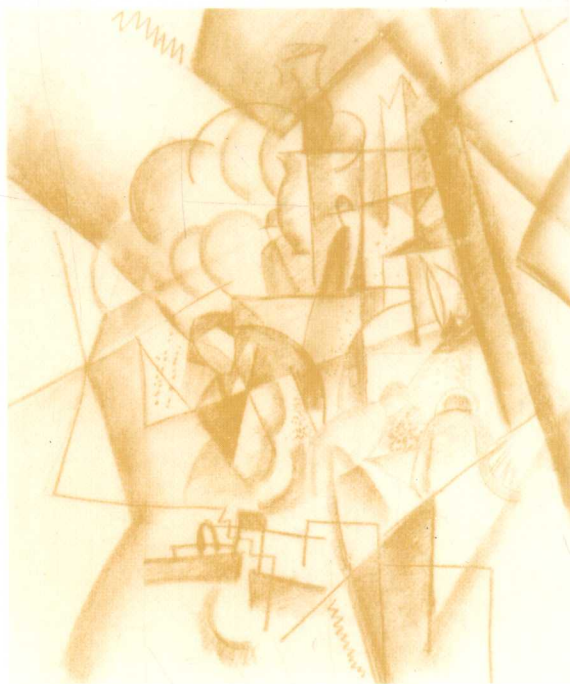
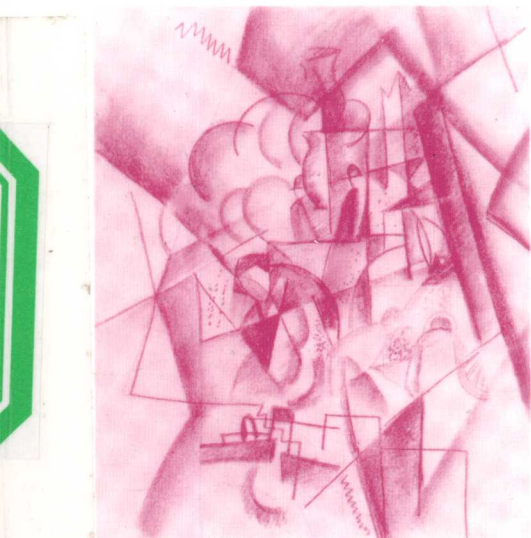


Creative Therapies in Practice | Series Editor: Paul Wilkins



# Art Therapy

*David Edwards*



2nd Edition



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Editorial assistant: Laura Walmsley  
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Creative Therapy  
Principles

# Art Therapy

# Creative Therapies in Practice

The *Creative Therapies in Practice* series, edited by Paul Wilkins, introduces and explores a range of arts therapies, providing trainees and practitioners alike with a comprehensive overview of theory and practice. Drawing on case material to demonstrate the methods and techniques involved, the books are lively and informative introductions to using the creative arts in therapeutic practice.

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To my family, far and near

# About the author

David Edwards qualified as an art therapist in 1982, having trained at Goldsmiths College, University of London. Since qualifying he has worked in a range of clinical and educational settings and has lectured and published widely in the field of art therapy. He is currently employed as the Clinical Manager at Share Psychotherapy Agency in Sheffield. David also works privately as an art therapist, clinical supervisor and UKCP-registered psychodynamic psychotherapist.

# Preface to the second edition

When I sat down to write the preface for the first edition of this book in November 2003, I did not anticipate how much the profession of art therapy would develop over the following decade. While much of the historical and theoretical material included in the first edition of this book remains relevant and has been retained, things have moved on apace so far as training, practice, research and the regulation of the art therapy profession are concerned. The economic, social and political context in which art therapy is now practised within the UK has also changed significantly over the past ten years. This edition aims to update the reader regarding these developments and their impact on art therapy. As a consequence, Chapters 5, 6 and 7 have been substantially revised.

