UNIT 4 ART THERAPY

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4.0 INTRODUCTION

Like any psychotherapy, art therapy aims to assist the patient to resolve internal conflicts and gain greater self-awareness through the development and exploration of the relationship between the individual and therapist, and the issues which arise in therapy. The inclusion of art making in therapy is the vital difference between psychotherapy and art therapy. Whilst this may appear obvious, it is easy to become lost in the similarities of the two therapies and confuse about the differences. Although some art therapists still choose to use varying degrees of verbal interaction with their patients, the role of the image and the process of art making are the key factors in art therapy.

To an onlooker there may appear little difference between art therapy and an art activity conducted by another health professional, teacher or artist. The distinguishing components are the purpose for which the art is being created and the thinking and understanding on the part of the therapist. To be considered art therapy, the primary goal of the art making must be therapeutic. If the goal of art making is for recreation or learning, then it is not art therapy. This is not to undervalue the magnificent work of many artists and teachers working with children, as there is no doubt that this work are incredibly valuable. It is meant simply to help define the differing roles of each profession. Art therapists must have an understanding of both art *and* therapy. Of art they must know; the materials, the creative processes, the language and nature of art and symbols. Of therapy they must know psychodynamics, development, the nature and mechanisms of treatment and the therapeutic relationship.

4.1 OBJECTIVES

After reading this unit, you will be able to:

- Define the history of art therapy;
- Understanding the multiple approaches to art therapy;
- Aim and purpose of art therapy;
- Understanding about art as a therapy and art in therapy;
- Application of art therapy;
- Indications and contraindications of art therapy; and
- Advantages of art therapy.

4.2 HISTORY OF ART THERAPY

The roots of art therapy reach into prehistory, "to a time when people fist began to make images and objects intended to influence, make sense of, or express their experiences. Throughout time and across the globe, countless examples can be found of the use of visual arts in healing rituals". Archaeology is littered with examples of artistic objects used in rituals for healing, religious practices, the desire to be immortalised and many other such examples, from ancient Egypt, Greek and Roman Mythology to the Golden Calf mentioned in the Christian Bible. Indian mythologies and religion also reflect art and artistic objects in various ways, from traditions like making a Rangoli to creating handprints to folk arts like Madhubani. It is not difficult to grasp that the significance of art has never been merely aesthetic pleasure.

Even though art has for aeons been used in rituals, religions and many other practises, hints of its first uses in the area of psychiatry emerged in the first half of the nineteenth century. One of the most influential figures during this period was the German psychiatrist Johan Reil, who outlined an elaborate programme for the treatment of mental illness, which included the use of art therapy.

Also, during the late nineteenth and early twentieth centuries, some psychiatrists became fascinated by the spontaneous art of the mentally ill. Around the turn of the century a few psychiatrists began collecting the spontaneous artwork of their patients, although "…most regarded them as mere curiosities". There were notable exceptions though, and from 1876 to 1888 Paul-Max Simon, a French psychiatrist, published the first serious studies of drawings of the mentally ill, with several other psychiatrists following suit.

"However as psychiatry moved closer to medicine, the view that mental illness was a result of brain abnormality gradually came to assert itself. Henceforth, the structure and workings of the brain became the focus of psychiatric investigation and treatment. Among the many consequences of this were the increasing emphasis placed on physical, rather than psychological forms of treatment and the isolation of the mentally ill in vast asylums". During this period the therapeutic use of art therapy was largely reduced in importance to a supplementary role, often in the form of diversional, recreational or educational activities.

Nevertheless, it was against this backdrop and within these psychiatric institutions that art therapy began to emerge as a distinct paradigm from the 1940's.

