She now knew that she had the support and approval of her teacher in asserting herself.

This case study is an unusual example of how a sympathetic teacher was able, by her perceptive approach to a child's represented conflicts, to build up the child's ego and strength. In spite of the rigidity and hostility at home Lee was herself able to develop a more normal life with her classmates and also, to find friends among other children.

But rarely is a grade teacher able through such insight and sensitivity to help a withdrawn child like Lee to find her own centre. This I regard as true art therapy, developed by a teacher within the limitation of a large fourth grade class in Queens Public School. (Ulmann, 1975.)

Case study 2 has particular relevance to this thesis, as it shows how art therapy can be used successfully within the education system. When a child's problems or anxieties are removed, he/she can then respond and interact more positively with other children and can concentrate on his/her education. I believe that this also corresponds to a possible 'therapy' situation in second and third level education. As a person grows and develops he/she will still encounter problems which will cause worries and anxieties, which in turn could affect work and play in varying degrees. But rarely is a teacher able or qualified to deal with a 'therapy situation' when it arises.



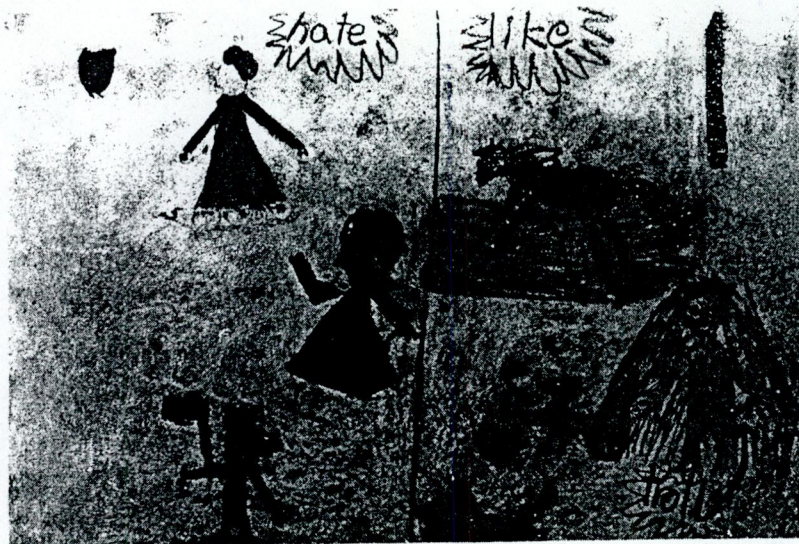
(fig. 2.5)

My mother, my father, my sister and me on horses



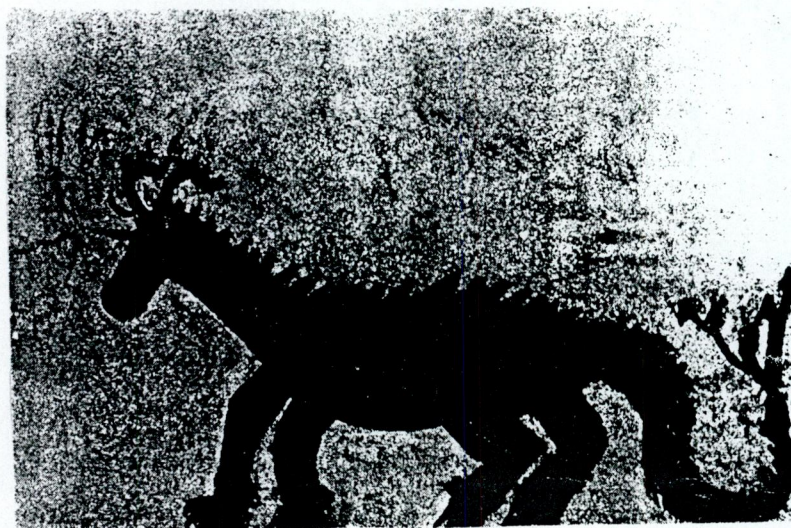
(fig. 2.6)

Paul and Lee



(fig. 2.7)

Things I like and things I hate



(fig. 2.8)

The green dragon

CASE STUDY THREE

Interview with Rose

at 153 Wedgewood, Sandyford, on February 24th, 1993

I believe that one of the best ways to find out about art therapy is to talk to somebody who used it to help him/her through a difficult time. Essentially people who have experienced it know most about art therapy.

In order to understand art therapy from the patient's point-of-view, I conducted an interview with Rose, and asked her a number of questions about her experience.

After three close bereavements, Rose a forty-two year old, went into therapy, after having a nervous breakdown. As a patient in a psychiatric hospital Rose was offered a choice of different therapies. She chose art therapy as one of these, and explained to me that she wanted to colour her tears.

For the first year, Rose had an art therapy session every month. In the second year she attended a session every two weeks. Her therapy lasted two years.

Q. Did you find art therapy helpful?

A. Rose said that she found art therapy helpful, that it was a way to express her emotions creatively. She found it liberating in terms of personal development. It was a very safe way of expressing herself, as no one else need interpret the art but herself. The only relationship was between the art and the person making it, and one does not have anyone responding back. The therapist just encouraged her, she was not in a relationship with another person.

Q. Did you find art therapy enjoyable?

A. In one way Rose found art therapy enjoyable, but emphasised that it can also lead to very deep ground which releases strong emotions, and this she felt to be a difficult situation rather than an enjoyable one.

Q. Do you think that art therapy should be more wide spread?

A. Rose said that she would like to see art therapy being more widely recognised and more readily available and easily accessible.

Rose's experience.

In an art therapy session, the therapist would encourage her to paint colour on her sheet of paper, this would release strong emotions, that could perhaps confuse the issues that needed to be dealt with; then to cover the entire picture with white paint, which would act as a means of expressing the emotion, yet covering it so something could emerge more clearly, without actually ignoring the underlying strong emotions. After this process Rose felt that she was then free to paint over the white, although what lay under served as a backdrop. Rose found this extremely useful in dealing with her strong emotions.

Often while creating something strongly expressive in a session Rose felt exhausted. However, she found that by making patterns of triangles and straight lines, primitive patterns, that they were soothing and very safe to do, she felt re-energised.

Rose related an example of how she came to a greater understanding of herself through the symbolism of her art work.

In earlier sessions she walked around the room with a lump of clay, aware of its texture and weight. She would end up creating a round ball of clay, 'a total solid sphere.' Then towards the end of a year she opened up the ball of clay and made a dish. When the ball opened she found this most symbolic of herself. The ball of clay went from being tight and closed, to being open, and Rose then had the freedom to create a dish.

Q. Do you still make art?

A. Rose goes to an 'art for fun' session once a month. She has recently made a mask and is at the moment having a dialogue with that.

CHAPTER 3

CREATIVITY, MENTAL DISEASE AND THE UNCONSCIOUS

LINK BETWEEN CREATIVITY AND DISEASE

According to Philip Sandblom (1922, p. 12) there are reasons to believe that connections between illness and the arts are common. When Adamson encouraged a number of tuberculosis patients to use painting as a means of occupational therapy, it was found that the course of the illness was recorded with extraordinary accuracy in the individual's paintings: 'The apprehension and despondency prior to haemotysis or surgery, the sadness and apathy which follow such an event, the freshness and gaiety during convalescence - all are registered in the patients drawings like a diary'. (Adamson, 1946.)

