

CHAPTER 1

A Brief History of Art Therapy

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This history of art therapy focuses on the precursory and continuing trends that have shaped the theory and practice and the literature that reflects this development. Scholarship, like history, builds on the foundations laid by others. I am indebted to the authors of four other histories that I found to be particularly useful in the preparation of this chapter. Both Malchiodi (1998) and Rubin (1999) have assembled histories based on contributing trends, as did Junge and Asawa (1994) who have provided extensive details on the personalities and politics involved in the formation of the American Art Therapy Association. My fourth primary source (MacGregor, 1989), while never intended as a book about art therapy, has proven to be an excellent "prehistory" of the field. Each of these references provided information as well as inspiration and I encourage readers to consult them for additional perspectives. Finally, it should be noted here that art therapy was not a phenomenon exclusive to the United States. Readers interested in art therapy's development in Europe should consult Waller's (1991, 1998) two books on this subject.

History is like a tapestry with each colored thread contributing not only to the formation of the image but to the strength and structure of the fabric itself. Imagine for a moment a tapestry with bobbins of different-colored threads, each adding a hue that becomes part of a new creation, and we can better understand the history of this field.

INFLUENCES FROM THE DISTANT PAST AND NEIGHBORING FIELDS

Art therapy is a hybrid discipline based primarily on the fields of art and psychology, drawing characteristics from each parent to evolve a unique new entity. But the inter-

weaving of the arts and healing is hardly a new phenomenon. It seems clear that this pairing is as old as human society itself, having occurred repeatedly throughout our history across place and time (Malchiodi, 1998). The development of the profession of art therapy can be seen as the formal application of a long-standing human tradition influenced by the intellectual and social trends of the 20th century (Junge & Asawa, 1994).

From the Realms of Art

Art making is an innate human tendency, so much so it has been argued that, like speech and tool making, this activity could be used to define our species (Dissanayake, 1992). In his book, *The Discovery of the Art of the Insane*, MacGregor (1989) presents a history of the interplay of art and psychology spanning the last 300 years. This history covers theories of genius and insanity, biographies of "mad" artists, depictions of madness by artists, and the various attempts to reach an understanding of the potential art has as an aid to mental health treatment and diagnosis. In 1922, German psychiatrist Hans Prinzhorn (1922/1995) published *The Artistry of the Mentally Ill*, a book that depicted and described the artistic productions of residents of insane asylums across Europe. This work challenged both psychiatric and fine arts professionals to reconsider their notions of mental illness and art (MacGregor, 1989). Even today, debate rages within the field variously titled outsider art/art brut/visionary art/folk art as experts struggle to place work by self-taught artists (some of whom have experienced mental illness) within the art historical canon (Borum, 1993/1994; Russell, 2002).

Contemporary writers from art therapy and other disciplines continue to explore the notion of art practice for the purpose of personal exploration and growth (Allen, 1995; Cameron & Bryan, 1992; C. Moon, 2002) and to reevaluate the traditional boundaries between personal and public art (Lachman-Chapin et al., 1999; Sigler, 1993; Spaniol, 1990; Vick, 2000).

Medicine, Health, and Rehabilitation

Hospitals have long served as important incubators for the field of art therapy. For better or worse, medical model concepts such as diagnosis, disease, and treatment have had a strong influence on the development of most schools of thought within Western psychotherapy, including art therapy. While psychiatry has always been the medical specialty most closely allied with the field, art therapists have worked with patients being treated for AIDS, asthma, burns, cancer, chemical dependency, trauma, tuberculosis, and other medical and rehabilitation needs (Malchiodi 1999a, 1999b). Our understanding of the interplay between biochemistry, mental status, and creativity continues to evolve and a new medical specialty, arts medicine, has recently emerged (Malchiodi, 1998). All this seems to suggest that art therapy will continue to have a role in exploring the connections between body and mind.