In common with its predecessor, this second edition of *Art Therapy* aims to provide a clearly written, accessible and informative introduction to art therapy in a style that does not assume prior knowledge of the discipline. To assist this I have made a number of modifications to the way in which the book is now organised. First, I have invited a small number of practising art therapists to contribute new material at those points in the book where my own clinical experience proved to be a particular limitation. I have also added a glossary of terms to help readers unfamiliar with the language of therapeutic work, art therapy and the history of art. Finally, because the profession has expanded so quickly outside the UK, and believing I could no longer offer an up-to-date commentary on these developments, I have omitted the chapter providing an international perspective on art therapy.

While I hope this book will be of relevance to practising art therapists in the UK and elsewhere, it has been written primarily for students, therapists and academics in related disciplines, prospective clients and anyone who may be interested in exploring the potential of art therapy to promote their own personal growth.

There are a number of people I wish to thank for their contributions to the second edition of this book. First, I wish to express my gratitude to those individuals who have contributed to this edition either through providing additional material or through reading and commenting on the text. My thanks, therefore, go to Susan Allaker, Michael Atkins, Will Crane, Barrie Damarell, Carmen Edwards, Peter Gurney, Val Huet, Dale Kitchen, Julie Leeson, Jana Sanford, Professor Joy Schaverien, Nick Stein and Dr Chris Wood. I should also like to thank my editors at Sage, Alice Owen and Kate Wharton, for their patience, understanding and help in shaping this book.



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# 1

## What is art therapy?

### Chapter summary

This chapter defines what art therapy is and discusses the value and importance of working therapeutically with images. Case material is presented by way of illustration.

### What is art therapy?

Numerous and often conflicting definitions of art therapy – or art psychotherapy – have been advanced since the term, and later the profession, first emerged in the late 1940s. In the UK, the artist **Adrian Hill** is generally acknowledged to have been the first person to use the term ‘art therapy’ to describe the therapeutic application of image making.

For Hill, who had discovered the therapeutic benefits of drawing and painting while recovering from tuberculosis, the value of art therapy lay in ‘completely engrossing the mind (as well as the fingers) ... [and in] releasing the creative energy of the frequently inhibited patient’ (Hill, 1948: 101–02). This, Hill suggested, enabled the patient to ‘build up a strong defence against his misfortunes’ (1948: 103).

At around the same time, **Margaret Naumberg** also began to use the term art therapy to describe her work in the USA. Naumberg’s model of art therapy based its methods on

Releasing the unconscious by means of spontaneous art expression; it has its roots in the **transference** relation between patient and therapist and on the encouragement of **free association**. It is closely allied to psychoanalytic theory ... Treatment depends on the development of the transference relation and on a continuous effort to obtain the patient’s own interpretation of his symbolic designs ... The images produced are a form of communication between patient and therapist; they constitute symbolic speech. (Naumberg in Ulman, 2001: 17, bold added)

Although the approaches to art therapy adopted by Hill and Naumberg were very different, and have been superseded by subsequent developments

within the profession, their pioneering work has nevertheless exercised a significant and enduring influence. This is because art therapy in the UK has developed along 'two parallel strands' (Waller, 1993: 8): art *as* therapy, as advocated by Hill, and the use of art *in* therapy, as championed by Naumberg. The first of these approaches emphasises the healing potential inherent in the process of making art, whereas the second stresses the importance of the therapeutic relationship established between the **art therapist**, the client and the artwork.

### The triangular relationship

The importance accorded to these respective positions is central to the whole question of where healing or therapeutic change in art therapy takes place. That is to say, whether this is due primarily to the creative process itself, to the nature of the relationship established between client and therapist or, as many UK art therapists would now argue, to a combination of these factors.

In art therapy this dynamic is often referred to as the triangular relationship (Case, 1990; Schaverien, 1990, 2000; Wood, 1990) (see Figure 1.1).