Sandblom also argues that the relationship between the suffering and the works of artists who have been severely ill may enhance an understanding of their art. He does not agree with those critics who proclaim that it is only the work itself which is worthy of serious interest and that the personal background of the creators is little more than anecdotal.

Great artists who have experienced periods of illness have afterwards used their altered state of mind in the service of their art - the artist can journey within, explore and return, whereas the paintings of the untrained reveal that they are at the mercy of their inner selves. Some artists differentiate between their 'psychiatric illustrations', and their other works.

Others, like Dali, used disturbed elements in a conscious manner. Aside from the academic question of whether or not spontaneous art can be 'true art' is the over riding factor that both have the ability to heal.

Where problems of the mind are concerned, the solution must be found where they originated from - within. It is only here that we have the source of real change. Art obliges us to communicate with the unconscious self, and in doing so, to

engage in a dialogue with both our destructive and creative forces. Creativity may thus help to resolve life's unavoidable conflicts and tensions. Heinrich Heine expresses this poetically:

Disease may well have been the ground
In full for that creature urge,
Creation was my body's purge,
Creating me grown sane and sound.



Van Gogh. (Fig. 3.1) Self-portrait.

During Vincent Van Gogh's last and most creative years, his artistic powers were influenced and liberated by anxiety, confusion and aggression, sometimes intensified, or even brought on, by absinthe intoxication - creativity and disease.



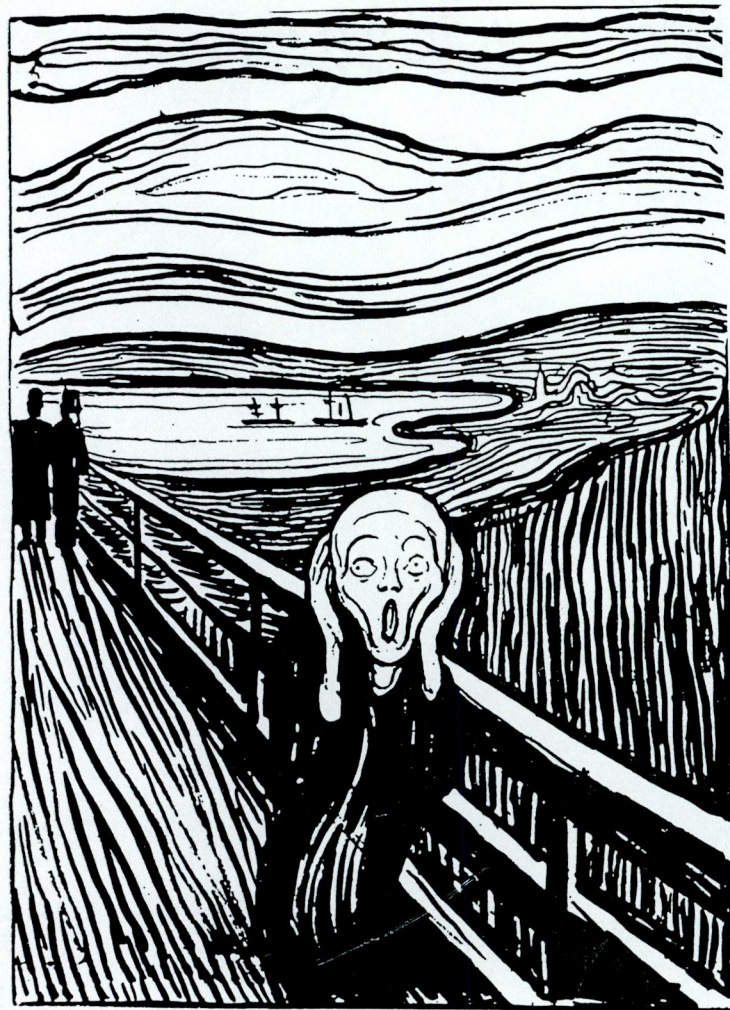
Picasso. (Fig. 3.2) The Street Cleaner, 1940.

"I paint the way someone bites his fingernails; for me painting is a bad habit because I don't know how to do anything else nor can I do anything else". (Picasso, 1930.)



Michelangelo. (Fig. 3.3) Flayed Martyr.

Michelangelo, The day of judgement detail. The depressed artist depicts himself as a flayed martyr.



Munch. (Fig. 3.4) The Shreik.

The shriek, an unbridled expression of anguish, the fundamental honour of man, the 'primal scream'. "I was ill and tired - I stood there watching the fjord - I felt as if a shriek went through nature". (Munch.)



Goya. (Fig. 3.5) When Reason Sleeps.

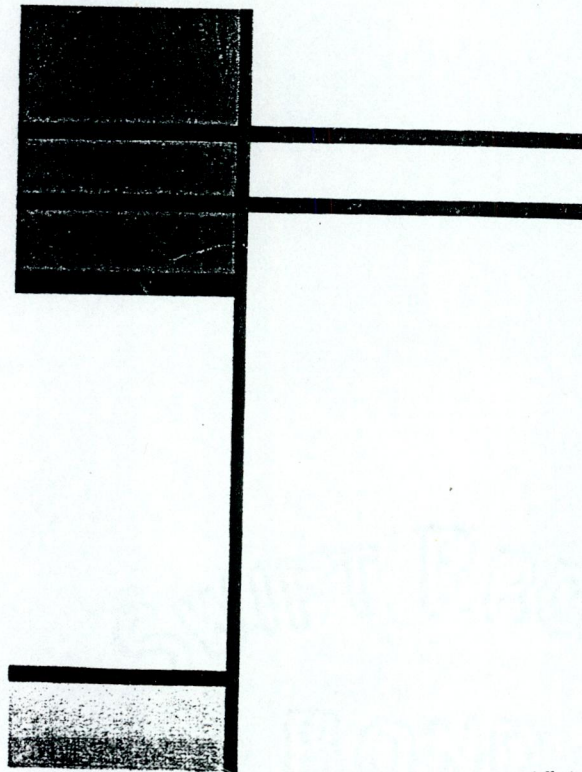
Goya testified that monsters appear when reason sleeps.



Albrecht Dürer. (Fig. 3.6) Melancholia 1.

Humanity surrounded by measuring instruments, ponders the future, doubting that technology will bring happiness to mankind and finds, as the melancholic Durer himself, only darkness at the end of all knowledge. (Sandblom, 1991, p. 36.)

RED ---->



Mondrian. (Fig. 3.7) Composition with red, 1936.

'Mondrian is clearly aware of the tragic character that a cross can represent. This small red spot represents the fatal twilight with the sun setting tragically'. Bulor.

CREATIVITY AND THE UNCONSCIOUS

According to Edith Kramer (1969) modern art teaching methods were created in a struggle against established academic stereotypes of the Victorian age. Since then, changing times have brought about new problems. In modern art education an important discovery, or rather re-discovery, was the recognition of the role of the unconscious and preconscious processes in artistic creation. To counteract exclusively intellectual planning, playful activities which can be considered forerunners of art were encouraged.

