CREATIVE ARTS THERAPIES MANUAL

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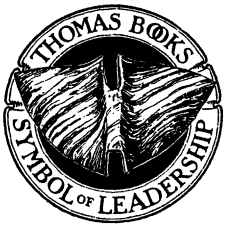
CREATIVE ARTS THERAPIES MANUAL

A Guide to the History, Theoretical Approaches, Assessment, and Work with Special Populations of Art, Play, Dance, Music, Drama, and Poetry Therapies

Edited by

STEPHANIE L. BROOKE, PH.D., NCC



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

ISBN 0-398-07620-0 (hard)
ISBN 0-398-07621-9 (paper)

Library of Congress Catalog Card Number: 2005052930

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Printed in the United States of America
JW-R-3

Library of Congress Cataloging-in-Publication Data

Creative arts therapies manual : a guide to the history, theoretical approaches, assessment, and work with special populations of art, play, dance, music, dramas, and poetry therapies / edited by Stephanie L. Brooke.
p. cm.
Includes bibliographical references.
ISBN 0-398-07620-0 (hbk.) — ISBN 0-398-07621-9 (pbk.)
1. Arts—Therapeutic use. 2. Creation (Literary, artistic, etc.)—Therapeutic use. I. Brooke, Stephanie L.

RC489.A72C76 2006
616.89'1656—dc22

2005052930

PREFACE

> In any given period of history, a culture is to be judged by its dominant philosophy, by the prevalent trend of its intellectual life as expressed in morality, in politics, in economics, in art. Professional intellectuals are the voice of a culture and are, therefore, its leaders, its integrators and its bodyguards. (From *For the New Intellectual* by Ayn Rand, 1961)

In 1993, I became a Nationally Certified Counselor and opened a private practice in Raleigh, North Carolina. I developed an art-based group for survivors of sexual abuse as part of my master's thesis (Brooke, 1996a). In this study, art activities significantly increased the self-esteem scores of a group of adult, female, sexual abuse survivors. In my practice, I began to use art as a means of expression. I found this worked well for my clients, even the ones who were adamant that they could not draw.

My passion for using this type of approach was fueled by attending the seminars of Harriet Wadeson. She did the foreword to the first edition of *Tools of the Trade* (Brooke, 1996b). In the best interests of my clients and my obligation to be ethical in my practice, which Dr. Larson does a wonderful job discussing in the last chapter, I left North Carolina and came to New York to study under Ellen Horovitz, Director of Nazareth's Art Therapy program and one of the contributors to this volume. In 1995, I became a certified art therapist. My interest continues in the creative therapies as I am now studying play therapy and had the good fortune to work directly with Dr. Hilda Glazer during my dissertation and took a seminar from Dr. Kevin O'Connor, both contributors to this book. My intention was to bring together a handbook of all the creative therapies, a collage of art, play, dance, music, drama, and poetry therapies in very specific areas not covered in other creative therapy manuals.

The book is organized to provide first, a history of the field taking a historical, evolutionary approach to the creative therapy. Next, I wanted to cover the field's theoretical orientations and this is the grounding force for anyone in practice. Theory guides our work and influences the types of techniques that we use with clients. And of course, I could not leave out assessments, as I have been so very drawn to writing critical test reviews and

reviews of art therapy assessments (Brooke, 2004). Last, I wanted to include some chapters on how the creative therapy is used with special populations.

The authors who contributed to this book are credentialed and well-known in their fields. I commend them for their outstanding work. Most of all, I praise them for their commitment to the use of creative therapies as an avenue to help clients heal and grow.

My artwork on the cover of the book represents the collage of the creative therapies that I had in mind when editing this book. The mask – drama; the cats/butterfly – Jungian art archetype; Pan – music; the Rorschach – assessment; the dancer – dance/movement therapy; the journal – poetry therapy; and the animate animal friends – play therapy. The mask was particularly important and it was an exercise that I learned from Dr. Horovitz. You will find that some of the authors write about the importance of masks for those clients who may be defensive, at first, when talking about their feelings. As the therapeutic alliance grows and the client is ready, they can make a connection between the mask and his or her internal feelings. All of these creative therapy approaches: Art, play, dance, music, drama, and poetry provide acts of meaning for clients by allowing them to tell their stories and work toward a new definition of self (Brunner, 1990).

This book is fascinating because each creative therapy presents the historical development of their field. Many individuals mistakenly believe that these are new therapies; yet, the use of some of these therapies dates back to prehistoric times. The movement toward creating formal organizations is what is recent for these fields.

For each section, theoretical approaches are discussed. I thought this was particularly important since a creative therapist must have a theoretical base in order to justify the activities he or she is using with a client. "Just because" or "I just knew it would work" is not good enough. A clear understanding of the theoretical base is essential in guiding our work with clients and is important in terms of ethics.