TRENDS IN 19TH- AND 20TH-CENTURY PSYCHOLOGY

For much of human history mental illness was regarded with fear and misunderstanding as a manifestation of either divine or demonic forces. Reformers such as Rush in the United States and Pinel in France made great strides in creating a more humane environment for their patients. Freud, Kris, and others contributed to this rehumanization by theorizing that rather than being random nonsense, the productions of fantasy revealed significant information about the unique inner world of their maker (MacGregor, 1989; Rubin, 1999). Building on these theories, many writers began to examine how a specific sort of creative product—art—could be understood as an illustration of mental health or disturbance (Anastasi & Foley, 1941; Arnheim, 1954; Kreidler & Kreidler, 1972). Other authors began recognizing the potential art has as a tool within treatment (Winnicott, 1971). Soon enough, the term “art therapy” began to be used to describe a form of psychotherapy that placed art practices and interventions alongside talk as the central modality of treatment (Naumburg, 1950/1973).

The significance psychoanalytic writers placed on early childhood experiences made the crossover of these theories into education an easy one (Junge & Asawa, 1994). Some progressive educators placed particular emphasis on the role art played in the overall development of children (Cane, 1951/1983; Kellogg, 1969; Lowenfeld, 1987; Uhlin, 1972/1984). This trend toward the therapeutic application of art within educational settings continues today (Anderson, 1978/1992; Bush, 1997; Henley, 1992).

PSYCHOLOGICAL ASSESSMENT AND RESEARCH

In addition to psychoanalysis and the rehumanization of people with mental illness, one of the strongest trends to emerge within modern psychology has been the focus on standardized methods of diagnostic assessment and research. Whether discussing the work of a studio artist or the productions of a mentally ill individual, Kris (1952) argues that they both engage in the same psychic process, that is, “the placing of an inner experience, an inner image, into the outside world” (p. 115). This “method of projection” became the conceptual foundation for a dazzling array of so-called projective drawing assessments that evolved in psychology during the 20th century (Hammer, 1958/1980). These simple paper-and-pencil “tests,” with their formalized procedures and standardized methods of interpretation, became widely used in the evaluation and diagnosis of children and adults and are still employed to a lesser degree today (though often with revamped purpose and procedure). Two parallel themes from this era are the relatively unstructured methods of art assessment (Elkisch, 1948; Shaw, 1934) and the various approaches to interpreting these productions (Machover, 1949/1980).

The impact of psychoanalysis on the early development of art therapy was profound. Hammer’s (1958/1980) classic book on drawing as a projective device illus-

trates the diversity within this area and the inclusion of two chapters on art therapy by pioneering art therapist Margaret Naumburg demonstrates the crossover of influences. Many of the more common stereotypes about art therapy (specific, assigned drawings; finger painting; and the role of the therapist in divining the "true meaning" of the drawings) can, in fact, be traced directly to this era.

Nearly all the major art therapy writers from this time developed their own methods of assessment consisting of batteries of art tasks with varying levels of structure (Kramer & Schehr, 1983; Kwiatkowska, 1978; Rubin, 1978/1984; Ulman & Dachinger, 1975/1996). Even today, the notion that artworks in some way reflect the psychic experience of the artist is a fundamental concept in art therapy.

Despite this common history, there are distinctions between the approach to assessment used in psychology and that found in art therapy. The key difference is the art therapy perspective that the making and viewing of the art have inherent therapeutic potential for the client, a position not necessarily held by psychometricians. In addition, art therapists tend to use more varied and expressive materials and to deemphasize formalized verbal directives and stress the role of clients as interpreters of their own work. Finally, art therapists are also quite likely to improvise on the protocol of standardized assessments to suit a particular clinical purpose (Mills & Goodwin, 1991).

An emerging theme in the literature is the unique role the creative arts therapies can play in the assessment and evaluation of clients (Bruscia, 1988; Feder & Feder, 1998). Contemporary developers of art therapy assessments have abandoned orthodox psychoanalytic approaches in favor of methods that emphasize the expressive potential of the tasks and materials (Cohen, Hammer, & Singer, 1988; Cox & Frame, 1993; Gantt & Tabone, 1997; Landgarten, 1993; Silver, 1978/1989).