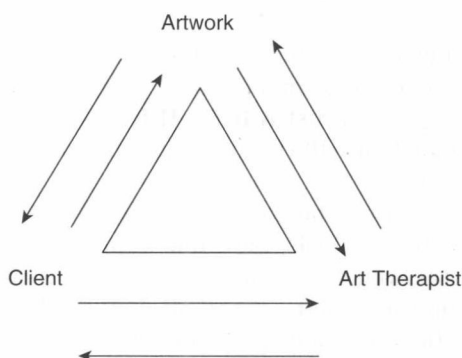


Figure 1.1

Within this triangular relationship greater or lesser emphasis may be placed on each axis (between, for example, the client and their artwork or between the client and the art therapist) during a single session or over time.

### Towards a definition of art therapy

As the profession of art therapy has established itself, definitions have become more settled. From a contemporary perspective, art therapy may

be defined as a form of therapy in which creating images and objects plays a central role in the psychotherapeutic relationship established between the art therapist and client.

The **British Association of Art Therapists (BAAT)**, for example, currently defines art therapy as follows:

Art Therapy is a form of psychotherapy that uses art media as its primary mode of communication.

Clients who are referred to an art therapist need not have previous experience or skill in art, the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image.

The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.<sup>1</sup>

Other national professional associations provide similar, but also subtly different, definitions. The **American Art Therapy Association (AATA)**, for instance, defines art therapy as follows:

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.<sup>2</sup>

In a similar vein, the Canadian Art Therapy Association (CATA) defines art therapy in the following terms:

Art Therapy ... Uses the creative process of art-making and client-reflection to improve and enhance mental, physical and emotional well-being of individuals.<sup>3</sup>

While these collective, officially sanctioned definitions help clarify what art therapy is, as the following examples illustrate, individual art therapists often have their own.

*Art Therapy is quite hard to describe succinctly. For some it is about the art itself as the main agent of therapeutic experience. For others it is the relationship with the therapist that is considered the crucial element. I like to think both have a place and neither is better or more important than the other. I think it depends on the client, and how they work. (MA)*

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<sup>1</sup>BAAT, [www.baat.org/art\\_therapy.html](http://www.baat.org/art_therapy.html) (accessed 17/01/2013).

<sup>2</sup>AATA, [www.arttherapy.org/aata-history-background.html](http://www.arttherapy.org/aata-history-background.html) (accessed 17/01/2013).

<sup>3</sup>CATA, [http://catainfo.ca/cata/wp-content/uploads/2012/06/CATA-BROCHURE-FINAL-JUNE-2012-brochure\\_final\\_june2012-edit.pdf](http://catainfo.ca/cata/wp-content/uploads/2012/06/CATA-BROCHURE-FINAL-JUNE-2012-brochure_final_june2012-edit.pdf) (accessed 17/01/2013).

*Art making may or may not happen in art therapy with me. Sometimes clients use art making as a way to manage the awkwardness of the encounter, and they are quite able to talk about things as they work. Sometimes it is more actively defensive, and in fact helps keep things stuck. Sometimes it is truly creative and full of lively meaning and symbolism. However, images can come from ideas talked about, as well as actually on paper. It is possible to explore and 'play' with images that arise in this way. (AM)*

*Art therapy as a form of psychotherapy that uses image making to explore and alleviate thought processes and conflicts causing emotional distress. (DE)*

The essence of art therapy lies in the relationship it is possible to establish between art and therapy. That this relationship between the two disciplines might contain the potential for conflict, as well as healing, has resulted in its being described as an 'uneasy partnership' (Champernowne, 1971). As M. Edwards comments:

It seems that sometimes one or other partner gives up the struggle so that we have art without much therapy or therapy without much art. In either case the specific advantage of the relationship between these two disciplines is lost. (Edwards, 1981: 18)

It is important to note here that in art therapy this relationship is very specifically focused on the visual arts (primarily painting, drawing and sculpting) and does not usually include the use of other art forms such as music, drama or dance. While there may be some overlap between these different disciplines (see Hamer, 1993; Jennings and Minde, 1995; Levens, 1994) in the UK the therapeutic application of these arts is undertaken by therapists who, like art therapists, have received a specialised training (Darnley-Smith and Patey, 2003; Langley, 2006; Meekums, 2002; Wilkins, 1999). This is not the situation elsewhere in Europe. In the Netherlands, for example, 'these professions are known as creative therapy and are much more closely linked in terms of training and professional development' (Waller, 1998: 47–8).