"Nothing, I think is gained by ignoring the role played by the unconscious, particularly in the creative process, simply because of the difficulty imposed by such analysis". (George Seidel, 1953.)

According to George Seidel one of the difficulties in dealing with the unconscious lies in the approach to be used. The approach can neither be purely rationalistic nor purely empirical. It cannot be purely rationalistic because of the irrational character of the unconscious and many of its operations. On the other hand, the approach to the unconscious cannot be simply empirical; its operations are not directly measurable or scientifically observable in the strict sense of these words.

Freud believes that the expression of any 'socially unacceptable' urge/instinct imposed on the individual by society can, then, become the source either for the neurotic or the creative. In this way for Freud the unconscious is related to creativity. It is the source of the neurotic in man, in that the basic instinctive urges are suppressed and withheld from becoming manifest in keeping with the demands of society. The constant repression leads to an increasing pressure within the person until he/she explodes in the blow-up of neurosis. But the unconscious is also the source for creativity as well. What might end up in neurosis in one could be creativity in another. The powerful and potentially dangerous repressed instincts can, by a sublimation of these

instincts, be channelled into creative, rather than neurotic patterns of activity.

Dryden: "Great wits are sure to madness near allied - and this partition do their bounds divide." (Seidel, 1966, p. 72.)

Another point of relation between the unconscious and consciousness in Freudian theory was what he called the 'super-ego'.

A censor standing guard over the content of the unconscious mind, exorcising its office at the point of transition between the two. That which arose from or was firmly held within, the unconscious could become conscious only upon the prior 'approval' of the censor. (Freud, 1952, p. 430.)

However, present day psychologists doubt that emotional illness or mental imbalance is either a necessary condition or much less the actual cause for creativity. The Greeks recognised in the creativity of the artist a certain 'mania'. However this was less the madness of insanity than the 'madness' of the inspired man.

One of the first, and very influential works in the area of psychology and creativity was a brief essay by the French mathematician, Jules Henri Poincaré (1854-1912) entitled "Mathematical Creativity".

Poincaré strongly emphasised the importance of what he called "unconscious work". He saw it as a chaos, a disorder from which many possible combinations might be made. He found another element in the unconscious, namely, a certain "unconscious freedom". He is convinced that the unconscious is not purely automatic in its operation. Choice and freedom operate also at the level of the unconscious. For in the working of the unconscious, only useful combinations are made, or in any case only the useful and interesting combinations break through into the consciousness - they are the ones that 'hold our attention', because they possess a

certain harmony, beauty even. Ponicare suggests that even the creativity of the mathematician and the physicist is driven by this appreciation of beauty.

For the creative mathematician useful combinations are the most beautiful, and his attention is naturally drawn to them. The beautiful, useful combinations are the ones that break into consciousness - that "force" the choice of creativity.

In this Ponicaré has underlined something that psychologists have long recognised, namely that they are attention-getting devices.

The sense of elation which accompanies creative work results in great measure from the successful filling of a 'gap' by fulfilling a basic need in the creative individual's own life. This sense of elation, and the heightened consciousness involved in actual creative work, are both the cause and the effect of creativity. The effect of creativity is that this feeling of elation results, in its turn, from the successful overcoming of a particular obstacle or problem.

It is this passionate interest of dedication in something considered eminently worthwhile that is at the heart of all creative work and that produces the high emotional level, the heightened consciousness, in which the rich association of ideas, so necessary to the creative process, tends to occur. It is this too that drives a person ever onward in search of a more adequate expression of his creative ideas, to seek creative solutions to the problems that face him/her, as well as mankind, in every age and in every area of work and study.

Creativity is the inner life of man himself, a life within a life. This life manifests itself in a type of 'adaptation' which goes beyond the more immediate day-to-day concerns of mankind to a new, original and stimulating fulfilment of his future.

The artist must be permitted to penetrate all aspects of his visual and non-visual world, including the intuitive, the spontaneous, and the unpredictable. And this he must express as freely as he has expressed the natural forms of his environment in the past. Therefore, he must be constrained neither by tradition nor by conventional concepts of content. (Yochim, 1966. p. 169.)

Creativity is one of the vaguest, most ambiguous and most confused terms in psychology and education.
(Gilchrist, 1965.)

Most psychologists will agree that there is a link between the unconscious and creativity, regardless of whether or not it is related specifically to mental imbalance. Most people are creative in some way or another, but most people are mentally stable.

In a survey concerning creative personality traits, (see appendix) art students compared to non-art students were found to be more prone to depression, psychopathic deviant, paranoia, psychasthenia, schizophrenia and hypomania, scales (all within normal range). However, more recent surveys show that although art students compared to non-art students are higher on mental imbalance, they are also higher on the natural defence mechanism against mental imbalance. Which would seem to indicate that they are the most sane, yet insane. (Gilchrist, 1972, p. 71.)

I believe that there are connections between creativity and the unconscious but not necessarily between creativity and disease. I think the reason for the myth associating the artist with insanity, is because both the artist and the insane deal with the unconscious. However, usually the insane man is trapped in a terrifying unreality, the artist is not trapped, he/she has the ability to slip in and out of this unreality.

And so the artist has a greater ability to slip in and out of 'insanity', which is surely linked to a greater knowledge of the unconscious mind. I specify knowledge rather than

control, as not enough is known about the unconscious mind at the moment, to even think in terms of control.

ART THERAPY AND THE UNCONSCIOUS

According to Adamson 'dreams are the royal road to the unconscious', where the dynamics of the deeper layers of the mind are often revealed through the language of symbols. It is in this realm that one discovers the arena of true conflict, which has been hidden in order to protect the conscious mind from pain.

"I have noticed that paintings which are forebodings of future tragedy often have a similar combination of red and black".
(Adamson, 1984, p.37.)

Adamson's quote is interesting as it seems to suggest something universal about the symbolism of red and black. Many psychologists have discussed this 'universal unconscious' such as Jung.

We can distinguish a 'personal unconscious' which embraces all the acquisitions of the personal existence - hence the forgotten, the repressed, the subliminally perceived, thought and felt. But in addition to these personal unconscious contents, there exists other contents which do not originate in personal acquisitions but in the inherited possibility of psychic functioning in general, viz. in the inherited brain structure. These are the mythological associations - those motives and images which can spring anew in every age and clime without historical tradition or migration. I term these contents the 'collective unconscious'.

Freud too, had acknowledged such inherited contents in the unconscious.

Dreams bring to light material which cannot have originated either from the dreamers adult life or from his forgotten childhood. We are obliged to regard it as part of the archaic heritage which a child brings with him into the world, before any experience of his own, influenced by the experience of his ancestors.
experience of his ancestors. (Freud, 1953, p. 144.)

One can be conscious, and say 'I am conscious' being aware of what is happening in the conscious world. One can be unconscious, but cannot say 'I am unconscious' being unaware of the fact that one is unconscious. The nature of the unconscious, is just that, unconscious, and so is a very difficult area to explore or understand. The unconscious surfaces episodes as it feels the individual is able to deal with them. Perhaps the unconscious will unfold itself in a similar way when it feels the human race can accept what exactly it encompasses, but until then we are very much left in the dark.