Early art therapy researchers also looked to psychology and embraced its empirical approach for their research (Kwiatkowska, 1978). More recently, models from the behavioral sciences and other fields have been used as resources in conducting art therapy research (Kaplan, 2000; McNiff, 1998; Wadeson, 1992).

THE DEVELOPMENT OF THE ART THERAPY LITERATURE

The development of any discipline is best traced through the evolution of that field's literature. The historian's convention of artificially dividing time into segments is employed here to illustrate three phases of growth in the profession of art therapy.

Classical Period (1940s to 1970s)

In the middle of the 20th century a largely independent assortment of individuals began to use the term "art therapy" in their writings to describe their work with clients. In doing so, these pioneering individuals began to define a discipline that was distinct from other, older professions. Because there was no formal art therapy training to be had, these early writers were trained in other fields and mentored by psychiatrists, analysts, and other mental health professionals. The four leading writers universally

recognized for their contributions to the development of the field during this period are Margaret Naumburg, Edith Kramer, Hanna Kwiatkowska, and Elinor Ulman. The lasting impact of their original works on the field is demonstrated by the fact that their writings continue to be used as original sources in contemporary art therapy literature.

More than any other author, Naumburg is seen as the primary founder of American art therapy and is frequently referred to as the "Mother of Art Therapy" (see Junge & Asawa, 1994, p. 22). Through her early work in the innovative Walden School, which she founded (along with her sister Florence Cane), and later in psychiatric settings she developed her ideas and, in the 1940s, began to write about what was to become known as art therapy (Detre et al., 1983). Familiar with the ideas of both Freud and Jung, Naumburg (1966/1987) conceived her "dynamically oriented art therapy" to be largely analogous to the psychoanalytic practices of the day. The clients' art productions were viewed as symbolic communication of unconscious material in a direct, uncensored, and concrete form that Naumburg (1950/1973) argued would aid in the resolution of the transference.

While Naumburg borrowed heavily from the techniques of psychoanalytic practice, Kramer took a different approach by adapting concepts from Freud's personality theory to explain the art therapy process. Her "art as therapy" approach emphasizes the intrinsic therapeutic potential in the art-making process and the central role the defense mechanism of sublimation plays in this experience (Kramer, 1971/1993). Kramer's (1958, 1971/1993) work in therapeutic schools (as opposed to Naumburg's psychiatric emphasis) allows for more direct application of her ideas to educational settings.

Ulman's most outstanding contributions to the field have been as an editor and writer. She founded *The Bulletin of Art Therapy* in 1961 (*The American Journal of Art Therapy* after 1970) when no other publication of its kind existed (Junge & Asawa, 1994). In addition, Ulman (along with her coeditor Dachinger) (1975/1996) published the first book of collected essays on art therapy that served as one of the few texts in the field for many years. Her gift as a writer was to precisely synthesize and articulate complex ideas. In her essay "Art Therapy: Problems of Definition," Ulman (1975/1996) compares and contrasts Naumburg's "art psychotherapy" and Kramer's "art as therapy" models so clearly that it continues to be the definitive presentation of this core theoretical continuum.

The last of these four remarkable women, Kwiatkowska, made her major contributions in the areas of research and family art therapy. She brought together her experiences in various psychiatric settings in a book that became the foundation for working with families through art (Kwiatkowska, 1978). Like Kramer, she had fled Europe at the time of World War II adding to the list of émigré thinkers who influenced the development of mental health disciplines in the United States. She also coauthored a short book that helped introduce the field of art therapy to the general public (Ulman, Kramer, & Kwiatkowska, 1978).

Each of these pioneers lectured widely on the topic of art therapy and served as some of the field's first educators. It was also during this period that the first formal programs with degrees in art therapy were offered (Junge & Asawa, 1994;

Levick, Goldman, & Fink, 1967). Finally, it is important not to forget the other early pioneers working in other parts of the country, such as Mary Huntoon at the Menninger Clinic (Wix, 2000), who made contributions to the developing profession as well.

