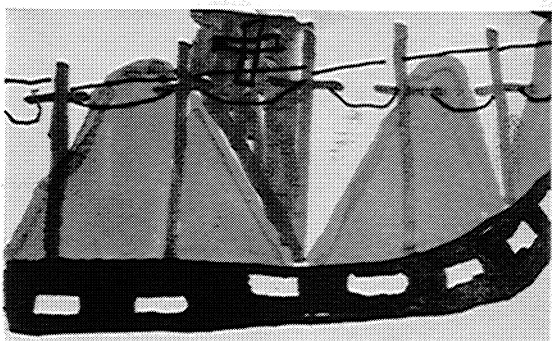
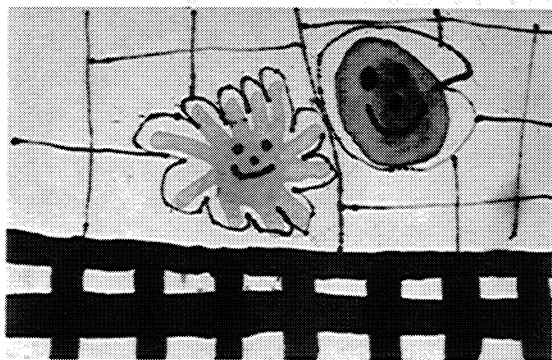
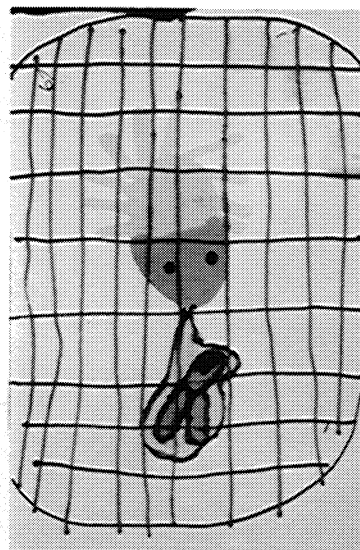
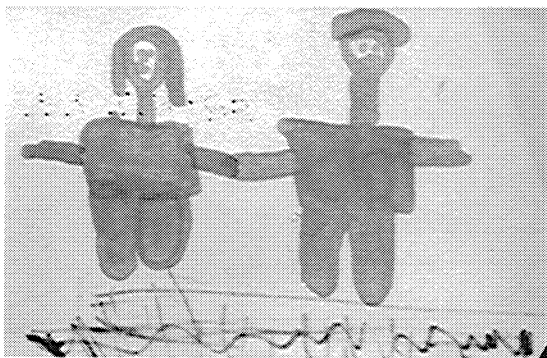


**THEY COULD NOT TALK  
AND SO THEY DREW**



Randy, nine years old, demonstrates advanced levels of cognitive and artistic development in the production of these four watercolor paintings on white paper. His compositions show evidence of identification, introjection, reaction formation and rationalization. In addition, he shows the ability to symbolize, displace, and condense in his image-making, placing him in an equally advanced level of psychosexual development.

# THEY COULD NOT TALK AND SO THEY DREW

Children's Styles of Coping and Thinking

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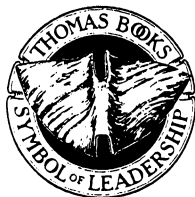
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*This work is dedicated to the three men who more than any other have guided my way: my father, the late Louis Friedman, who taught me to love and to work; the late Morris J. Goldman, M.D., mentor and friend, whose unfaltering belief in art therapy led to the establishment of the first graduate training program in the field and who directed my work; and my husband, Leonard, whose love made it possible for me to grow.*



## FOREWORD

**T**HIS is an integrative book. Many volumes have been written on Freud and psychosexual development, Piaget and his theories on cognitive development, as well as on the subject of art and its origins, derivatives and meanings. Very few authors have attempted to weave a comprehensive synthesis of all three areas of human mental development and function. Doctor Myra Levick has not only created such a synthesis but has done it in a clear, logical and well-illustrated fashion. The illustrative aspects of this book are both literal and figurative. Using her extraordinary grasp of art therapy, Doctor Levick has allowed us to peer into the drawings of normal children as well as sick children and adults. She has further been able to demonstrate the validity and reliability of her findings regarding the manifestations in art of defense processes in all human beings.