The triumph of medical psychiatry did little to foster greater understanding of the symbolic and therapeutic value of art produced by the mentally ill. The belief that brain abnormality might be revealed through drawing and painting did, however, result in a renewed interest in the diagnostic potential of art. An early pioneer in this area was the German psychiatrist Fritz Mohr, who devised an experimental procedure for the study of drawings of mentally ill patients, with the intention of relating these to specific types of neurological dysfunction. The patient had to copy certain drawings, complete others and draw anything that occurred to them. In this way Mohr anticipated many of the visual and projective based psychological tests that are still in use today, such as the Draw-A-Person-Test. Though questions remain regarding the validity of many of these tests, they still played a significant role in the development of art therapy. Another individual who contributed to this area is Ruth Shaw, who invented the use of finger-painting, which was thought to be both diagnostic and therapeutic.

From the late 1930's a group of psychiatrists, "…known as the émigré psychiatrists, collaborated on a series of research projects in London, concerned with visual and self-perception in depersonalisation and manic depressive psychosis…". As with so many other inquiries of this kind, the meaning attached to these images by the individuals who had created them were of lesser concern. "The visual image was essentially regarded as a depiction of psychopathology…"

Another important influence of art therapy is that which has been exerted by psychoanalysis. Since Freud founded the profession, psychoanalysis has had much to say about the creative process, aesthetics and the interpretation of art. Indeed, all the major psychoanalytic schools have, from time to time drawn from the arts to support or substantiate their theories. For many leading psychoanalysts, including Carl Jung (1969), Melanie Klein (1975) and Donald Winnicott (1971), painting and drawing often played an important role in their clinical work.

Even Freud himself was interested in art to some extent. His interest in art arose from his belief that neurotic symptoms developed as a consequence of the conflict between the pleasure and reality principles. For Freud the unconscious mental processes operative in neuroses, dreams, and the creation of works of art, functioned in similar ways. According to Freud what distinguishes the artist from the neurotic is that the artist "…understands how to work over his daydreams in such a way as to make them lose what is too personal about them, and to make it possible for others to share in the enjoyment of them. The artist also understands how to tone them down so they do not easily betray their origin from proscribed sources".

One important consequence of Freud's approach to art has been "…to view it like a dream or symptom, and as the symbolic expression of the neurotic and conflicted inner world of the artist". Furthermore, although Freud acknowledged that the experience of dreaming was predominantly visual, he was primarily concerned with translating dream imagery into words. He did however acknowledge the difficulty of this. "Part of the difficulty of giving an account of dreams is due to having to translate these images into words. 'I could draw it', a dreamer often says to us, 'but I don't know how to say it'…".

This was probably what encouraged Freud to ask some of his patients to paint, particularly dreams that had no form or shape to describe.

It is clear that even though Freud didn't use art therapy as we see it today, he had a substantial influence in the development of art therapy. Just Freud's dream

interpretation alone, a technique to explore the unconscious, eventually contributed substantially to the evolution of art therapy techniques.

Eisdell (2005) regards Carl Jung as the forerunner of art therapy. While Jung broke away from the psychoanalytic movement and founded 'Analytical Psychology', his approaches had much in common with Freud's. Both approaches are grounded in the belief that our inner (subjective) life is determined by feelings, thoughts and impulses beyond conscious awareness, but which may find expression in symbolic form.

However, in a number of marked respects Jung's approach to art and the imagination stand in marked contrast to that traditionally found in psychoanalysis. Unlike Freud for whom psychoanalysis was a talking culture, Jung arrived at the view that it was through images that the most fundamental human experiences and psychological life found expression. As a consequence, Jung frequently encouraged his clients to paint or draw as part of their analysis.

These pictures were seen as "of therapeutic value by Jung because of two reasons: Firstly, Jung believed they played a mediation role between the patient and his or her problem; Secondly, image making provided the patient with the opportunity to externalise their problem, and thus establish some psychological distance from their difficulties". Therefore thoughts and feelings experienced as unmanageable could through painting or drawing be given form and expression.

"Jung's way of working with images was primarily aimed at encouraging an active relationship between the artist/patient and his or her imagery, rather than the production of further unconscious material for interpretation".