Middle Years: Other Pioneering Writers (1970s to Mid-1980s)

The 1970s through the mid-1980s saw the emergence of an increasing number of publications that presented a broader range of applications and conceptual perspectives (Betensky, 1973; Landgarten, 1981; Levick, 1983; McNiff, 1981; Rhyne, 1973, 1995; Robbins & Sibley, 1976; Rubin, 1978/1984; Wadeson, 1980), although psychoanalysis remained a dominant influence. The development of the literature was also enriched during this period with the introduction of two new journals: *Art Psychotherapy* in 1973 (called *The Arts in Psychotherapy* after 1980) and *Art Therapy: Journal of the American Art Therapy Association*, in 1983 (Rubin, 1999). The increasing number of publications, along with the founding of the American Art Therapy Association in 1969, evolved the professional identity of the art therapist, credentials, and the role of art therapists vis-à-vis related professionals (Shoemaker et al., 1976).

Contemporary Art Therapy Theories (Mid-1980s to Present)

The art therapy literature continues to grow. In 1974, Gantt and Schmal published an annotated bibliography of sources relating to the topic of art therapy from 1940–1973 (1,175 articles, books, and papers), yet Rubin (1999) notes that in that same year there were only 12 books written by art therapists, a number that crawled to 19 some 10 years later. By the mid-1980s this pace began to increase so that there are now more than 100 titles available. Rubin (1999) also speculates that art therapists may be more comfortable with an intuitive approach than other mental health practitioners because as artists they “pride themselves on their innate sensitivities, and tend to be anti-authoritarian and anti-theoretical” (p. 180).

Recently, approximately 21% of art therapists surveyed by the American Art Therapy Association described their primary theoretical orientation as “eclectic,” the single largest percentage reported (Elkins & Stovall, 2000). This position is in keeping with one delineated by Wadeson (in Rubin, 1987/2001) and should not be surprising in a field that itself draws from a variety of disciplines. The next five most frequently reported models: psychodynamic (10.1%), Jungian (5.4%), object relations (4.6%), art as therapy (4.5%), and psychoanalytic (3.0%) all place a strong emphasis on intrapsychic dynamics, and this cumulative 27.6% suggests that much contemporary practice is still informed by generally psychodynamic concepts (Elkins & Stovall, 2000). In a landmark book, *Approaches to Art Therapy* first published in 1987, Rubin (1987/2001) brought together essays by authors representing the diversity of theoretical positions within the field. Perspectives from these and other relevant sources are briefly summarized here.

PSYCHODYNAMIC APPROACHES

The ideas of Freud and his followers (see Chapter 2, this volume) have been part of art therapy since the earliest days, although contemporary writers are more likely to apply terms such as "transference" and "the defense mechanisms" to articulate a position rather than employ classic psychoanalytic techniques with any degree of orthodoxy. Kramer, Rubin, Ulman, and Wilson (all cited in Rubin, 1987/2001) and Levick (1983) all use psychoanalytic language and concepts. Interpretations of the newer developments in psychoanalysis such as the theories of Klein (Weir, 1990), self psychology (Lachman-Chapin) and object relations theory (Robbins) can also be found in the art therapy literature (both cited in Rubin, 1987/2001).

With his emphasis on images from the unconscious, it was natural for Jung's concepts of analytical and archetypal psychology to cross over into art therapy (see Chapter 2, this volume). Work by Edwards and Wallace (both cited in Rubin, 1987/2001), McConeghey (1986), and Schaverian (1992) all reflect this emphasis.

HUMANISTIC APPROACHES

Elkins and Stovall (2000) suggest that only a small number of art therapists operate from a humanistic position (among humanistic, Gestalt, existential, and client centered; the highest response was to the first category with 2.9%). Yet if these approaches can be defined as sharing "an optimistic view of human nature and of the human condition, seeing people in a process of growth and development, with the potential to take responsibility for their fate" (Rubin, 1987/2001, p. 119), these figures belie a sentiment held by many art therapists (see Chapter 3, this volume).