One of my favorite sections, to no surprise to people familiar with my work, are the assessment chapters. Whether norm-referenced tests, interviews, case observations, or informal assessments, these tests contribute significantly to the field of the creative therapies as it provides a rationale for the validity of using these approaches with clients. For those therapists who serve as expert witnesses in court proceedings, thorough knowledge of an assessment's norm base, validity, and reliability is critically important. My concern is that we do not have enough research in this area. In other words, we need to make valid and reliable tests and start using them to collect research for the creative fields, which would engender respect for the creative therapies and present the view that creative therapists are committed to using the scientific approach to examine the results of their work. Barry Cohen, who did the foreword to the 2nd edition of *Tools of the Trade,* shares this concern:

> Naturally, the vast majority of American art therapists are less interested in, or comfortable with, assessment or evaluation than clinical work; it stands to reason that art therapists would much rather engage in the activities they are trained to do, such as making art with their clients and otherwise helping them to heal. Moreover, as a gen-

> eral rule, artists tend to shy away from anything that smacks of scientific studies, especially those that involve numbers or statistics. (Cohen, in Brooke, 2004, p. vii)

One of the important criteria for my dissertation program was to show how my work could promote social change. This is one of the reasons that I became Vice Chair Person of ARIA (Awareness of Rape and Incest through Art) since it not only allowed the use of creative expression for survivors but provided a forum for the opportunity for consciousness raising on the issue of rape and sexual abuse. I wanted to take my certification to art therapy to a higher level through my writing and through my commitment to ARIA.

Friere (1971) used the term, consciousness raising, as a social change approach that liberates people from the oppressive myths and misunderstandings that surround our work. Friere considered this a transformative process that involves critical thinking and reframing. "Thinking does not separate itself from action, but constantly immerses itself in temporarily without fear of the risks involved" (Friere, 1971, p. 81). As creative art therapists, we liberate our clients through various creative therapies in a safe, therapeutic milieu, so that the client can take risks without fear and ultimately grow and heal.

This text, with the help of many talented, creative art therapists, is my endeavor to engage in consciousness-raising and promoting social change. According to Hocoy (2005), the creative therapies and social action can become interconnected, with the goal breaking myths and unjust events. "Art [creative] therapists should examine their complicity in unjust social arrangement and take a moral stance to work for justice by actively redressing imbalances, within and without the consulting room. It is suggested that art [creative] therapists adopt an action research approach by relinquishing theoretical dogma and cultural assumptions to consider the specific needs and worldview of the individuals being served" (Hocoy, 2005, p. 7).

Golub (2005) describes social action in the creative therapies as a "shared power of the community for the benefits of the community" (p. 17). The authors of this book have engaged in social action and consciousness-raising by providing information about their fields: The historical development, theoretical approaches, strengths and weaknesses of assessments, as well as demonstrating ethical ways that the creative therapies can be used to promote change with special populations.

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ACKNOWLEDGMENTS

I wish to express my deepest appreciation and admiration for Dr. David Taylor, who is my mentor and my dearest friend, who supported me through the personal and professional journey in creating this book. I am also indebted beyond measure to the knowledge, support, and encouragement generously provided by all the contributing authors to this text. Without their patience and understanding, this endeavor to raise consciousness and hopefully promote social action and change would not have been possible.

I wish to acknowledge Charles Myers for his help assembling my artwork into a collage that was fitting for the cover of this text. Finally, I recognize and appreciate the selfless support, encouragement, and love provided me by my friends through all my professional endeavors and personal struggles, Dr. David Taylor, Gina Kim, Michael Hand, and Charles Myers. They all hold a special place in my heart.

CONTENTS

CREATIVE ARTS THERAPIES MANUAL

Chapter 1

A SHORT HISTORY OF ART THERAPY PRACTICE IN THE UNITED STATES

PATRICIA ST. JOHN

INTRODUCTION

Art therapy uses symbols, metaphors, visual images, and the process of art making to heal and restore physical and mental health. Art therapy's roots predate use of the word art to describe the visual, symbolic productions of preliterate societies. Additionally, it predates the formal practice of therapy. Preliterate societies used visual symbols and images in religious ceremonies for healing, to communicate with the gods, and in communication with people. Decorating tools and implements made them "special" (Dissayanake, 1988). The term art evolved into a different meaning, but the power of art and the creative process to tap inner resources and heal remained.

From its earliest days, the field continued to define itself. Students and practitioners of art therapy quickly learned that the definition of art therapy was always evolving. As of this writing, the American Art Therapy Association provided this definition:

> Art therapy is the therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress, and traumatic experiences; enhance cognitive abilities; and enjoy the life-affirming pleasures of making art. (*AATA Newsletter*, 2004, p. 4)

This definition emerged from decades of lively and passionate debate among practitioners of art therapy.

