

ART THERAPY

What It Is and What It Is Not*

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EDITOR'S NOTE: *This article, originally addressed to art educators, is reprinted here because we believe it will be useful to the JOURNAL's readers in several ways. Simple without oversimplification, subtle yet admirably clear, Dr. Rubin's explanation is an excellent reference for art therapists to have on hand for the many who ask, "What is art therapy?" Further, even readers already deeply immersed in the field may find here a refreshing perspective from which they can begin to bring into sharper focus the seemingly fuzzy boundaries between art therapy and adjacent disciplines.*

Art therapy is a very new field. Like most new disciplines, it is not yet well defined or well understood. In many places, in fact, it is not very well known. Even when individuals are aware of its existence, they often may be unclear about just what art therapy is. Art therapists themselves have contributed to this confusion, for they come from varying backgrounds and have differing ways of working and of describing what they do. Nevertheless, it is essential that those in related fields, such as art education, be clear about art therapy. It is important to know not only what it is, but also what it is not.

Many people, for example, think that art therapy means working in art with those who are different from the norm. But the definition of art therapy does not depend on the population with whom one works, any more than it is a function of the setting in which the work occurs. When art activities are made available to handicapped or disturbed individuals, they may well be educational or recreational in nature. When one is teaching or providing art for the purpose of constructively filling leisure time, that is not art therapy. Even when the setting is a psychiatric one, if the primary purpose of the art activity is learning and/or fun, then it is not art therapy.

The essence of art therapy is that it must partake of both parts of its name—it must involve art and therapy. The goal of the art activity, therefore, must be primarily therapeutic. This might, of course, include diagnosis as well as treatment; for in order to be an effective therapist, you must understand who and what you are treating. In order to be an effective art therapist, you must know a great deal about both components of this hybrid discipline. You must know art: the media and processes and their nature and potential. You must know the creative process, the language of art, and the nature of the symbol, form and content. You must also know therapy. You need to know about yourself and about others in terms of development, psychodynamics, and interpersonal relations. And you must know about the nature of the treatment relationship and the underlying mechanisms that help others to change.

Art Therapy and Art Education.

Because the work includes helping other people to create, there is also an element of education involved. But the teaching in art therapy is secondary to the primary aim, which is diagnostic or therapeutic. In other words, if an art therapist teaches techniques, it is not for the sake of the skill itself, but rather in order to help the person to achieve, for example, a higher level of sublimation or an increased sense of self-esteem. Conversely, there are therapeutic aspects of art education. Indeed, I think that the very best art teachers are growth-enhancing people who nurture the student's sense of self and of competence in a broadly therapeutic way. And there is no question that art activities, even in a classroom for normal children, may be conducted in a way that promotes social and emotional development. Art itself is in many ways therapeutic, for it permits the discharge of tension and the representation of forbidden

thoughts and feelings in socially acceptable forms.

But we must distinguish between art in therapy and art activities that happen to have some therapeutic components, for the field of psychotherapy is itself a complex one, encompassing many different ways of understanding human beings and of helping them to overcome difficulties in development and adjustment. In order to offer art as therapy, it is essential to know what one is doing as a therapist. Even the most sensitive artist or art teacher is not automatically a therapist, no matter who the student happens to be. Just as it takes years of training and discipline to master the visual arts, so it takes time and learning to master what is understood about psychodynamics and psychological change. And it takes special training, involving hundreds of hours of supervised work with patients, to be able to integrate what one knows about art with what one knows about therapy. Indeed, that task is a lifelong one, and it is not one to be mastered without experienced clinical guidance. This is as true for the art therapist working in a school for exceptional children as for the art therapist working in an outpatient clinic or a psychiatric hospital.

One reason why it is so important to distinguish between art for primarily educational purposes and art for mainly therapeutic goals is that the activities themselves may not appear different to the untrained observer. An individual art interview with a child or adult may look and sound like an art lesson, and an art therapy group with any age level or a family may look much like an art class. The difference is not necessarily visible on the surface, for the materials are the same, and the approaches in both can range from open-ended to highly structured. Even the words of the therapist, depending on the setting and age level, may be indistinguishable from those a friendly teacher might use. The primary

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distinctions are invisible, inside the head of the worker and, eventually, of the patient.

Art in Diagnosis and Treatment

When I am doing a diagnostic art interview, for example, I am looking with a clinically trained eye and listening with a psychologically sophisticated ear to what is happening. I am tuned in to all aspects of behavior, hoping to understand—only in part through a person's performance with art materials—where he is developmentally, what his primary conflicts are, and how he is coping with them. His messages to me are received in terms of assessing him as a complex human being in as many ways as possible in order to help him with whatever problem has brought him to me. Similarly, when I am working with a family, I am interested not only in what they make and how they create; I am also interested in what their art-making processes and their behavior in other areas tell me about their individual and interpersonal dynamics, in how they relate to one another as a group, and how that interaction may help me understand the specific problems of the identified patient. Anyone watching a family art evaluation would see an interesting exercise in which family members make things individually and jointly and then talk about them to one another. If they are relaxed about it, it might look like a pleasant recreational activity for the family. And yet, while they may have fun or learn new skills, the therapist's primary goal is understanding family dynamics through the symbolic medium of their art in the context of their behavior.

Eventually, the individuals involved in art therapy themselves become aware that

this is a different kind of art experience, even when the goals have not been made explicit. While it is customary to explain to those who can understand the diagnostic or therapeutic purpose of the art activity, that is not always possible. But even the very young and those with communication problems soon grasp at some level the special nature of art therapy. Recently I was impressed with such a response in some multiply-handicapped children whom I was seeing individually at a school for the deaf. When two of the teachers asked to observe what went on in an art session, both youngsters declined, apparently sensing a need for privacy which had never been stated. Given the powerful nature of the feelings and fantasies they were already expressing in their art after only three such meetings, it was not surprising that they were uncomfortable with letting others view, for example, their violent images or their messy (at times) play with media. They were probably right in assuming that their teachers would have difficulty understanding or accepting either the aggression or the regression, despite the fact that both were contained in the art itself. Another youngster, a teenager, "signed" out the window to his friend that he was with "an art lady who helped him with his problems," though we had never discussed the purpose of his visits to me. These events impressed upon me once again the unique and different quality of art in a therapeutic situation, even when the word *therapy* has never been spoken.

Summary

So there is a difference, but it is not always visible or easy to explain. Of course, there are times when what goes on in art

therapy becomes primarily educational or recreational, when learning or pleasure is focal for the moment. Similarly, there are times in art classes when what is occurring is mainly therapeutic, whether at the level of release or of reflection. But the differences in the primary goals remain, and it is these to which we must look when trying to comprehend the distinction between art therapy and art education. Naturally, there are areas of overlap, and the boundaries are as often blurred as clear. Indeed, it is just because of this inevitable and common confusion that I have chosen to focus here on the differences, on what is unique about art therapy. Perhaps others will contribute their perspectives, which may differ from my own, in a further discussion that will help to clarify the situation for all.

I have, by the way, deliberately renounced the temptation to include case illustrations, despite the fact that I am sure they would aid visualization. I have done so because of the common tendency to take the instance for the field, to assume that any one example is typical of what goes on in art therapy. Since it is so varied a discipline in its applications, the reader would require a huge number of different illustrations in order to get a sense of the overall picture. Given the limitations of space and the dangers of generalization, I have chosen instead to focus on a few simple points which may be applied to the field at large. Anyone seriously interested in knowing more about art therapy would be well advised to read widely in books and journals about the profession.