Garai (cited in Rubin, 1987/2001) has written from a general humanistic position, Rogers (1993) and Silverstone (1997) use a person-centered model, and Dreikurs (1986) and Garlock (cited in Rubin, 1987) have adapted ideas first articulated by Alfred Adler. Other models that fall under the humanistic heading include existential (B. Moon, 1990/1995), phenomenological (Betensky, 1995), and gestalt (Rhyne, 1973/1995) approaches.

LEARNING AND DEVELOPMENTAL APPROACHES

Perhaps because they are perceived to be mechanistic, those psychological theories that emphasize learning tend to be less popular with art therapists. In the Elkins and Stovall (2000) survey, cognitive-behavioral (see Chapter 6, this volume), cognitive, developmental (Chapter 8, this volume), and behavioral received an endorsement of over 2%. Yet there are art therapy authors whose work has been informed by these theories.

Silver (2000) has written extensively on assessment using a cognitive approach, and the work of Lusebrink (1990) and Nucho (1987) is based in general systems the-

ory. Art therapists working with children with emotional and developmental disabilities have also adapted concepts from developmental (Aach-Feldman & Kunkle-Miller, cited in Rubin, 1987/2001; Williams & Wood, 1975) and behavioral psychology (Roth, cited in Rubin, 1987/2001).

FAMILY THERAPY AND OTHER APPROACHES

A number of writers (Landgarten, 1987; Linesch, 1993; Riley & Malchiodi, 1994; Sobol, 1982) have built on Kwiatkowska's early family work, particularly in California where art therapists become licensed as marriage and family therapists. Riley (1999) also incorporates concepts from narrative therapy into her work (Chapter 5, this volume). Relational (Dalley, Rifkind, & Terry, 1993) and feminist (Hogan, 1997) approaches question the hierarchy in the client/therapist relationship and empowering the client and have also shaped contemporary art therapy practice. Publications by Horovitz-Darby (1994), Farrelly-Hansen (2001), and McNiff (1992) reflect an emphasis on spiritual and philosophical concepts over psychological theory. Franklin, Farrelly-Hansen, Marek, Swan-Foster, and Wallingford (2000) describe a transpersonal approach to art therapy. Allen (1992) called for a reversal of the perceived trend in overemphasizing the clinical orientation and encouraged art therapists to refocus on their artist identity. Writings by Lachman-Chapin (1983); Knill (1995), who espouses an expressive arts therapies approach (Chapter 8, this volume); and C. Moon (2002) reflect this studio approach to theory and practice.

CONCLUSION

Every art therapist knows there is much to be learned from the process of making an artwork as well as from standing back and viewing the finished product. The tapestry that is art therapy is not a dusty relic hung in a museum but a living work in progress. There is pleasure in admiring the work that has already been done and excitement in the weaving. It is my hope that readers can appreciate the processes and the products that have shaped this profession.

REFERENCES

- Allen, P. B. (1992). Artist-in-residence: An alternative to "clinification" for art therapists. *Art Therapy: Journal of the American Art Therapy Association*, 9, 22-29.
- Allen, P. B. (1995). *Art is a way of knowing*. Boston: Shambhala.
- Anastasi, A., & Foley, J. (1941). A survey of the literature on artistic behavior in the abnormal: I. Historical and theoretical background. *Journal of General Psychology*, 25, 111-142.
- Anderson, F. E. (1978/1992). *Art for all the children*. Springfield, IL: Charles C Thomas.
- Arnheim, R. (1954). *Art and visual perception*. Berkeley: University of California Press.
- Betensky, M. G. (1973). *Self-discovery through self-expression*. Springfield, IL: Charles C Thomas.
- Betensky, M. G. (1995). *What do you see?: Phenomenology of therapeutic art expression*. London: Jessica Kingsley.