For Jung, symbolism has what he termed a 'transcendent function'. It is by means of symbolic forms that the transition from one psychological attitude or condition to another is effected. Through drawing on the archetypal patterns that Jung believed structured the human mind, each individual is regarded as having access to images and narratives through which expression to conflicting aspects of the psyche can be given. In Jungian theory archetypes are, like the instincts, an inherited part of the psyche and belong to the collective unconscious.

Archetypes were said by Jung to cluster around the most fundamental and universal life experiences – birth, parenthood, death and separation – and to reflect the psyche itself; revealing themselves by way of such inner figures such as the 'anima', 'shadow' and 'persona'. As such, our dreams, fantasies and images all derive in part from a collective reservoir of symbols and myths that repeat themselves universally. An example of one such symbolic form frequently cited in Jungian literature is the mandala. Mandala is an ancient Sanskrit word meaning magic circle. Mandalas assume many forms but a basic mandala is a geometric figure in which a circle is squared or a square is encircled.

Mandalas are found in the art of many religious traditions where they are employed in the service of personal growth and spiritual transformation. Jung considered the mandala to be an expression of the self and an archetypal symbol of wholeness. Jung used the mandala as a therapeutic tool and believed creating Mandalas helped patients make the unconscious, conscious.

The importance Jung attached to images in psychological healing has had a marked influence on the development of art therapy. Maclagan (2001) states "what made Jung a reference for later development of art therapy was not just his insistence on the primacy of the image, and the phantasy (fantasy) thinking depending on it, nor the enormous importance he attached to archetypal symbolism, but his pioneering promotion of art making as an important path to psychological awareness".

In the United Kingdom the artist Adrian Hill is generally recognised as the first person to have used the term 'art therapy' to describe the therapeutic application of image making. For Hill the value of art therapy lay in completely engrossing the mind and releasing the creative energy of the frequently inhibited patient. This, Hill suggested enabled the patient "…to build up a strong defence against his misfortunes".

At approximately the same time, Margaret Naumburg, an American Psychologist, also started using the term 'art therapy' to describe her work (Edwards, 2004). According to Naumburg, her 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, and 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, constituting symbolic speech".

Although the approaches to art therapy adopted by Hill and Naumburg were very different, and have subsequently progressed to other approaches and definitions, their pioneering work has exerted a significant influence.

Numerous and often conflicting definitions of art therapy have been advanced since the term first emerged in the late 1940's. With the subsequent global growth and recognition of the discipline, definitions have become more established.

The British Association of Art Therapists (BAAT)(2005) defines art therapy as: "The use of art materials for self-expression and reflection in the presence of a trained therapist. Clients who are referred for art therapy need not have previous experience or skill in art, as 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".

The American Art Therapy Association (AATA)(2005) defines art therapy as: "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 create awareness of self and others, cope with symptoms, stress, and traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of making art".

Art therapy, as defined by these international associations, is thus therapy enabled by the encouragement of self expression through art and reflection on the image produced, in a professional, safe and facilitating environment that is not dependent on language, but does in general utilise it, all of which is directed towards effecting positive, personal and psychological growth within the client.

4.3 MULTIPLE APPROACHES TO ART THERAPY

Anthony Storr (1999) states that "as a psychotherapist I found it particularly heartening that the use of art in therapy seems to have the effect of reducing the differences between Freudians, Jungians, Kleinians, and adherents of other schools…Art not only bridges the gap between the inner and outer worlds but also seems to span the gulf between different theoretical positions"

Art in therapy is an ideal medium that can be used across different theoretical frameworks. Just like practitioners of verbal therapy, art therapists have grounded their work in a variety of theoretical frameworks. These multiple perspectives define the discipline as much as its common underpinnings.

Here follows a brief description of many of the dominant theoretical approaches currently in use with art therapy:

4.3.1 Psychodynamic Approaches

The advent of psychoanalysis early in the 20th century provided a natural catalyst for the emergence of the idea of art therapy and offered a conceptual framework complementary to the potential of art expression in psychotherapy. Equally, Jung's belief in the inherent healing power of images and art making fuelled the analytic approach to art therapy and techniques such as amplification and active imagination, providing ways to work with and understand images created in therapy. Object relations, a more contemporary development of psychoanalytic theory, has provided a way of thinking about client's responses in art therapy, reflecting early attachments and current relationship issues. Although most contemporary practitioners do not take a strictly psychoanalytic, analytic, or object relations approach to art therapy, elements of these philosophies are present in many contemporary art therapy approaches to treatment. Together, these theories have formed the bedrock for the subsequent development and advances of art therapy as a method of client communication and therapeutic change.