The underpinnings of art therapy took form with a fascination with artwork by patients in European insane asylums (MacGregor, 1983; Pickford, 1967; Prinzhorn, 1922). These collections of patient art amassed by psychiatrists raised many questions: Did insanity stimulate creativity? Did art making decrease as patients regained sanity? Did the artwork of patients have particular characteristics, and was it like or different from that of trained artists? Could artwork help to diagnose? Why did patients make art?

In his theory of the unconscious, Freud (1900/1955) proposed that creative acts were the result of unresolved, unconscious material. If this were so, one would find evidence of early trauma in the artwork of artists. Was there a link between insanity and creativity? Or, alternatively, was art making a healing process, and could the creative process be useful in treatment of patients? As Jung (1964) personally discovered, painting allowed exploration of his own problematic material. But could this apply to patients, as well?

The two initiators of art therapy in the United States, Margaret Naumburg (1947) and Edith Kramer (1958), subscribed to art's healing potential. Naumburg claimed to have coined the term, art therapy (Junge & Asawa, 1994). Later, Kramer's (1971) work with disturbed children was called art therapy. In case studies, each pioneer demonstrated her distinct approach to treatment: Naumburg's art-in-therapy and Kramer's art-as-therapy (Ulman, 1987/2001).

Innovative treatment approaches did not cease with Naumburg and Kramer. Elinor Ulman created the first journal devoted to art therapy, the *Bulletin of Art Therapy* in 1961. The journal provided a

venue for art therapists to learn about each other's work. By presenting papers and exhibits of patient artwork at psychiatric conferences, early art therapists acquainted the medical community about the benefits of art therapy. At one of these conferences a small group agreed it was time to form a national association. The American Art Therapy Association (AATA), established in 1969, held its first annual conference the next year (Junge & Asawa, 1994).

The next two decades, influenced by new theoretical developments in psychology, marked a period of rapid growth and enormous innovation and diversity as approaches to art therapy proliferated. Junge and Asawa (1994) recalled that art therapists of this period, like many creative people, were passionate about how art therapy should be defined and practiced. They also debated how and who should train the next generation of art therapists and what made art therapy different from other mental professions. AATA's committees developed guidelines for training, ethical standards, and standards of practice as art therapists. As in all professions, change was a constant.

The two most recent decades (1984–2004) demonstrated continuing change in response to state licensing of art therapists. Accountability, short-term treatment, managed care, treatment of a wider range of ethnic and cultural groups, the emptying of large psychiatric hospitals, identification of other treatment groups, such as the sexually abused, traumatic brain injured, HIV-positive and AIDS patients, challenged art therapists to create innovative treatments. Diversity in treatment sites, such as outpatient facilities, nursing homes, cancer units, and shelters for the homeless, required changes in education, training, and standards.

Early art therapists typically treated inpatients in long-term care in psychiatric hospitals (Wadeson, 1980). Eventually, art therapists practiced short-term, group art therapy in a broad range of treatment settings. Despite the presence of art therapy in so many settings, or perhaps because of it, the profession grappled with how to demonstrate art therapy's efficacy and effectiveness and attain national recognition (Kapitan, 2004). This chapter traces art therapy in the United States from its beginnings to present, highlighting the people whose innovations created the field. This is the story of how art therapy grew.

PRECURSORS TO ART THERAPY

Art therapy evolved as a hybrid field. It was generally agreed that art therapy emerged from the confluence of developments from the late 1700s to the early 1900s in several fields. These fields were psychiatry, psychoanalysis, art history, projective techniques, and education.

Psychiatry

During the nineteenth century in Europe, patients in insane asylums used available materials, bread, and bits of paper to create drawings and sculpture. The German psychiatrist, Hans Prinzhorn, (1886–1933), amassed "The Prinzhorn Collection," one of the earliest compilations of such works (Prinzhorn, 1922–1995). In the late 1800s, Cesare Lombroso and Paul-Max Simon raised questions about a possible link between madness or degeneration and creativity, and whether characteristics in patient art were useful for diagnosis and treatment (MacGregor, 1983).

Another psychiatrist, Fritz Mohr (1874–1966), continued these explorations into the twentieth century in *The Drawings of the Mentally Ill and Their Usefulness* (1906) where he tried "to connect certain characteristic types of designs with specific forms of mental illness" (Hogan, 2001, p. 82). His systematic assessment required patients to copy simple figures. This assessment evaluated the patient's current condition based on their perceptual and motor skills rather than on their spontaneous images (Hogan, 2001). Not all psychiatrists employed artwork for assessment purposes. "In both the work of Freud and Lombroso there is an emphasis on primitive mentality being expressed through pictorial symbolism" (Hogan, 2001, p. 87).