It is sad but true that mental health professionals generally read their own literature and rarely venture out into the intellectual world of their co-workers. The analysts read analytic books and journals for the most part and biologically oriented psychiatrists have a panoply of journals to read which deal primarily with neurobiology and psychopharmacology. Without belaboring the point, there is a cadre of authors and a readership in psychiatry, psychology, social work and the creative arts therapies that all seem to run parallel to one another with little reference to or regard for the important and sometimes crucial discoveries and writings of the other groups.

Doctor Levick started with an idea that germinated through many years as an art therapist, teacher and clinician. She had the conviction that spontaneous artistic production of both normal and abnormal people provided not only a new and different "royal road to the unconscious" but also exposed conflictual and nonconflictual aspects of ego development and function. She and her art therapy colleagues are able to recognize not only the unconscious wishes of the patients but the defensive activities which a person generally uses

to cover up, hide from, distort or otherwise keep such wishes out of consciousness. While this has been clear to some of us for many years, the ability to translate artistic material into an understanding of what goes on in the patient's mind is still viewed by many as the unreliable perspicacity of a few talented "sensitive" people with no scientific validity.

Starting with a full appreciation that childhood development may account for adult psychopathology, Doctor Levick still felt a need to integrate the autonomous functions of the ego, the development of cognition with all of its impact on normal and abnormal behavior as well as the special and unique aspects of artistic expression into a single, unified theory. This is an enormous undertaking, and this book, the result of years of observation and study, succeeds in pulling together these three unique and quite different aspects of human endeavor into an approach to the examination and understanding of development and expression.

This book may be viewed from a number of perspectives and hopefully will appeal to a wide readership. First of all, it is a review of three literatures: psychosexual development, Piagetian theory and the nature of artistic production. Secondly, it is a beautiful demonstration of the artistic representation of classical defense mechanisms in the drawings of normal children. Third, it is an overview of pathology in drawings and the presence of pathological defenses consistent with the patient's diagnosis as well as the three interwoven threads that the author has described theoretically earlier in the book. The final way in which this volume may be viewed is as a textbook for art therapists, complete with a firm theoretical framework and charts and tables which guide a budding art therapist to a deeper and clearer understanding and sense of confidence about what they do and their findings both diagnostically and therapeutically.

Using Greenspan primarily as the most recent psychoanalytic developmentalist, Rosen as a clear expositor of Piaget, and Arnheim who has explored the symbolic process, visual imagery and their relationship to art, the first section of the book tries to show how these concepts fit together and how the whole is more meaningful than the sum of the parts. Analysts clearly feel that resistance is a dynamic activity. How then can resistance be presented in a static picture? How can the supposed secondary process, with all of its



cognitive elements, present the focus and dynamisms of a primary process activity? How can we see both the unconscious infantile elements and the defenses and resistances inherent in the mental struggle and conflict in the picture that a child or adult presents to us? Doctor Levick attempts to take the three languages used by writers from these three disparate areas and unify them. Careful selection of key authors has made this an eminently readable and useful endeavor. We are introduced to Dabrowski and his hierarchy of values as a bridge between Freud and Piaget. The differences between Dabrowski and Piaget are also carefully explained in order to use both ideas in a better understanding of the creative process and the value of art as a language. We are taken through a series of theoretical discussions, including Greenspan, Noy, Koppitz and DiLeo, in which the author tries to integrate the development of art and drawing with both emotional and cognitive aspects of development.

The clinical sections of this book will help all mental health professionals understand what art therapy is and how it works. Here the seminal work of Anna Freud, *The Ego and the Mechanisms of Defense*, is the foundation upon which this part of the book is built. Age by age and stage by stage, we are guided through an array of pictures which demonstrate the nature of defenses as they appear in both the normal and abnormal. It is like having an expert guide us through a museum. Suddenly, the pictures take on meaning, symbolic and real, and the excitement of the individualized "Rorschach" inherent in art becomes alive. However, this is not just another clinical correlation exercise but an effort to categorize defenses and transform an esoteric specialized area of therapeutic endeavor into a widely applicable activity that is useful to all workers in the field.