4.3.2 Humanistic Approaches to Art Therapy

Humanistic approaches to art therapy range from examining life's existential meaning through the metaphor of art to more active, experiential techniques of Gestalt art therapy to the more contemplative methods such as those employed in transpersonal work. Unconditional regard, human potential, free will, self-actualisation, and self-transcendence are concepts that complement the application of art expression in therapy because each underscores an element of the creative process. The common ground that connects these approaches is a respect for the person's central role in the therapeutic process, an acceptance of all artistic expression as a will to meaning, and the belief in the individual's ability to find wellness through creative exploration.

4.3.3 Behavioural and Cognitive Approaches

Combining cognitive-behavioural therapy with image making interweaves linguistic and imaging techniques to help clients reduce or eliminate negative cognitions and self-talk. While cognitive-behavioural therapy has traditionally used verbal modalities as agents for change, image making actually complements cognitive-behavioural approaches, providing therapists with an opportunity to capitalise on visual communication to enhance therapy. The infusion of image making within treatment offers the client an opportunity to collaborate with the therapist on developing creative visual strategies to achieve change. The benefits of therapy continue after the session in the form of imagery-related homework and encourage the client to be an active partici pant in the process of recovery through hands-on strategies. In summary, a cognitive-behavioural approach to art therapy offers a viable way to reframe dysfunctional patterns of behaviour and provides a unique supplement to cognitive techniques that restructure negative patterns and support a positive sense of self.

4.3.4 Developmental and Adaptive Approaches

Art has cognitive development component inherent in itself. This approach is a particularly popular approach among therapists who work with individuals with developmental delays; cognitive, visual, or auditory impairments; and physical handicaps. Although it is applicable to specific populations, developmental approaches can serve as a basis for all art therapy approaches with children and adults. It provides therapists not only a method of evaluating development but also norms for establishing goals for treatment based on the rich foundation of artistic development.

4.3.5 Family Systems Approaches to Art Therapy

The integration of art expression within the context of family treatment not only enhances client–therapist communication but also offers the opportunity to explore family-related issues through visual means. Therapists can capitalise on this quality through the use of metaphor; both visual and verbal, to help clients and families achieve change, and can infuse art experiential with strategic techniques such as reframing, unbalancing, restraining, and other approaches. Most important, family art therapy allows the individual or family to “see” the presenting problem and take advantage of visual symbols for problem solving, personal change, insight, and understanding the family dynamics which brought them to treatment.

4.3.6 Expressive Art Therapy

The theoretical orientation of the ego psychologists emphasises the belief that ‘personality issues’ interfering with the client’s creative expression should be the subject of treatment in art therapy. They believe that facilitating creativity improves the client’s psychological health. This view gave rise to ‘expressive art therapy’, which holds that any form of creativity that stretches the boundaries of the client’s creativity is beneficial. Again, the underlying core idea amongst these therapists is that the creative process is healing of itself.

4.4 AIM AND PURPOSE OF ART THERAPY

The aim of art therapy often varies according to the particular needs of the individuals with whom the art therapist works. 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; whereas for another 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. While it is often assumed to be so, it is not 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 ability – as might be the case when art is used primarily for recreational or educational purposes – is likely 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.