### **The aims of art therapy**

In practice, art therapy involves both the process and products of image making (from crude scribbling through to more sophisticated forms of symbolic expression) *and* the provision of a therapeutic relationship. It is within the supportive environment fostered by the therapist-client relationship that it becomes possible for individuals to create images and objects with the explicit aim of exploring and sharing the meaning these may have for them; and it is by these means that the client may gain a

better understanding of themselves and the nature of their difficulties or distress. This, in turn, may lead to positive and enduring change in the client's sense of self, their current relationships and in the overall quality of their lives. As Storr (1972: 203) observes, creativity offers a means of 'coming to terms with, or finding symbolic solutions for, the internal tensions and dissociations from which all human beings suffer in varying degree'.

### How can art therapy help?

The aims of art therapy vary according to the particular needs of the individuals with whom the art therapist works, and these needs may change as the therapeutic relationship develops. For one person the process of art therapy might involve the art therapist encouraging them to share and explore an emotional difficulty through the creation of images and discussion (see Figure 1.2), whereas for another client it may be directed towards enabling them to hold a crayon and make a mark, thereby developing new ways of giving form to previously unexpressed feelings (see Figure 1.3).

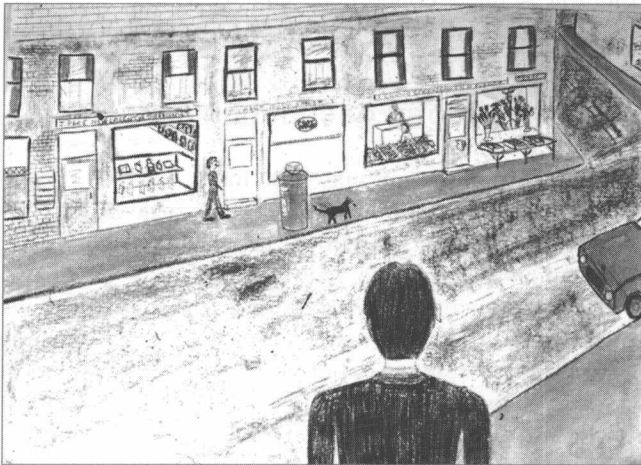
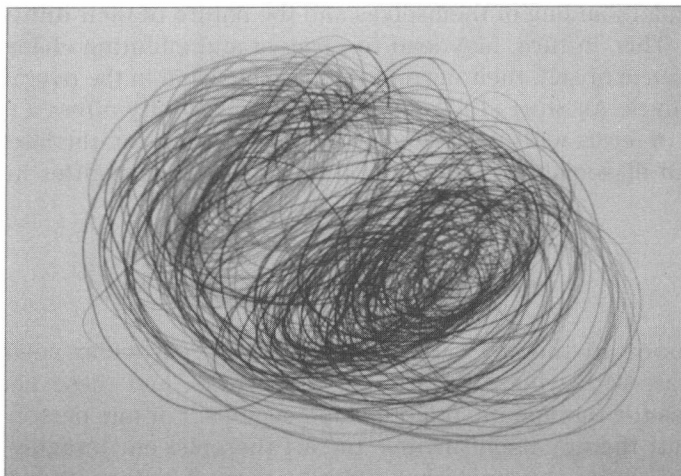


Figure 1.2

While it is often assumed to be so, it is not actually the case that only those individuals who are technically proficient in the visual arts are able to make use of art therapy in a beneficial way. Indeed an emphasis on artistic



*Figure 1.3*

ability – as might, for example, occur when **art** is used primarily for recreational or educational purposes – is likely to serve only to obscure that with which art therapy is most concerned. That is to say, with the symbolic expression of feeling and human experience through the medium of art.