If there is such a thing as a universal unconscious (similar to genes being a universal code for the physical self) then to try to understand that would be beneficial to everybody.

"The living creative matrix of all our unconscious and conscious functioning, is the essential structural basis of all our psychic life". (Von Franz, 1979.)

As I have already stated Adamson believes that dreams are the royal road to the unconscious and painting out dreams pays respect to the natural caution of our protective mechanisms, while slowly removing them when they are blocking the way to change.

Adamson believes that spontaneous painting can be akin to dreaming, especially if one abandons conscious control and allows the pictures to appear, as it were, of their own accord, like a dream drifting to the surface. For those undergoing analysis, the interpretation of dreams is an essential process, but not everyone remembers their dreams - some deny the fact they dream at all - so spontaneous painting offers another route to the unconscious.

To have the courage, patience and energy to establish a relationship with that living creative matrix - the self we know little about - is the task of art therapy, painting as a means of forging this link being an age old means that is natural to man. (Lyddiat, 1989, p. 18.)

CASE STUDY 4

(Sandblom, 1992, p. 68.)

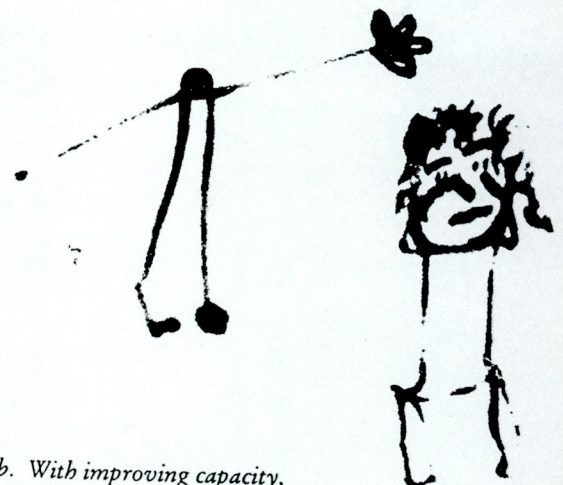
Case history example: An apathetic woman stayed isolated with no contact at all with her surroundings. When given a pencil and paper she made a drawing which is somewhat difficult to understand (fig. 3.8). According to the specialists interpretation, the patient has drawn a picture of herself, torn by some particular figures that she sees in her hallucinations. She continued to draw and in this way opened up her mind still more, so that it became easier to understand what she experienced.

In the next picture (fig. 3.9) she was able to represent more clearly both herself and the evil spirits that threatened her during hallucinations. A patient who has been encouraged in this way to reveal to her physicians what is going on in her mind will often be more accessible for treatment and will then improve. In the last drawing (fig 3.10) she has made a self-portrait but with half the face erased; this is common for patients with her illness - schizophrenia. The patient senses a "splitting" of the personality and shows this with the double face. The similarity to some of Picassos portraits is evident, and throws light on how art can disclose obscure phenomena in the emotional life of man.



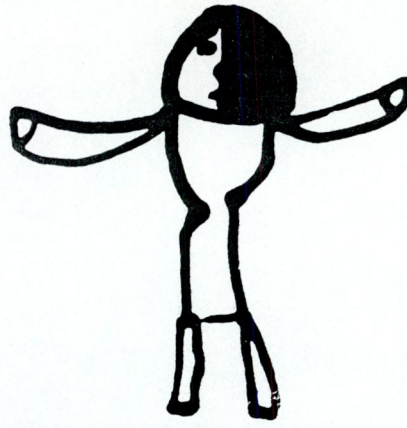
a. Unclear representation of hallucinations.

Fig. 3.8



b. With improving capacity, the hallucination of a monster becomes clear.

Fig. 3.9



*c. Split personality expressed
by half-erased face.*

Fig. 3.10



Fig. 3.11. Drawing by diagnosed schizophrenic.

(Nowell Hall, 1987, P.179.)



Fig. 3.12. The line down the face, cutting it into two separate halves often signifies split personality.

(Adamson, 1984, p. 30.)

According to Wadeson (1986, p.93) there is no such thing as a "schizophrenic picture." And assumptions such as "schizophrenics make fragmented pictures." "Depressives make dark pictures." And "Alcoholics frequently draw water" can be very misleading in terms of diagnosis, and worse still, very wrong.

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CHAPTER 4

ART THERAPY, LIFE AND EDUCATION

HOW EASY IS IT BE BE AN ART THERAPIST?

(Wadeson, 1987, pp. 93/98.)

Diagnosis and analysis are not easy. Perhaps this point will be made more clearly if you try your own hand at diagnosis from art work alone. Take a look at fig. 4, A-F and fig. 5, A-F.

Now take a piece of paper and write down which ones were made by psychotic patients. Some information about sex and age to help you with your evaluation.