The purpose of art therapy can be three major categories: assessment, catharsis and growth. All three permeate the therapy from beginning to end and will be discussed here:

Assessment: Assessment in art therapy allows the following process:

- Gives diagnostic information that aids conceptualisation of issue at hand
- Gives diagnostic information that aids treatment planning
- Presents dynamic and interpersonal information
- Recognises conflicts and problems
- Recognises mood changes and unconscious needs
- Determination of change that implies progress
- Determination of readiness for termination

Catharsis: Art therapy allows a cathartic process which helps in the following ways:

- It allows free expression of affects and needs,
- Allows uninhibited processing of past occurrences
- Expression and recreation of current events
- Expression and recreation of anticipated events
- Release and mastery of affects and conflicts

Growth: Another important purpose of art in therapy is that it provides opportunities for growth in numerous ways:

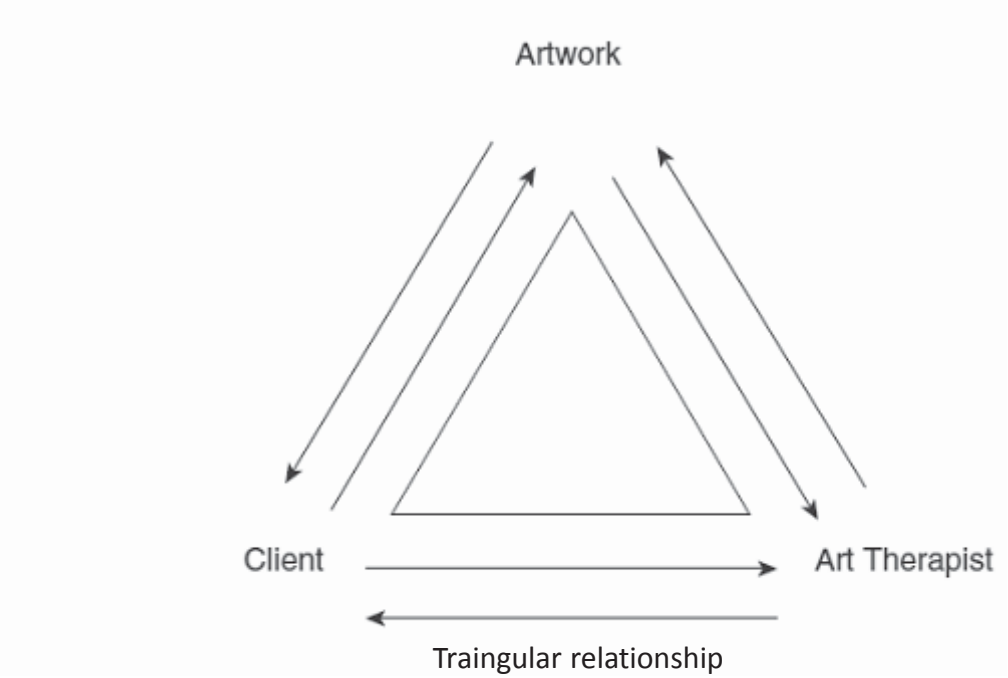
- Establishment of therapeutic rapport
- Exploration of alternative problem solving techniques
- Fostering of creative problem solving
- Fostering creativity in approach and solution to problem situations
- Skill learning and talent development
- Increased self esteem and self confidence
- Increased goal-directedness

4.5 ART AS THERAPY AND ART IN THERAPY

Art therapy has developed along *'two parallel strands: art as therapy and art psychotherapy'*. The first involves a belief in the inherent healing power of the creative process of art making. This view embraces the idea that the process of making art is therapeutic; this process is sometimes referred to as art as therapy. Art making is seen as an opportunity to express oneself imaginatively, authentically, and spontaneously, an experience that, over time, can lead to personal fulfilment, emotional reparation, and transformation. This view also holds that the creative process, in and of itself, can be a health-enhancing and growth-producing experience.

The second definition of art therapy is based on the idea that art is a means of symbolic communication. This approach, often referred to as art psychotherapy, emphasises the products—drawings, paintings, and other art expressions—as helpful in communicating issues, emotions, and conflicts. Psychotherapy is essential to this approach, and the art image becomes significant in enhancing verbal exchange between the person and the therapist and in achieving insight. With therapeutic guidance and support, art can facilitate new understandings and insights. It can help resolve conflicts, solve problems, and formulate new perceptions that in turn lead to positive changes, growth, and healing.