### **Art as form of communication**

Although human communication may take many forms, in a society such as ours words tend to dominate. Not only are words the main means by which we exchange information about the world in which we live, but words are, for most people, the main means they have available for expressing and communicating their experience of that world. It is through words that most of us, in our daily lives at least, attempt to shape and give meaning to experience. Human experience cannot, however, be entirely reduced to words. Expressing how it feels to love or hate, to experience **trauma** or to suffer **depression** may involve far more than struggling to find the 'right' words. Some experiences and emotional states are beyond words (Figure 1.4).

This is particularly relevant where difficulties originate in early infancy, a time when we experienced the world in advance of any ability to describe it in words. It is here that art therapy offers a way of overcoming the frustration, terror and isolation such experiences may engender through providing an alternative medium for expression and communication through which feelings might be conveyed and understood.

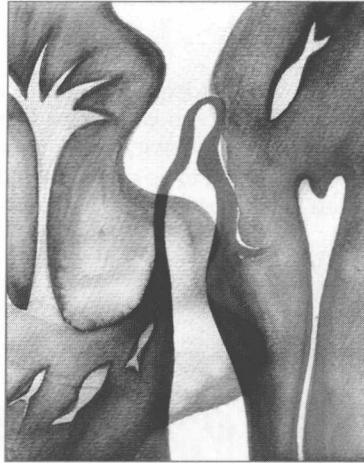


Figure 1.4

### Why art therapy?

Art therapy may prove helpful to people with a wide range of needs and difficulties for a number of reasons.

1. In the context of a supportive relationship making images, and thinking and feeling in images, which amongst other things involves the use of the imagination and the taking of risks, can further a person's emotional growth, self-esteem, psychological and social integration.

#### **'Sam'**

I had heard of Sam long before I first met him. He was widely known within the hospital I had recently begun working in as 'The Artist', and someone I ought, therefore, to meet. When we did eventually meet, Sam was very keen to show me his work and how it was made. Sam had spent many years in prison, during which time he had developed a highly personal way of working using the very limited materials available to him.

Using any flat surface with a texture, wax crayons, boot polish and an implement with a flat edge (in demonstrating his technique to me he used a clay modelling tool) Sam was able to create enormously subtle images in which figure or figures and background intermingled with a dream-like intensity (Figure 1.5). Sam evidently found considerable satisfaction in being able

*(Continued)*



*(Continued)*

to produce such images at will, but expressed little interest in discussing their personal significance. It was to be very much later in our relationship before he felt able to share with me the story and circumstances that led him to begin making images. It appeared to be enough that he could make them and that doing so afforded him an established identity as an artist.



Figure 1.5

Over time, however, it became increasingly apparent that Sam's work showed no signs of change or development. Indeed he was frequently unable to make images. At such times he often complained of feeling 'empty inside' and would drink heavily to dull the pain or in search of inspiration. When Sam was able to make images, he tended to repeat the same mechanical gestures, and use the same formulaic shapes, over and over again. Moreover, there seemed to be no connection between the images he made and how he felt or what difficulties preoccupied him at the time. It was as though Sam's creativity had become restricted by his own style of image making. The fact that his identity as a person, and much of his self-esteem, was bound up with being an artist who produced such unusual images made it very difficult for Sam to develop new or different ways of working. To do so was too great a risk to take.

Gradually, Sam did begin to experiment with his image making. Having become a regular visitor to the art therapy department, he became increasingly confident in his use of a wide range of different media and materials. Sam was also able to draw upon the support offered by the group to begin sharing his thoughts and feelings, both through his images and through his relationships with others.