This book breaks new ground and catapults art therapy into a new level of theoretical importance within all of psychology. Doctor Levick, long a leader in the field and a staunch supporter of art therapy as a unique subfield of therapeutics intimately related to psychiatry and psychology, has moved into a new position. Through this book she becomes an ambassador of integration and a spokesperson for the development of a common language of human development with a special emphasis on art as a medium of intellectual exchange.

Paul J. Fink



## FOREWORD

**T**HIS book expounds two very important and complex scientific problems: (1) which are the mental and behavioral processes essential to interpersonal relationships that are revealed by a child's free drawings — drawings of lines, all sorts of figures, particularly human — and (2) how can the child's developmental level be ascertained by an analysis of his drawings. Doctor Levick advances the solution of the problem of the relation between the visual-motor imagery which created the drawings and the child's psychosocial behavior, conscious and unconscious, overt and latent. Her work has both practical and theoretical significance. During the first years of life, non-verbal communication is by far more meaningful than the limited verbal speech of early childhood. The non-verbal, early childhood is the period of the most intense growth and maturation, and the engrams of the strongest early childhood experiences are likely to exert a lifelong, albeit unconscious, influence. This accounts for the stability and power of imagery. The hands and the eyes play a dominant role in learning about the world and adapting to it. Hands and eyes also play a decisive role in executing drawings, in giving external form to the non-verbal imaginary conceptions of the brain which is the source of the child's more or less organized conscious and unconscious adaptive activities and intentions. Throughout our entire life the brain never sleeps. Thus the imagery is kept alive also in adulthood and keeps changing ceaselessly with changing, expanding and new experiences that matter to us.

Of great interest and value is Doctor Levick's establishing a connection between the development of Piaget's cognitive mechanisms and Freud's libidinal levels. Instead of viewing the two schemes as incompatible and competitive, she views them as compatible and complementary. After all, nothing is ever done without an affective impulse even when the affect is ever so feeble because the action does not matter very much to us. Affects signify a readiness to act. At the same time, we must mobilize our knowledge pertinent to a suc-

cessful performing of the intended action. We must know the reality conditions that would facilitate or obstruct the carrying out of the desired activity. As affects and cognition are inseparable and necessary subjective processes of living, Freud's psychodynamic scheme of the child's development and Piaget's scheme of the development of the child's cognitive functions supplement one another. This synthesis gives us a fuller and more meaningful conception of the process of personality maturation in childhood. Doctor Levick has demonstrated the chronological correspondence between Freud's and Piaget's stages in the process of development. These stages are illustrated by actual clinical cases and clinical material. The emphasis is on specific graphic elements and their connection with affective and thinking symptoms.

There is also a discussion of drawings produced by schizophrenics — adolescents as well as adults. These are qualitatively different from children's drawings. It seems more difficult to change deliberately and diagnose elements of graphic productions than words or overt body movements. Drawings of human figures easily reveal the internal changes contingent upon the schizophrenic disease process. Sometimes a glance at a drawing reveals the psychosis when other evidence is ambiguous. In these cases, the drawings exhibit conspicuously the condition of the patient's sense of reality, his rigidity, withdrawal, and bizarreness of emotions. Attitudes toward sex play a prominent role in the preoccupations of schizophrenics. Separate drawings of a man and a woman made by early or mild cases frequently differ strikingly, revealing an inner mental state differing noticeably from the overt, manifest mental state. This difference is prognostically as well as therapeutically important. The traits that make the figure of the same sex (as that of the patient) differ from the other-sex figure are assented and expressed in manifest behavior, with greater ease and frequency than are those traits which make the other-sex figure differ from the same-sex figure. Individuals habitually try to control or inhibit the overt manifestation of those traits which they assign exclusively to their other-sex figures in spontaneous free drawings; or they disclose them in their behavior in special situations of increased tension, such as great anxiety, unexpected temptation or irritating provocation. Graphic productions of children and adults betray a greater influence of genuine affects and intentions than do their more disciplined public speaking and motor

behavior.