In reality, most therapists who practice art therapy integrate both art as therapy and art psychotherapy into their work in varying degrees. In other words, both the idea that art making can be a healing process and that art products communicate information relevant to therapy are important. Therapists may emphasise one area over another, depending on their own philosophy and the person's needs and goals in art therapy.



Traingular relationship

In art therapy this dynamic is often referred to as the triangular relationship. Within this triangular relationship greater or lesser emphasis may be placed on each axis (between, for example, the client and their art work or between the client and the art therapist) during a single session or over time.

4.6 APPLICATION OF ART THERAPY

"Art therapy offers the opportunity to work with many different client groups" This is one of its main advantages as a treatment process, as it can be made available to a wide variety of people with a multitude of different problems, needs and expectations. All people are at least able to make a mark and therefore can use art therapy in some way. The range of settings in which art therapists now work is extensive and constantly developing. These include hospitals, schools, community-based centres, therapeutic communities and prisons. Art therapy is also often included as part of the services provided to particular client groups such as children, adolescents, families, older adults and individuals with learning difficulties. Within these broad areas art therapists may work with individuals on a one-to-one basis or with groups. Art therapists are also to be found practicing in a number of specialist fields including work with offenders, clients who have autism, eating disorders, addictions or who have experienced physical or sexual abuse, psychosis and physical illnesses.

Art in therapy has been used within many areas of therapy and in numerous settings, including:

- HIV/AIDS (Bien, 2005; Estes, 1990; Jansen, 1995; Weiser, 1996);
- Trauma (Anderson, 1995; Appleton, 1993; Bien, 2005; Brooke, 1997; Chapman, Appleton, Gussman, & Anderson, 1997; Cohen, Barnes, & Rankin, 1995; Cohen & Cox, 1995; Malchiodi, 1998; Powel & Faherty, 1990; Prager, 1991; Ruben, 1999; Sanderson, 1995; Spring, 1993; Taylor, 1990);
- Sexual Abuse (Landgarten, 1987; Malchiodi, 1998);
- Separation and Loss (Doyle & Jones, 1993; Fehlner, 1994; Gonick & Gold, 1992; Lyons, 1993; Shostak, 1985);
- Divorce (Landgarten, 1987);
- Marital or Couple problems (Ruben, 1999);
- Bereavement (Councill, 1993; Zambelli, Johns Clark & Jong Hodgson, 1994);
- Psychopathology (Cohen, Barnes & Rankin, 1995; Cohen & Cox, 1995; Dick, 2001; Killkick & Schaverien, 1997; Robbins, 1994; Ruben, 1999);
- Neurological Disorders (Robbins, 1994);
- Depression (Edwards, 2004, Landgarten, 1987; Robins, 1994);
- Eating Disorders (Dalley, 1984; Edwards, 2004; Robbins, 1994; Schaverien, 1989);
- Self Mutilation (Milia, 1996);
- The Mentally Handicapped, Autism and other related problems (Dalley, 1984; Edwards, 2004; Evans & Dubowski, 2001; Robins, 1994; Ruben, 1999; Toburen & Atkins, 1882);
- Disabled (Lewis & Langer, 1994);
- The Elderly and Terminally Ill (Dalley, 1984; Landgarten, 1987; Ferguson & Goosman, 1991; Ruben, 1999);

- Alzheimer's Disease (Toshimitsu, Shin, Ken-Ichi, Kiyoko & Kazuo, 2000);
- Physical Illness (Edwards, 2004; Knight, 1997; Ruben, 1999; Skaife, 1993; Sundaram, 1995);
- Prison Inmates (Baillie, 1994; Bradford, 2005; Dalley, 1984; McCourt, 1994; Ruben, 1999);
- Addiction (Edwards, 2004; Ruben, 1999; Shostak, 1985);
- Abuse (Brooke, 1997; Powel & Faherty, 1990; Shostak, 1985; Van der Kolk & Van der Hart, 1989); and
- Self Image Problems (Cameron, Juszczak & Wallace, 1984; Cochran, 1996; De Chiara, 1982).