Picture 4A - woman, early 30's

Picture 4B - woman, mid 40's

Picture 4C - man, early 30's

Picture 4D - man, 20's

Picture 4E - boy, aged 6

Picture 4F - boy, aged 6

Picture 5A - woman 20's

Picture 5B - woman 20's

Picture 5C - woman 20's

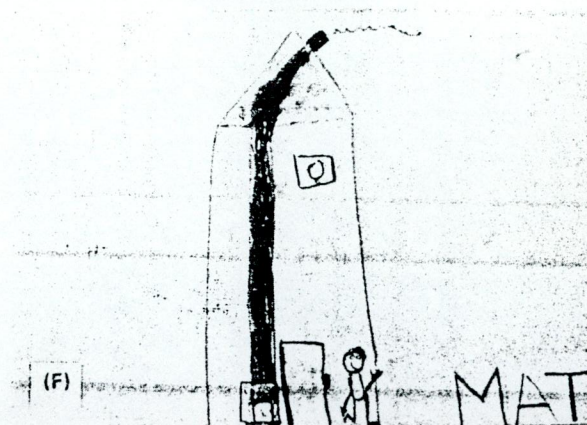
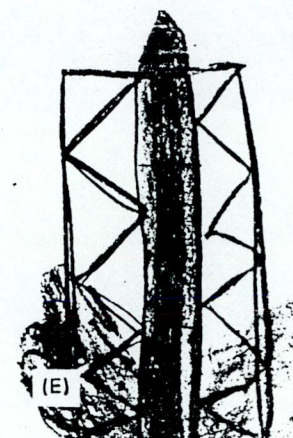
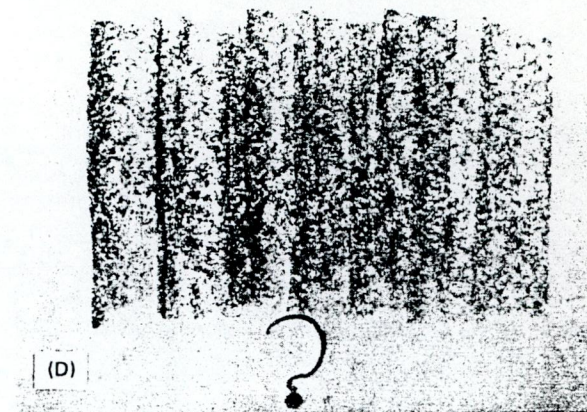
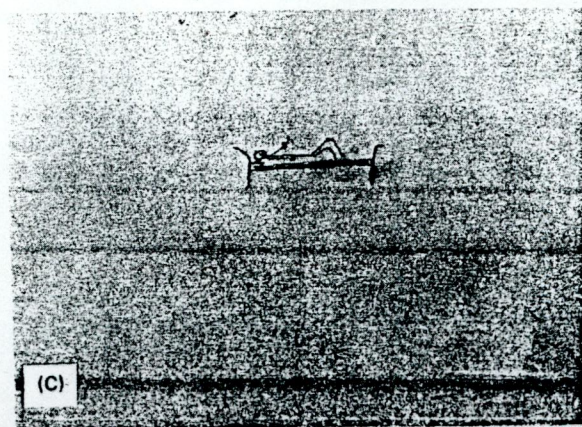
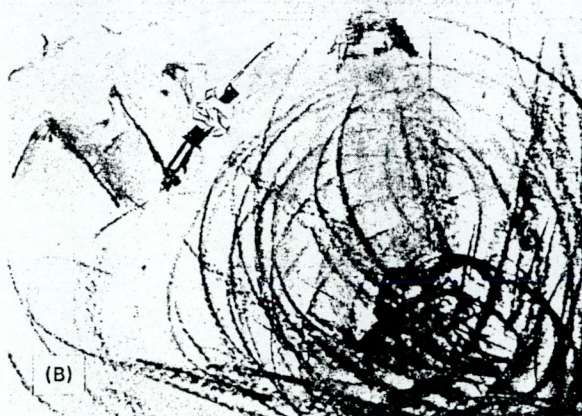
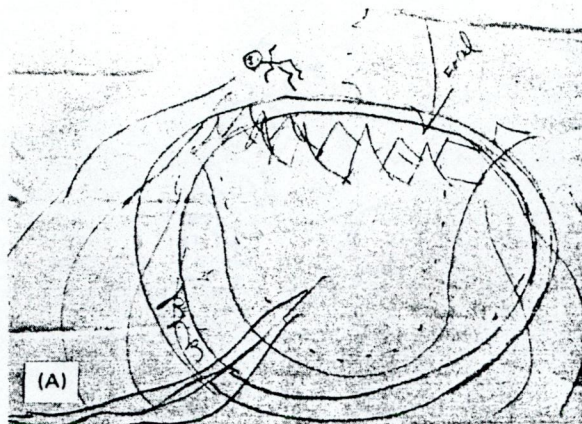
Picture 5D - man 20's

Picture 5E - man 50's

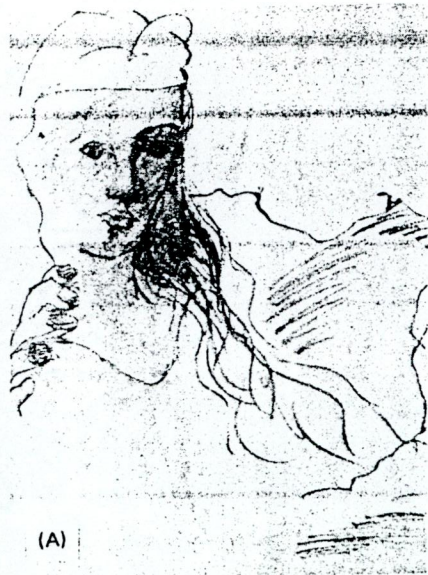
Picture 5F - man 40's

Answers to this diagnostic quiz can be found in appendix.

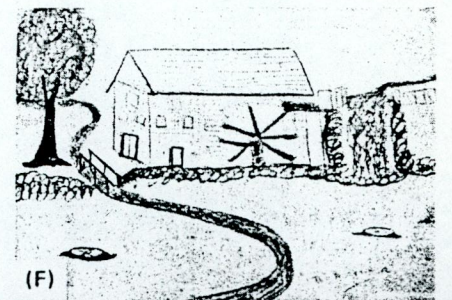
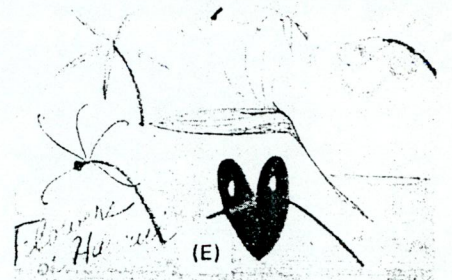
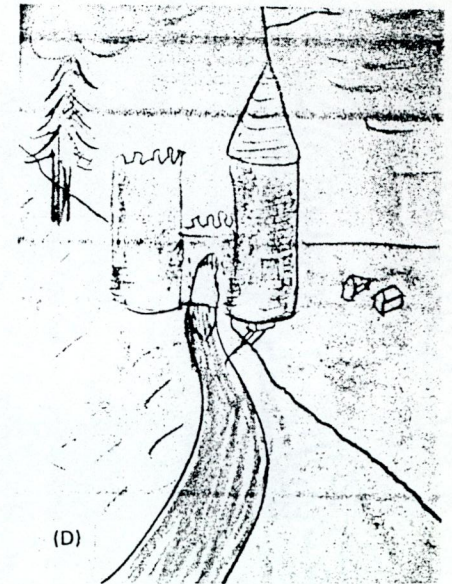
According to Elisabeth Kübler Ross there are dangers in attempting to analyze extemporaneous drawings. To the layman this work may look fairly simple, and one may even attempt to interpret children's drawings or drawings by friends. But drawing analysis should not be treated as a parlour game. It is a very serious undertaking to counsel an individual, using as a tool the reflections from the persons unconscious realm. It is a delicate task to help a person grasp what is just at the threshold of consciousness. (Kübler Ross, 1975, p. 193.)



(fig. 4)



(fig. 5)



DOES AN ARTISTS WORK REFLECT WHAT IS HAPPENING IN HIS/HER
LIFE?

.... Why do you think I date everything I do? Because it is not sufficient to know an artist's works - it is necessary to know when he did them, why, how, under what circumstances Some day there will undoubtedly be a science - it may be called the science of man - which will seek to learn about man in general through the study of creative man. I often think about such a science and I want to leave to posterity a documentation that will be as complete as possible. That's why I put a date on everything I do. (Picasso, 1930, p.3.)