- Borum, J. P. (1993/1994). Term warfare. *Raw Vision*, 8, 23-30.
- Bruscia, K. (1988). Standards for clinical assessment in the arts therapies. *The Arts in Psychotherapy*, 15, 5-10.
- Bush, J. (1997). *The handbook of school art therapy*. Springfield, IL: Charles C Thomas.
- Cameron, J., & Bryan, M. (1992). *The artist's way: A spiritual path to higher creativity*. New York: Putnam.
- Cane, F. (1951/1983). *The artist in each of us*. Craftsbury Common, VT: Art Therapy Publications/Chicago: Magnolia Street.
- Cohen, B. M., Hammer, J. S., & Singer, S. (1988). The Diagnostic Drawing Series: A systematic approach to art therapy evaluation and research. *The Arts in Psychotherapy*, 15, 11-21.
- Cox, C. T., & Frame, P. (1993). Profile of the artist: MARI Card Test research results. *Art Therapy: Journal of the American Art Therapy Association*, 10, 23-29.
- Dalley, T., Rifkind, G., & Terry, K. (1993). *Three voices of art therapy: Image, client, therapist*. London: Routledge.
- Detre, K. C., Frank, T., Kniazze, C. R., Robinson, M. C., Rubin, J. A., & Ulman, E. (1983). Roots of art therapy: Margaret Naumburg (1890-1983) and Florence Cane (1882-1952): A family portrait. *American Journal of Art Therapy*, 22, 111-123.
- Dissanayake, E. (1992). *Homo aestheticus: Where art comes from and why*. New York: Free Press.
- Dreikurs, S. E. (1986). *Cows can be purple: My life and art therapy*. Chicago: Adler School of Professional Psychology.
- Elkins, D. E., & Stovall, K. (2000). American Art Therapy Association, Inc.: 1998-1999 Membership survey report. *Art Therapy: Journal of the American Art Therapy Association*, 17, 41-46.
- Elkisch, P. (1948). The "scribbling game": A projective method. *The Nervous Child*, 7, 247-256.
- Farrelly-Hansen, M. (Ed.). (2001). *Spirituality and art therapy: Living the connection*. London: Jessica Kingsley.
- Feder, B., & Feder, E. (1998). *The art and science of evaluation in the arts therapies: How do we know what's working?* Springfield, IL: Charles C Thomas.
- Franklin, M., Farrelly-Hansen, M., Marek, B., Swan-Foster, N., & Wallingford, S. (2000). Transpersonal art therapy education. *Art Therapy: Journal of the American Art Therapy Association*, 17, 101-110.
- Gantt, L., & Schmal, M. S. (1974). *Art therapy: A bibliography*. Rockville, MD: National Institute of Mental Health.
- Gantt, L., & Tabone, C. (1997). *Rating manual for the Formal Elements Art Therapy Scale*. Morgantown, WV: Gargoyle Press.
- Hammer, E. F. (Ed.). (1958/1980). *The clinical application of projective drawings*. Springfield, IL: Charles C Thomas.
- Henley, D. R. (1992). *Exceptional children, exceptional art*. Worcester, MA: Davis.
- Hogan, S. (Ed.). (1997). *Feminist approaches to art therapy*. London: Routledge.
- Horovitz-Darby, E. G. (1994). *Spiritual art therapy*. Springfield, IL: Charles C Thomas.
- Junge, M. B., & Asawa, P. P. (1994). *A history of art therapy in the United States*. Mundelein, IL: American Art Therapy Association.
- Kaplan, F. F. (2000). *Art, science, and art therapy: Repainting the picture*. London: Jessica Kingsley.
- Kellogg, R. (1969). *Analyzing children's art*. Palo Alto, CA: National Press.
- Knill, P. J. (1995). The place of beauty in therapy and the arts. *The Arts in Psychotherapy*, 22, 1-7.
- Kramer, E. (1958). *Art therapy in a children's community*. Springfield, IL: Charles C Thomas.
- Kramer, E. (1971/1993). *Art as therapy with children*. New York: Schocken Books/Chicago: Magnolia Street.
- Kramer, E., & Schehr, J. (1983). An art therapy evaluation session for children. *American Journal of Art Therapy*, 23, 3-12.
- Kreitler, H., & Kreitler, S. (1972). *Psychology of the arts*. Durham, NC: Duke University Press.
- Kris, E. (1952). *Psychoanalytic explorations in art*. New York: International Universities Press.
- Kwiatkowska, H. Y. (1978). *Family therapy and evaluation through art*. Springfield, IL: Charles C Thomas.