This volume contains a constructive survey of pertinent literature, case samples and a list of definitions of Piaget's concepts referring to cognitive growth. Aside of advancing the psychological interpretation of children's free drawings, it offers a unique correlation of Freud's and Piaget's stages of the child's maturation. It is an instructive and original work.

Zygmunt A. Piotrowski



## PREFACE

**T**HIS work represents the culmination of my educational and professional experience as a clinical art psychotherapist and educator in the field of creative arts in therapy. While emanating from a specific area of psychoanalytic theory — defense mechanisms of the ego — the relationship between cognitive and psychosexual development and the relationship between imagery and thinking and learning are explored.

The literature on art therapy, defense mechanisms of the ego, Piagetian theory and artistic development relevant to the scope of this work is reviewed. A synthesis of this material through the text and illustrations of spontaneous and directed drawings by normal children aged two to ten years follow. This age group was selected because the literature strongly suggests that by around age ten most children have acquired a repertoire of defense mechanisms that enable them to make the transition through adolescence to adulthood. Numerous examples of drawings produced by emotionally disturbed children and adults are also presented along with a text describing the developmental manifestation of maladaptive defense mechanisms of the ego and their relationship to cognitive, psychosexual, and artistic development as they are manifested in the same drawing.

In retrospect, I can see how the beginning of the wish to pursue this endeavor took hold in the earliest years of my training in art therapy, grew stronger as I began to teach, and slowly evolved like the pieces of a jigsaw puzzle coming together.

Once the format, described above, was clearly envisioned and all the references and illustrations were at hand, there remained only the task of defining my criteria for identifying defense mechanisms in drawings on a hierarchical scale. Accomplishing this, I soon learned the puzzle was larger than I had anticipated. It became apparent that to describe my assumptions and illustrate them through drawings and tables was not enough.

Originally, there was no intent to include any statistical analysis of my thesis. I believed in proposing a theory; it remained for others to test it. The challenge to incorporate some measure of reliability and validity in this work came from several directions, including my own awareness that documentations of theoretical constructs in art therapy and even psychiatry lag far behind other areas of psychology. So, in spite of my initial resistance and even trepidation and with the support of those who are acknowledged later, two studies were subsequently implemented.

The first, a reliability study, was conducted, and I thank Ronald E. Hays and Susan Kaye-Huntington, both former students and now colleagues, for consenting to serve as blind raters for a random distribution of the illustrations. The second study examined the validity of my criteria for identifying defense mechanisms in drawings, and I thank the four psychotherapists who participated in this study but must remain anonymous to preserve the confidentiality of their patients.

The reliability study demonstrated significantly high interrater reliability and there was a high percentage of agreement and no significant difference between the number of defenses identified by the four psychotherapists and myself. The tables showing these results and a discussion of their implications appear in the Appendices.

As the pieces begin to fall into place and complete the "picture," they demonstrate that defense mechanisms and intelligence (a function of the conflict-free sphere of the ego), as manifested in spontaneous or directed drawings of children and adults, provide significant information regarding an individual's capacity for adaptation to reality.

Members of education and mental health disciplines, other than art therapists, can use graphic productions to discern whether or not a child or an adult has age-appropriate capabilities. Thus, the knowledgeable evaluation of spontaneous and even directed drawings is provided with a sensitive, serviceable schema.

Myra F. Levick



## INTRODUCTION

THE facts and fantasies, data vis-à-vis spontaneous drawings, old concepts and new constructs to be presented in these chapters reflect a personal experience over two decades in training and as clinical art-psychotherapist and educator in the field of the creative arts in therapy. This process can be likened to the developmental stages of cognitive and emotional growth described in what have been traditionally two separate bodies of literature. Numerous psychologists and psychoanalysts have historically deplored the schism between Piagetian and psychoanalytic theory and many have put forth constructs connecting the two schools of thought. Some of these will be cited.

The following chapters are not only the culmination of the educational and professional experiences noted but also a synthesis of these experiences emanating from a specific area of psychoanalytic theory: defense mechanisms of the ego. To clarify how this came about and subsequently to be the focus of this work, I shall describe briefly the course of my own development.