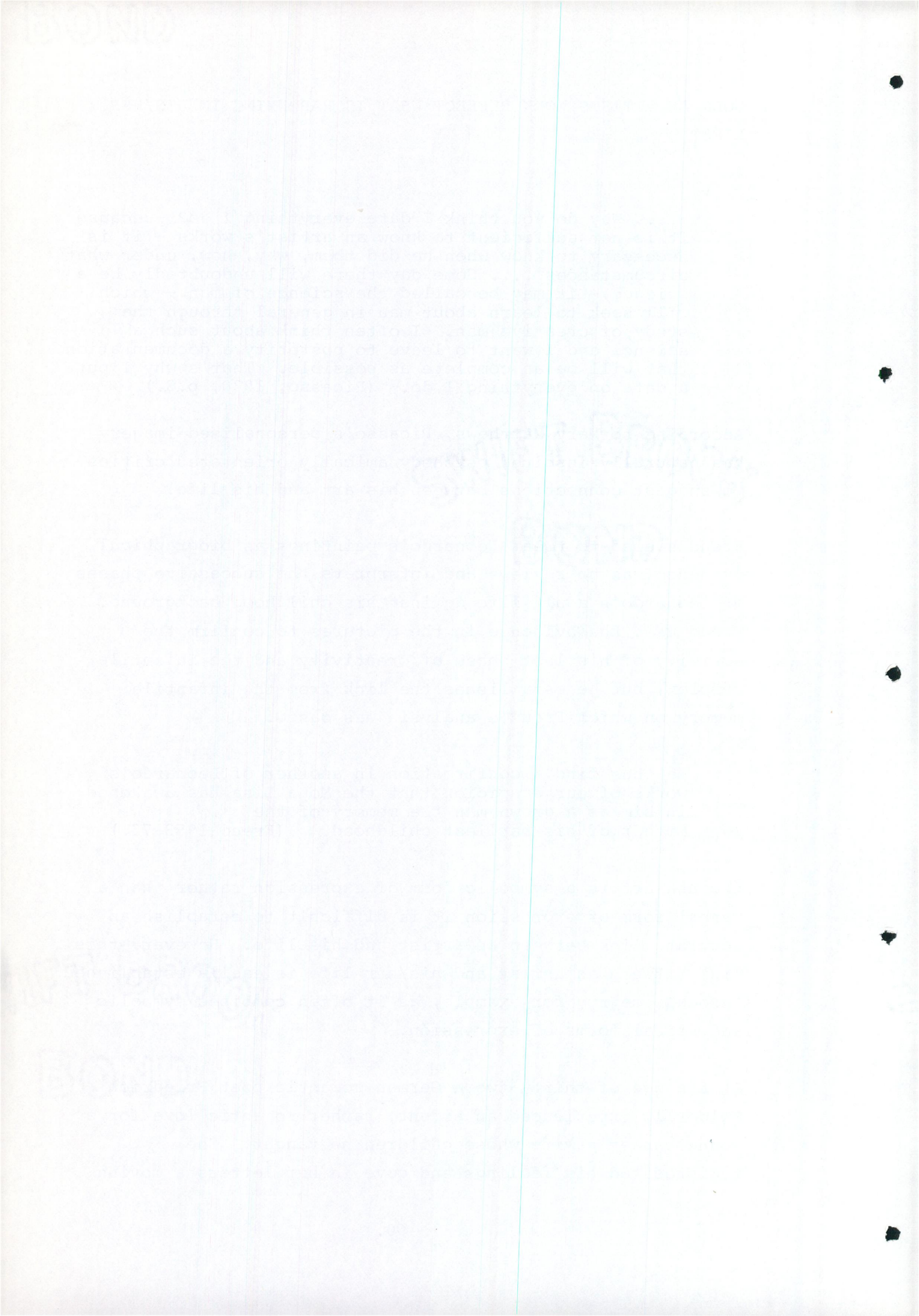
According to Mary Matthews, Picasso's personalised imagery has naturally inspired psychodynamically orientated critics to suggest connections between his art and his life.

Freud seemed to treat Leonardo's paintings as biographical evidence, as he reviews and interprets the successive phases of Leonardo's adult life against his childhood background. Freud used the evidence in the pictures to confirm the activity of his last phase of creativity and the infantile complex, but he establishes the link from the infantile memory on which Freud's analysis was based.

We thus find a confirmation in another of Leonardo's works of our suspicion that the Mona Lisa has awakened in him as a grown man the memory of the mother of his earliest childhood. (Freud 1953-73.)

Because art is a symbolic form of expression rather than a verbal form of expression it is difficult to establish an accurate link between an artist and his life. However, this link between an artist and his/her life is easily established through poetry, for example, as it often combines symbolic and verbal forms of expression.

At the age of thirty-two a German romantic poet Friedrich Holderlin experienced an ardent, rather romantic love for a young banker's wife whose children he taught. She reciprocated his feelings and gave in her letters a moving



expression for the purity of their feelings. Diotima as he called her, because his muse for the four years in which his poetry attained its height.

".... Meanwhile we - like the mated swans in their
summer contentment
When by the lake they rest or on the waves, lightly
rocked,....
Moved and dwelled on this earth. And though the north
wind was threatening
Hostile to lovers" **Holderlin**

To further the connection between an artist and his/her life, it was necessary for the purpose of this thesis to conduct a survey in which the question "Does your work reflect what is happening in your life?" was asked. The survey was directed at art students and took place in the National College of Art and design. (See appendix.) 200 questionnaires were given out. The results can be seen. 78% of art students surveyed in the National College of Art and Design answered YES to the question "Does your work reflect what is happening in your life?" 10% answered NO, and 12% said they did not know.

I believe that we are all conditioned by our own experience, and therefore can only express what we have experienced, within the limits of our own life. Surely a person's experience is a person's life. Art is an expression of a person's experience, and so equally art is an expression of a person's life.

THE RELATIONSHIP BETWEEN ART THERAPY AND ART TEACHING

According to Diane Waller (1992, pp. 10/12) differences between the teacher's role and that of the therapist began to emerge as art therapy, theory and practice developed gradually in the direction of psychotherapy throughout the 1970's, as teaching moved away from the 'child-centred' approach. She examines the reasons why art therapy and art teaching definitely separated in the 1970's to the point where there is now specialist training for art therapy. It could be in part to do with a return to a form of art education in the 1960's and 1970's which, having been influenced by the 'basic design' movement in art education, did not appear to be a fertile ground in which art therapy could develop. It may also be to do with the recognition that art therapy could make a contribution similar to that of psychotherapy, and that, therefore, a training specifically orientated towards this was necessary. There is, though, still much in common between art therapy and art teaching, and this can be used for the benefit of both, provided that the boundaries of each are understood.

On the one hand, there is the aspect of art therapy which is a specialised, alternative form of psychotherapy, used mainly in psychiatric clinics and day hospitals and on the other hand is that aspect of art education that deals with formal objective and aesthetic values in art and does not pay attention to the psychological development of the individual and especially not to his/her unconscious mind. There seems to be a point around the middle where art therapy and art education overlap.

The previous paragraph encompasses the focal point of this thesis, the point where art education and art therapy overlap. An art teacher, working at any level, primary, secondary or third level has responsibilities for the art curriculum. However, the teacher would not be trained on an art therapy level and would probably feel that it was not appropriate to act as an art therapist. This is

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understandable as very strong feelings are likely to emerge and need to be contained, especially within a group art therapy session. It would be a problem for a teacher whose priority is to improve the individual's art skills for possible external assessment, to be involved at such a level.

According to Diane Waller (1992, pp. 10/12) and Susie Chan the teacher would not be in a position to deal with the elements which are present in all art therapy sessions, namely transference,¹ counter transference,² projective identification³. In other words the teacher may be faced with with very powerful feelings projected by the student and have no means of coping with these. The teacher would be emotionally endangered as much as, if not more than, the students, for although the relationship between teacher and student is important it is not seen as crucial to the process of teaching, as it is in art therapy, nor is the transference usually acknowledged or understood. It is not helpful to teachers, students or therapists if the processes involved in art teaching and art therapy are continually misunderstood.