Psychoanalysis

Freud's theories of repression, projection, the unconscious, and symbolism in dreams, as well as his seminal book, *The Interpretation of Dreams* (1900/1955), identified the importance of visual images to understanding mental illness. Freud speculated that free association brought the unconscious, repressed material to the conscious level. Further, free association elevated primary process thinking to the secondary process level. Artwork, like dreams, wrote Pickford (1967), explaining Freud, contained symbolic content with its basis in four main processes: "(1) symbolic transformation; (2) condensation; (3) displacement of affect, and

(4) secondary elaboration" (p. 14). Symbolic transformation referred to images that replaced fantasies or impulses, but in some way were like them. For example, the male organ symbolized "spears, guns, snakes, teeth . . ." while female organs took on forms of ". . . containers, such as bowls, cups, bottles and houses" (Pickford, 1967, p. 14). Freud further proposed that projection played an important role in the style and content of artwork. Primary and secondary process fantasy material thus evolved into symbolic imagery, i.e., artwork.

Freud's studies of the life histories of artists, such as Leonardo da Vinci, suggested that unconscious material projected into artwork as well as dreams (Pickford, 1967, p. 14). In *Study of Leonardo da Vinci* (1919 cited in Pickford, 1967), Freud interpreted da Vinci's *Madonna and Child with St. Anne* (Louvre), based on da Vinci's childhood experiences. Freud proposed that an unconsciously painted vulture in the composition demonstrated homosexual tendencies. In an example of the difficulties of symbolic interpretation, Freud's vision was shown to be incomplete. In fact, da Vinci, in his notes, wrote about his fascination with kites, a hawk-like bird. A German who translated da Vinci's notes substituted the word vulture for kite, thereby generating the following Freudian interpretation: the Madonna as vulture. Freud saw da Vinci's early experiences as the basis for the composition, with the phallic tail replacing the mother's breast. In other words, Freud speculated that da Vinci identified with the phallic mother and the early roots of homosexual tendencies were represented unconsciously (Pickford, 1967, p. 278). The da Vinci code remains unbroken.

Furthermore, Freud was incorrect about the story about da Vinci's childhood when he claimed his mother raised da Vinci until age five. Neumann (1959) observed that da Vinci grew up in his father's home, raised by his grandmother and two stepmothers. It is speculative, at best, whether da Vinci's paintings reflected his early experiences. Even though Freud made errors, his psychoanalytic method is worthwhile. Connections between the artist's or client's life and what appears in a painting or drawing gave possible clues to motive and behavior.

Symbolic images not only had meaning for the artist, they also resonated with the viewer whose unconscious is at work. From a psychoanalytic perspective, "Art is . . . in part a process of ego defense, by which phantasies are extruded and exteriorized by projection, and, in part a therapeutic process, by which the ego may find out that its most dangerous phantasies are harmless" (Pickford, 1967, p. 18). Within the process of art making, sublimination, an ego defense, brought about ". . . adjustment of conflicts and stresses, and the constructive use of libido and aggression" (Pickford, 1967, p. 19). Kris (1952), a psychoanalyst trained in art history, explored these ideas from a neo-Freudian position. The field's two early pioneers in art therapy, Margaret Naumburg and Edith Kramer, adapted Freud's ideas in their practice. For a discussion of their work, see below under *Pioneers of Art Therapy.*

Jung's influence on art therapy was important, as well, as will be expanded upon in the next chapter. Jung (1964), a student of Freud, rejected Freud's theory of infantile sexuality and repressed memories. Instead, he conceived a theory of archetypes and universal images that resided in the memory of all humans as the collective unconscious. These symbols survived in various religions, rituals, and artwork of diverse cultures. The mandala related to the wheel and the sun. Naumburg and her sister, Florence Cane, incorporated some of Jung's ideas into their work. Later, several art therapists (e.g., Keyes, 1983; Wallace, 1975) adapted his ideas to art therapy practice calling it active imagination. Psychoanalytic theory afforded a basis for the development of projective techniques in the form of tests that invited the viewer to free associate to ambiguous images.

Projective Techniques

The Rorschach Test (Rorschach, 1921) and the Thematic Apperception Test (TAT) (Murray, (1943) offered an understanding of the personality and unconscious material that influenced behavior. Applications to art therapy turn up in Karen Machover's assessment that she described in *Personality Projection in the Drawing of the Human Figure* (1949), and later in assessments designed by other art therapists (e.g., the Ulman Personality Assessment Procedure, 1975, and Kwiatkowska's *Family Evaluation Procedure*, 1978).

Florence Goodenough (1926), a psychologist, developed the *Draw-A-Person (DAP)* test: ". . . the first published drawing test to assess children's intelligence" (Groth-Marnat, 1984, p. 116). One can calculate the child's intelligence quotient by counting the number of details included in the