Because of what I now consider a most fortunate set of circumstances in 1963, I had the opportunity to utilize my talent and training as a painter in a twenty-nine bed inpatient unit for adults suffering from moderate neurosis to severe psychosis. At the same time, I was required to attend intensive in-service training in psychoanalytic theory. My job title was "art therapist" and one of my first tasks was to learn what that implied. Fortunately, there was some literature not too many years before in this field by Margaret Naumburg, Edith Kramer, Elinor Ulman and Ernst Harms.

Their major contributions, and those that followed, will be reviewed in an overview of art therapy. At that time, their writings (which consisted primarily of their individual philosophies and case material), coupled with the training I was receiving, became the basis for my own development as an art therapist. I gravitated toward the dynamically oriented approach described by Ms. Naum-

burg and found it most helpful in integrating theory and practice. The focus was on psychopathology, manifestations of mental disorders and adaptive and maladaptive ego-defense mechanisms in the drawings of patients referred for art therapy. The frame of reference for defining these elements in graphic images was the psychoanalytic theory of developmental stages (i.e. oral, anal and Oedipal stages). Examples of these will be given. While strengths and weaknesses of ego function and intellectual capacity were considered, they were not paramount in making diagnoses or interpretations in the process of therapy. Exposure to organicity (i.e. brain damage) was limited and only seen occasionally in the repetitive drawings of senile geriatric patients. Normal development was identified by its absence in the population I worked with. This deficiency became glaringly apparent during graduate work in educational psychology. Exposure to learning theory and behavioral psychology was both stimulating and frustrating. There was little in the literature at that time (1965) that constructively integrated the separate schools of thought.

In 1967, I became responsible for developing a program to train art therapists in the graduate school that was part of Hahnemann Medical College and Hospital. In spite of my educational experience with other theories mentioned above, I was convinced (and still am) that an understanding of psychoanalytic theory was essential in training art therapists to work with a variety of populations living with some form of mental dysfunction. Although introduction to the numerous psychological theories was incorporated in the original curriculum (and these theories continue to be redefined and integrated), the core of the psychology courses was and is psychoanalytic theory. My own particular interest and expertise evolved around ego mechanisms of defense: how they reflected adaptive and maladaptive behavior patterns, how they reflected developmental stages in terms of areas of unresolved conflict leading to fixations in developmental stages and, specifically, how these elements are manifested in drawings of children and adults in a therapeutic milieu.

Subsequently, several incidents occurred which impressed me with the need to learn much more about normal cognitive and emotional development and their relationship to each other, and how mechanisms of defense reflected these on a continuum. The latter is

indeed only one aspect of multiple ego functions but in my view plays a significant role in personality development. Knowledge of defense mechanisms of the ego and how individuals utilize them provides inferences about total personality development, particularly when identified within the gestalt of graphic images produced by normal and abnormal populations.

Stated briefly, among incidents that led to further learning was one at a national conference of the American Society for the Psychopathology of Expression, where I was compelled to recognize the implications of the interaction of cognitive and emotional systems in a presentation by Leslie Osborne, M.D. He described his experiences during a term as a state mental health director and the shocking discovery that some inmates of an institution for the mentally retarded had average and above-average intellectual capacities even though their scores on intelligence tests were between forty-five and sixty-five. His initial suspicions were based on observations of their ability to appropriately draw objects in their environment and to make complex constructions from tiny pieces of Leggo® (a sophisticated construction toy). His concerns were well documented in subsequent programs and evaluations implemented at that institution. His results forced our faculty to take a hard look at the whole issue along developmental lines and to identify manifestations of cognitive skills and emotional states in drawings produced by normal and abnormal populations in order to learn more about the relationship and interaction of these two domains. Another incident involved a member of our hospital psychiatric staff who was serving on the thesis committee for one of our students. Throughout the years, a number of our students hypothesized that certain defenses are specific to certain mental disorders and, therefore, they focused their research on testing this hypothesis through manifestations of the defenses in the drawings of patients with specific diagnoses. While a number of art therapists have written case studies based on one or more defense mechanisms identified in the drawings of these patients, our psychiatrist expressed his frustration over the fact that there was no comprehensive text addressing this subject and suggested I write one since I was teaching in the field. Although willing to attempt such a project, I had a gnawing notion that this had to be reviewed and reported in conjunction with cognitive development. More graduate work in child development was essential, and this,

joined with my research in the relationship between cognitive and psychosexual development, and the relationship between imagery and thinking and learning, filled in some of the gaps sufficiently to allow for the writing of this book.