- Lachman-Chapin, M. (1983). The artist as clinician: An interactive technique in art therapy. *American Journal of Art Therapy*, 23, 13-25.
- Lachman-Chapin, M., Jones, D., Sweig, T. L., Cohen, B. M., Semekoski, S. S., & Fleming, M. M. (1999). Connecting with the art world: Expanding beyond the mental health world. *Art Therapy: Journal of the American Art Therapy Association*, 15, 233-244.
- Landgarten, H. B. (1981). *Clinical art therapy*. New York: Brunner/Mazel.
- Landgarten, H. B. (1987). *Family art psychotherapy*. New York: Brunner/Mazel.
- Landgarten, H. B. (1993). *Magazine photocollage: A multicultural assessment and treatment technique*. New York: Brunner/Mazel.
- Levick, M. F. (1983). *They could not talk so they drew: Children's styles of coping and thinking*. Springfield, IL: Charles C Thomas.
- Levick, M. F., Goldman, M. J., & Fink, P. J. (1967). Training for art therapists: Community mental health center and college of art join forces. *Bulletin of Art Therapy*, 6, 121-124.
- Linesch, D. (1993). *Art therapy with families in crisis*. New York: Brunner/Mazel.
- Lowenfeld, V. (1987). Therapeutic aspects of art education. *American Journal of Art Therapy*, 25, 111-146.
- Lusebrink, V. B. (1990). *Imagery and visual expression in therapy*. New York: Plenum Press.
- MacGregor, J. M. (1989). *The discovery of the art of the insane*. Princeton, NJ: Princeton University Press.
- Machover, K. (1949/1980). *Personality projection in the drawing of the human figure*. Springfield, IL: Charles C Thomas.
- Malchiodi, C. A. (1998). *The art therapy sourcebook*. Los Angeles: Lowell House.
- Malchiodi, C. A. (1999a). *Medical art therapy with adults*. London: Jessica Kingsley.
- Malchiodi, C. A. (1999b). *Medical art therapy with children*. London: Jessica Kingsley.
- McConeghey, H. (1986). Archetypal art therapy is cross-cultural art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 3, 111-114.
- McNiff, S. (1981). *The arts and psychotherapy*. Springfield, IL: Charles C Thomas.
- McNiff, S. (1992). *Art as medicine: Creating a therapy of the imagination*. Boston: Shambhala.
- McNiff, S. (1998). *Art-based research*. London: Jessica Kingsley.
- Mills, A., & Goodwin R. (1991). An informal survey of assessment use in child art therapy. *Art Therapy: Journal of the Art Therapy Association*, 8, 10-13.
- Moon, B. L. (1990/1995) *Existential art therapy: The canvas mirror*. Springfield, IL: Charles C Thomas.
- Moon, C. H. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist*. London: Jessica Kingsley.
- Naumburg, M. (1950/1973). *Introduction to art therapy: Studies of the "free" art expression of behavior problem children and adolescents as a means of diagnosis and therapy*. New York: Teachers College Press/Chicago: Magnolia Street.
- Naumburg, M. (1966/1987). *Dynamically oriented art therapy*. New York: Grune & Stratton/Chicago: Magnolia Street.
- Nuho, A. O. (1987). *The psychocybernetic model of art therapy*. Springfield, IL: Charles C Thomas.
- Prinzhorn, H. (1995). *Artistry of the mentally ill*. Vienna: Springer-Verlag. (Original work published in German, 1922)
- Rhyne, J. (1973/1995). *The Gestalt art experience*. Monterey, CA: Brooks/Cole/Chicago: Magnolia Street.
- Riley, S. (1999). *Contemporary art therapy with adolescents*. London: Jessica Kingsley.
- Riley, S., & Malchiodi, C. A. (1994). *Integrative approaches to family art therapy*. Chicago: Magnolia Street.
- Robbins, A., & Sibley, L. (1976) *Creative art therapy*. New York: Brunner/Mazel.
- Rogers, N. (1993). *The creative connection: Expressive arts as healing*. Palo Alto, CA: Science and Behavior Books.