1. Transference happens when the patient transfers strong emotions about some person or subject onto the therapist. The therapist is the focus of these emotions as they have been switched onto the therapist from where they originated.
2. Counter-transference is when the therapist acknowledges transference, and is the experience and feelings of the therapist in the therapeutic relationship. Essentially it is the therapist's reaction to being bombarded with strong emotions by the patient.
3. Projective identification is when the therapist projects his/her own meaning onto the patient's work. Thus projecting his/her own unconscious, which usually will have nothing to do with the clients. This is negative and can complicate the situation.

Interview with Susie Chan - Chairperson of the Irish Art Therapy Association at 6 Arkendale Road, Glenageary, on February 24th, 1993.

Q. Why would an art therapist be necessary in an art college?

A. Art works are concrete manifestations of the self. Artists for many years have talked about the creative urge and the creating urge as almost being second to creating new human beings. And so creative products are as concrete as biological products (children).

One of our urges in having children is to leave a piece of ourselves here, to stay. Art has almost that power, where you create something and leave it here, and that power is leaving something of yourself. To create a piece of art work, the power it holds is very much a representation of the person who makes it. She believes that this is true of a piece of creative writing or creative music, that is is an eternal externalising of something that is inside the person who creates it. There it is in some sort of form for the world to see.

If you are learning to do that at art college you are at your most vulnerable, and for the first time in a very public arena which art college is. As you open yourself up to critiques from your peers and from the tutors, for the first time you are lifting out little pieces of yourself and you are saying "okay that is me." There are other considerations that are present, aesthetics or skills that you are learning, further education that you hope to align yourself to at some stage, concepts that you are thinking of, and intellectual ideas you are accumulating, all these things are yours.

You are developing your own personal stances on sexuality, politics and other moral questions and so you are still developing as a person. Your art work is part of that or an expression of that but what it is most centrally is little pieces of you being externalised. In order to foster that, you can look at the ideas behind the piece of work, the concepts, and skills you are developing you can look at the aesthetic in the work, you can look at the audience that you intend to show it to, you can establish what skill you need to learn to produce the piece but that leaves it incomplete if you do not look at what part of yourself you are expressing.

- Q. Do you think that tutors are qualified to deal with a possible art therapy situation?
- A. No, I think that they are qualified to teach in art colleges, but I do not think that they are necessarily qualified to deal with the emotional and internal self-expression that happens because they do not know how to do that in a sympathetic and safe way.

CONCLUSION

CONCLUSION

"For most poets, poetry is but a current commentary on their private lives, a transcription into the verse or the prose of their fate." (Sandblom, 1992, p. 4.) Sandblom who voiced this idea might well have used it to talk about artists in general, because whatever the medium of creativity, art is always founded on experience, one cannot create from nothing.

Everyone experiences times of emotional turbulence at some stage. The problems can range from loneliness to pressure at work, from difficulties in human relationships to a major debilitating crisis. Many of us are not aware that there is a creative healing instinct deep within us. This is in danger of being ignored, or suppressed in our present day society.

I believe that when a therapy situation occurs in an art college, the person best qualified to deal with this is an art therapist. Tutors usually are not qualified to deal with such situations, and can often do more damage to themselves than to the student when confronted with such a situation.

One thing we can conclude relative either to analysing scribbled doodles for meaning or to criticising serious art is that non-verbal acts communicate feeling and thought, coming both from one's conscious and unconscious functioning. I believe there is a connection between the unconscious and creativity. In most art colleges this is not acknowledged, and to what effect? As skill, technique, aesthetics and concepts all form part of the college teaching curriculum, then surely so should the unconscious psychological side, and indeed the therapeutic values of art. This was proved beyond a doubt when 94% of students (200) in the National College of Art and Design answered 'yes' to the question (question 11) "do you find art therapeutic?"

An art therapist is the person best qualified to deal with an art therapy situation. The art therapist can encourage the student to continue working through a time of turmoil,

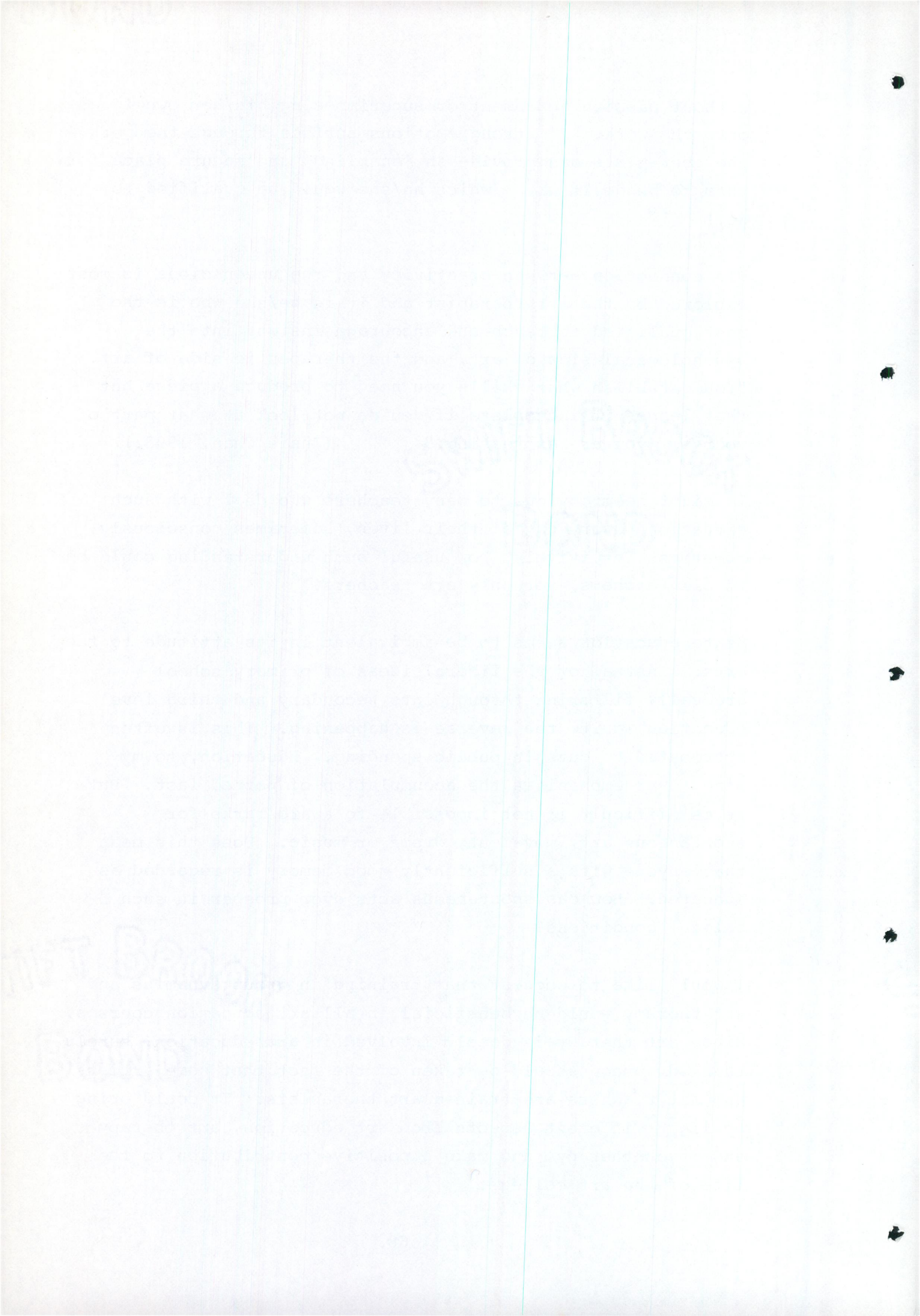
without passing judgement or superimposing his/her own ideas onto the work. If strong emotions surface through the work, the therapists can provide an 'enabling' and secure place for them to be dealt with (which he/she would be qualified to do.)