The need to integrate psychoanalytic and Piagetian developmental psychology has produced some noteworthy literature. The intent of this work is not to present a comprehensive review of the literature pertaining to the integration of these two theories. Rather, the literature that is specifically relevant to this material will be noted in the related context. A most excellent theoretical construct integrating these two schools was authored by Greenspan (1979). His work, including some of the review of the literature, will be referred to more frequently than any other in this area. The works of Anna Freud (1936, 1965, 1966) are the basis for the theoretical orientation presented here.

To focus on one aspect of ego function is not without its problems.

If, as in 1936, it was sufficient to enumerate and illustrate ego mechanisms, to inquire into their chronology, and to assess the role of the defense organization as a whole for the maintenance of health or illness, this can no longer be done today without relating the ego's defensive achievements to its other aspects, i.e., to its primary deficiencies, its apparatuses and functions, its autonomy, etc. (A. Freud, 1966).

However, there is some support for this limited approach. Hartman (1939) and Greenspan (1979) point out the need for a hierarchical developmental model of ego substructures that is concerned with adaptation and reality. Hartman states that the choice of defense mechanisms results from both constitutional determinants and the maturation of the conflict-free sphere of the ego. It is the goal of our presentation to demonstrate that defense mechanisms and intelligence (a function of the conflict-free sphere of the ego), as manifested in spontaneous or directed drawings of children and adults, provide significant information regarding an individual's capacity for adaptation to reality. Ego strengths and ego weaknesses cannot be defined without consideration of those ego functions that serve as a base for intelligent behavior and behaviors emanating from will and action (Greenspan, 1979). Greenspan also points out that from his clinical experience it is apparent that "content of

children's play, fantasy and imitation is often related to emotional issues." Therefore, he believes expression cannot be fully understood from a cognitive viewpoint, but those elements related to the influence of drives and object relations must be considered. Rapaport (1954) maintains that repression, ideational representation, and (less directly) affect discharge result in internalization of reality and its representation in the psychic apparatus. He also contends that "every mechanism we observe corresponds to such a counter-cathetic energy distribution. These defensive apparatuses come to our attention in the form of motivations of behavior, such as denial, avoidance, altruism, honesty, etc." (p. 255).

Finally, mention must be made of an ever-present concept — resistance. Moore and Fine (1968) define this term as

a phenomenon encountered in the course of psychoanalytic treatment. This psychic equilibrium of a person rests on the balance of inner psychic forces, and the disturbance of the equilibrium causes anxiety. People tend, therefore, to oppose automatically anything that disturbs the inner balance, regardless of the fact that they may know that the interference with the established balance might be to their long-term advantage . . . During the psychoanalytic treatment the patient is encouraged to talk about activities going on in his mind. As he does so . . . , he becomes increasingly aware of the prohibitive-defense part of his mind as well as wishes and urges which are held in check by the prohibitions . . . (p. 87).

It seems, therefore, that resistance is at the core of adaptive and maladaptive developmental behaviors. It follows that insofar as this orientation to art therapy is analogous to psychoanalytic theory and practice (i.e. psychosexual development, dream interpretation and free association), understanding and identifying defense mechanisms and their relationship to cognitive skills from a developmental perspective in drawings can be particularly useful to not only psychoanalysts and art psychotherapists but to psychologists and other clinicians in the field of mental health. In addition, there is a cadre of educators confronted with the national mandate that all children have a right to education regardless of handicap (P.L. 94-142), who may also benefit from this guide to assessing adaptation to reality in children's drawings.

The following chapters will present an overview of art therapy in this country, a review of the literature on defense mechanisms relevant to this work, aspects of the relationship between cognitive and

psychosexual development as it pertains to drawings and, lastly, examples of these elements in the drawings of normal children two to ten years of age and in the drawings of mentally dysfunctional children and adults.