While not an overly extensive listing, it is clear that art therapy can and has been used in the treatment of a broad myriad of problems, as well as within a variety of settings and circumstances.

4.7 INDICATIONS AND CONTRAINDICATIONS

It might be assumed that those who are good at art or who have attended a fine art program would be the most suitable candidates for art therapy. However, this is not always the case as such a person might be too skilled at concealing to benefit from the process. It is partly the unexpected nature of what is produced that makes art therapy so effective and lack of skill or previous ability contribute to this. When there is a need for the unconscious material to press to the fore through visual expression previously unskilled people may find themselves surprisingly visually articulate. It is as if, when the unconscious needs to express itself, the ability is there.

It has sometimes been thought that art therapy should be restricted and not applied with patients in psychotic states. However, this has been widely challenged by research in art therapy where it has become clear that this client group, if appropriately understood and monitored, benefits from the experience of nonverbal expression in a contained setting more than the traditional psychotherapy.

4.8 ADVANTAGES OF ART THERAPY

The following are some of the advantages of art therapy that may be relevant in different circumstances:

Almost everyone has used art as a child and can still do so if encouraged to forget about images having to be 'artistically correct'.

It can be used as a means of non-verbal communication. This can be important for those who do not have a good mastery of verbal communication for whatever reason. For those who cannot stop talking, it can sometimes be a good way of cutting through 'tangled verbosity'.

It can be used as a means of self-expression and self-exploration. A picture is often a more precise description of feelings than words and can be used to depict experiences which are 'hard to put into words'. Sometimes 'words are hard to

find', as in dementia. The spatial character of pictures can describe many aspects of experience simultaneously.

The process of doing art can sometimes help people become more aware of feelings previously hidden from them, or of which they were only partly aware. It can help people become clearer about confused feelings.

Using art can sometimes help people release feelings, e.g. anger and aggression, and can provide a safe and acceptable way of dealing with unacceptable feelings.

It can help such people to look at their current situations and at ways of making changes. The 'framed experience' (an experience within a boundary, like a picture in a frame) can provide a context to try out or fantasise about possible futures without the commitment of reality.

It can be used to help adults play and 'let go'. Recapturing the ability to play can lead to creativity and health.

The concreteness of the products makes it easier to develop discussion from them. The pictures are there to return to at a later date and it is possible to look back over pictures from a series of sessions and note developments.

The existence of a picture as a separate entity means that therapist and client can relate to each other through looking at the picture together. This is sometimes a less threatening way of confronting issues or relating. This is also referred to as the 'triangular relationship of art therapy'.

Discussion of the products can lead to explorations of important issues.

'Interpretation' of a reductive kind is not widely used as pictures are often ambiguous and the most important thing is for the creator to find his or her own meanings.

Using art requires active participation, which can help to mobilise people who have become accustomed to doing very little. In a group setting, it is one way of equalising participation. Everyone can join in at the same time and at their own level.

It can be enjoyable and this may lead to shared pleasure and to individuals developing a sense of their own creativity. Many people who start art therapy in a very tentative way go on to develop a real interest in art.

4.9 LET US SUM UP

Art therapy, though similar to psychotherapy in its goals and principles is very different in its approach. It draws its roots from psychoanalysis and schools of psychology, but in current scenario its viewpoint is eclectic and global. It is more client centred approach and flows with the clients framework rather than the therapists psychological viewpoints. The inherent healing capacity of art is explored in this form of therapy. It has recently become widely applicable in all most all types of disorders clinically and with growing body of research in this field it is gaining its status as a highly effective modality especially when other modalities have fallen short.

4.10 UNIT END QUESTIONS

1) Who was the pioneers of art therapy and how has art therapy evolved over years?
2) State any 5 major advantages of art therapy
3) What are the three main purpose of art therapy? Explain.
4) Elucidate the triangular relationship of art therapy
5) Where all can art therapy be applicable?

4.11 SUGGESTED READINGS

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