The connection between creativity and the unconscious is most explored by the art therapist and it is he/she who is the most qualified to teach and encourage insight into the psychological side of art, and the therapeutic side of art. "You establish what skills you need to produce a piece but that leaves it incomplete if you do not look at what part of yourself you are expressing." (Susie Chan, 1993.)

It might seem obvious to many teachers who deal with such situations every day of their lives, sometimes consciously, sometimes intuitively, how useful such understanding could be to all teachers, not only art teachers.

State education seems to be ambivalent in its attitude to the arts. Instead of the liberal ideas of primary school gradually filtering through into secondary and third level education, quite the reverse is happening. This is often attributed to cuts in public spending. Education, to my mind, over emphasises the accumulation of potted fact. But it is difficult if not impossible to award marks for spontaneous art, movement, drama or music. Does this mean that anyone with a sufficiently good memory is regarded as educated? How can spontaneous acts ever prosper in such baleful conditions?

I would like to suggest that training in group dynamics and art therapy would be beneficial in all art education courses. Since art therapy is deeply involved in art education, surely then advantage should be taken of the fact that some artists and art teachers are trained art therapists. It could bring to light different aspects from art education, art therapy and psychotherapy, and make a positive contribution to the life of the art college.



"Surely greater knowledge and understanding of who we are and how and why we do what we do can only be valuable and prevent us from making dangerous assumptions about ourselves and others." (Dalley, 1992, p. 12.)

APPENDICES

QUESTIONNAIRE

I am doing some research for my thesis and it would be most helpful to me if you could complete this questionnaire and return to the under-signed by Monday next, 22nd February, 1993

1. Why do you make art ?

2. What satisfaction do you get from art ?

3. Were you always creative ? Yes No

4. If not, at what age did you become creative ?

5. Do you find it easy to create when you are under pressure to do so ? Yes No

What encourages/discourages your creativity ?

6. Do you find it easy to create when you are not under pressure to do so ? Yes No

What encourages/discourages your creativity ?

Continued....

7. Do you think there is such a thing as a creative personality ? Yes No

Please comment.

8. To what degree is your creativity influenced by your frame of mind or vice versa ?

9. Does your work reflect what is happening in your life ? Yes No

10. Do you find your work difficult to explain ? Yes No...
If you have answered yes please explain why ?

11. Do you find art therapeutic ? Yes No
Please comment.

Thank you for your co-operation in completing this questionnaire. Please be assured that any information given in this questionnaire will be treated in the strictest confidence.

Signature (optional) : _____

Answers to Questionnaire

		Yes	No	Don't Know	Sometimes
		%	%	%	%
<u>Question 3</u>	Were you always creative?	98	0	2	-
				Depends	Does not affect
<u>Question 5</u>	Do you find it easy to create when you are under pressure to do so?	56	33	6	5
<u>Question 6</u>	Do you find it easy to create when you are not under pressure to do so?	50	33	11	6
<u>Question 7</u>	Do you think that there is such a thing as a creative personality?	44	56		
Comment:	100% of people who commented on the question thought that everyone is inherently creative in some way.				
				Don't Know	
<u>Question 9</u>	Does your work reflect what is happening in your life?	78	10	12	
				Sometimes	
<u>Question 10</u>	Do you find your work difficult to explain?	56	39	5	
				Don't Know	
<u>Question 11</u>	Do you find art therapeutic?	94	0	6	

TABLE 6.3 PERSONALITY TRAITS OF ARTISTS

INVESTIGATOR	SUBJECTS	METHOD	FINDINGS
Roe (1946)	Outstanding artists	Rorschach	Artists were observed to be sensitive, nonaggressive, emotionally passive, hard working, self-disciplined, and of superior intellect.
Spiaggia (1950)	Art and non- art students	MMPI	Art students higher on depression, psychopathic deviant, paranoia, psychasthenia, schizophrenia, and hypomania scales (all within normal range).
Munsterberg Mussen (1953)	Art and non- art students	TAT; questionnaire	Artists had more parental conflict, more guilt feelings, were more introverted, and less willing to conform to parental standards, had less need for personal success and acceptance, and were less overtly aggressive than nonart students.
Phillips (1963)	Art teachers at different levels	Media- preferences Personality Inventory; Teacher Preference Schedule	Elementary art teachers described selves as humorous, unselfish, least skilled artistically, least independent, least likely to produce salable art, cynical, hard-headed and demanding, most informal, nurturant, and non-directive in method; junior high art teachers were most independent creatively, highly oriented toward status, and cynical, sarcastic, demanding, self-centered, hard-headed, and least humorous; senior high art teachers were creative and produced considerable salable art; college art teachers were highly formal, nondirective method, and preferred to work with adults rather than adolescents.

Several studies describing artists are summarised in table 6.3. Artists are consistently found to be independent, relatively unconcerned with approval and status, creative and emotionally passive.

Theories of Career Development. H. Osipow. 1971.

Answers to Diagnostic Quiz

Do all the picture in fig. 4 look as though they were made by psychotics, and all those in fig. 5 by nonpsychotics? If that was your judgment, you were 100 percent wrong. The pictures were selected to throw you off in order to emphasize the point that it is difficult to make diagnostic determinations in art therapy.

The particulars of the people who made the pictures in fig. 4 and 5 are as follows:

- Picture 4A: Nonpsychotic obese woman in out-patient treatment.
- Picture 4B: Well-functioning art therapist (nonpatient).
- Picture 4C: Nonpsychotic alcoholic man in out-patient alcohol treatment program.
- Picture 4D: Nonpsychotic alcoholic man in out-patient alcohol treatment program.
- Picture 4E: Six-year-old nonpsychotic MBD boy in out-patient treatment.
- Picture 4F: Six-year-old well functioning boy (nonpatient)

- Picture 5A: Hospitalized schizophrenic young woman, acute phase, nonmedicated.
- Picture 5B: Hospitalized schizophrenic young woman, acute phase, nonmedicated.
- Picture 5C: Suicidal young woman hospitalized for psychotic depression; suicided a month after making picture.
- Picture 5D: Hospitalized schizophrenic young man, acute phase, non-medicated.
- Picture 5E: Suicidal middle-aged man hospitalized for bipolar affective psychosis, manic phase; eventually suicided.
- Picture 5F: Hospitalized manic-depressed man, manic phase.

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