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I WANT to thank Doctor Samuel Snyder, formerly in Department of Education and Child Development, Bryn Mawr College, to whom I first presented the idea for this work. He thought it was very worthwhile and encouraged its development. I am grateful to Janet Hoopes, Ph.D., Chairperson, Department of Education and Child Development, Bryn Mawr College, who gave generously of her time and expertise in clinical assessment and supported my efforts to suggest new directions in this area. Without the support and encouragement of Israel Zwerling, M.D., Ph.D., chairperson of the Department of Mental Health Sciences at Hahnemann Medical College and Hospital, and the patience and consideration of my staff, Dianne Dulicai, Cynthia Briggs, Ron Hays and our secretary, Doris Klayman, I could not have had the time necessary to prepare for and complete this manuscript.

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I want to express my warm gratitude to Paul J. Fink, M.D., chairman of the Department of Psychiatry and Human Behavior, Thomas Jefferson University, who also read this manuscript as it evolved. His years of teaching and writing in the area of art therapy and his professional and personal interest in this effort made him a sensitive and invaluable critic.

Two special friends, Paul Cutler, M.D., physician and author, and Harry Cohen, M.D., psychoanalyst, voluntarily offered to read the first draft. Their interest and support at that initial phase spurred me on.

There were many colleagues, relatives and friends who collected their children's drawings and sent them to me who must remain anonymous to preserve confidentiality. A number of nursery school

directors and teachers who either sent me drawings or allowed me to observe and work with their students must also remain anonymous for the same reason. Their cooperation and consideration is gratefully appreciated; their contributions enrich this presentation. A special thanks to my daughter, Karen, who spent many summer weeks cataloguing these pictures.

I was fortunate to have two excellent typists, Nicoletta Berd and Sally Sylk, whose interest in the subject matter made our working arrangements very special and productive. Their work was made easier by the excellent editing by my good friend Sylvia Halpern, and the proofreading was completed by another good friend, Helene Cutler.

Thanks must also be given here to the numbers of students I have taught over the years who have prodded me to put this method of assessment down on paper. Their belief in its usefulness had significant influence on this undertaking. On behalf of these students and myself, I want to take this occasion to thank V. Michael Vaccaro, M.D. His knowledge of psychiatry coupled with a remarkable sensitivity to the graphic images produced by psychotic patients led to our joint effort in formulating the original course in art therapy theory taught in the program at Hahnemann Medical College and Hospital. Our continued striving to communicate verbally that which seemed so clear on the non-verbal level is at the root of this endeavor.

Lastly, I want to thank my family, who acknowledged my priorities often before their own, and especially my grandsons, Brent and Keith, who continue to draw pictures for me.



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**THEY COULD NOT TALK  
AND SO THEY DREW**



## Chapter One

# ART THERAPY: AN OVERVIEW\*

### Definition

**A**RT therapy as a discipline has grown rapidly during the last twenty years and its definition has gone through many changes. "Since the time of the caveman, men have created configurations which serve as equivalents for life processes" (1958, p. 7). Kramer also describes art as a means of widening the scope of human experience by providing a way to express these experiences through various art media. She further states, "The art therapist assists in an act of integration and synthesis" (p. 21). Fink, Levick and Goldman define art therapy as that discipline which combines elements of psychotherapy with untapped sources of creativity and expression in the patient (1967, p. 2). Levick (1967) maintains that art therapy should be considered as a "prescribed substitution of creative activity to replace neurotic symptoms and to strengthen defenses successfully by the patient before illness becomes acute, and establish a prescribed relationship with the therapist" (p. 158). This relationship is in accord with the treatment goals for the patient.

With the development of training in the field of art therapy, the need for further clarification became evident. In an early pamphlet of the American Art Therapy Association (established in 1969), an attempt was made to describe the goal of art therapy as "help for the individual child or adult to find a more compatible relationship between his inner and outer worlds."

The current definition given by the American Art Therapy Association is:

Art therapy provides the opportunity for nonverbal expression and communication. Within the field there are two major approaches. The use of art as therapy implies that the creative process can be a means both of reconciling emotional conflicts and of fostering self-awareness and personal growth. When using art as a vehicle for psychotherapy, both the

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\*Levick, M.F. Art therapy: an overview. In Corsini, R. (Ed.): *Handbook of Innovative Psychotherapies* (New York: John Wiley & Sons, 1981, pp. 51-58). Reprinted by permission of John Wiley & Sons, Inc.

product and the associative references may be used in an effort to help the individual find a more compatible relationship between his inner and outer worlds.

Art therapy like art education may teach technique and media skills. When art is used as therapy the instruction provides a vehicle for self-expression, communication and growth. Less product oriented, the art therapist is more concerned with the individual's inner experience. Process, form, content, and/or associations become important for what each reflects about personality development, personality traits and the unconscious.

As can be noted from the above, definitions have gone from the specific to the more general interpretation of art therapy. Although the current definition seems to suffice in most areas, the field continues to grow and develop not one but several approaches to the process of art therapy. Consequently, this may eventually demand several specific definitions rather than a single encompassing one.

### **History**

The late Ernst Harms, founder and former editor of the *International Journal of Art Psychotherapy*, traced the healing effects of the arts (in this case, music) back to biblical sources which describe how David tried to cure King Saul's depression by playing the harp (Harms, 1976). Kraeplin (1912) and Bleuler (1918) also suggested that drawings by patients be considered in making diagnoses. Printzhorn's book, published in 1922, spurred outstanding psychopathologists to use the art expressions of patients to diagnose their pathological conditions. Hammer (1958) states, "From these causal diagnostic beginnings, a great number of systematic diagnostic methods have been developed which today we call tests; and the method has been designed as a projective technique (in Harms, 1976)."

In 1925, Nolan C. Lewis began to use free painting with adult neurotics. Stern (1952) described free painting in psychoanalysis with adult neurotics and stated that one of the reasons that this modality had not been generally adopted might have been in part a lack of understanding in the use of the technique.

"Art therapy as a profession was first defined in America in the writings of Margaret Naumburg" (Levick, 1973, p. 237). Naumburg dates her awareness of the relationship between children's drawings and psychotherapy to her early years of experience as director and



art teacher of the Walden School, which she founded in 1915. She became convinced that the free art expression of children represented a symbolic form of speech that was basic to all education. As the years passed, she concluded that this "form of spontaneous art expression was also basic to psychotherapeutic treatment" (Naumburg, 1947, 1966, p. 30).

Under the direction of Doctor Nolan C. Lewis, she initiated an experimental research program in the use of spontaneous art in therapy with behavior-problem children at the New York State Psychiatric Unit. The results of the study were first published in 1947. In 1958, graduate courses in the principles and methods of her concept of dynamically oriented art therapy were instituted at New York University in New York City. Her prolific writings, lectures, and seminars throughout the country spearheaded growing interest in the field and stimulated mental health professionals and educators to question and explore the possibilities of a broader conceptual framework in the application of art as a diagnostic and therapeutic tool.

Subsequent art therapists, some trained by Naumburg, added significant impetus to the development of this modality and should be mentioned briefly. Elinor Ulman early on defined her profession as an art teacher and took some training in art education through lectures and seminars at the Washington School of Psychiatry and a series of lectures on art therapy by Naumburg. In the early 1950s she took a position in a psychiatric clinic. She later worked at the District of Columbia General Hospital where Doctor Bernard Levy, chief psychologist, taught her the principles of diagnosis (Ulman, 1966). In 1961, she published the first issue of the *Bulletin of Art Therapy*, which has continued to be a major publication in the field.

Ben Ploger has been both an art teacher and art therapist. He began teaching art in Houston, Texas in 1935. He studied music, was a lay minister and was professor and chairman of the Department of Fine Arts at Delgado College in New Orleans. In the early 1960s he was persuaded by a psychiatric nurse to volunteer time to teach art to mentally disturbed nuns cloistered in the religious unit of the De Paul Hospital. He soon began to introduce and implement his own expertise throughout the hospital and was made director of art psychotherapy there in 1966. He was a charter member of the American Art Therapy Association and the first chairman of the