Art Therapy Theories

Art therapists work with a range of distinct philosophical and theoretical underpinnings, but as yet there has been no single book to offer an overview of these theories. Art Therapy Theories provides an introductory, non-partisan overview of art therapy theories outlining the following therapy approaches:

- cognitive behavioural art therapy
- solution-focused brief therapy
- psychoanalytical (Freudian) art therapy
- analytical (Jungian) art therapy
- Gestalt art therapy
- person-centred (Rogerian) art therapy
- mindfulness art therapy
- integrative art therapy (the group-interactive model)
- feminist art therapy
- art therapy as social action
- art therapy as a research tool

Each chapter provides a non-judgemental, yet analytical, synopsis of each approach. No detailed knowledge is necessary to understand the different approaches, as the book explains them in clear and concise English. Difficult terms and concepts are explained as they arise, and a glossary of terms is also provided.

Art Therapy Theories is aimed at trainee art therapists who need to demonstrate that they have a grasp of theory, as well as a sense of how the theory can translate into practice. It will also appeal to seasoned therapists, counsellors and to a wide range of professionals in the mental health field.

Susan Hogan is Professor in Art Therapy and Cultural Studies at the University of Derby. She has written extensively on the relationship between the arts and insanity, and the role of the arts in rehabilitation, particularly in relation to women.
‘Hogan offers an innovative and accessible contribution to the literature that challenges the way we conceptualize art therapy theory and practice today. The work’s relevance expands well beyond the UK. Its unique insights will inspire art therapists around the world. Hogan masterfully explores various theories in the complex but unified profession of art therapy, and weaves them together through the overarching framework of social critique. My own approach to teaching is changed because of this book. The concepts Hogan invites us to contemplate make this a must-read for students, educators and practitioners alike.’ – Donna Betts, PhD, ATR-BC, Board President, the American Art Therapy Association; Research Professor, George Washington University Graduate Art Therapy Program.

‘Art Therapy Theories by Susan Hogan is the book that I, as the executive director of an art therapy training program and a professor, have been waiting for. It is a contemporary and long-needed update to the profession of art therapy, a foundation text that all students starting off in the profession should read cover to cover. I appreciate the clarity Hogan has provided to distinguish the main theories we integrate in our work as art therapists, such as psychoanalytic, Jungian, cognitive behavioral as well as the inclusion of newer but essential streams including feminist art therapy, art therapy as social justice and mindfulness art therapy. This book will take its place in our curriculum as a required text along with the other fundamental literature with which we nurture the new generation of art therapists in Canada.’ – Helene Burt, DA, RCAT, ATR, (Doctorate of Arts in Art Therapy, NYU), Executive Director, Toronto Art Therapy Institute; Editor of Art Therapy and Postmodernism: Creative Healing Through a Prism.

‘I found the book really enlightening and strongly recommend it.’ – Diane Waller, OBE, President of the British Association of Art Therapists, from the foreword.

‘This important book is a welcomed asset to the profession of art therapy with a comprehensive overview of theoretical approaches that underpin contemporary art therapy practice historically, theoretically and clinically. The complexities and intricacies of a wide variety of models are made accessible and contextualised in this thoughtfully concise, easy to read, account of art therapy work, in particular how a chosen approach affects the differing role of the practitioner. Suitable for students, academics, researchers and practitioners, this is an essential read for a new generation of art therapists. A timely contribution to the literature of this rapidly expanding discipline.’ – Annette M. Coulter, The Centre for Art Psychotherapy, Blue Mountains, Australia.
Art Therapy Theories

A critical introduction

Susan Hogan
This book is dedicated to my father Peter Hogan, who encouraged my curiosity.
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It has never been easy to respond to the question, ‘What is art therapy?’, still frequently asked by the public and fellow health and care professionals, even after the profession of art therapy has formally existed for over 50 years. Put on the spot, art therapists will usually come up with a comparison that might be more readily understood, such as ‘It is rather like counselling only we encourage the client to use art materials to make images which we can use as a shared communication. The client might be able to express feelings more easily with images than through words.’ Obviously a polite query just to get an idea of what goes on does not require a thorough analysis of the intervention, nor a lecture. However, now that art therapists are increasingly, and necessarily, subjecting their practice to scrutiny and evaluation and are conducting research, it is very important to make an analysis of where we are now concerning theory, practice and philosophical underpinnings. A similar movement can be observed in the professions of psychotherapy and counselling, where the demands of the evidence-based practice agenda, within the health and social care sector in particular, have led to more practitioners being prepared to (or required to) design and carry out research projects – to continue to fulfil the agenda put forward by Roth and Fonagy (2005) in their seminal *What Works for Whom? A Critical Review of Psychotherapy*. In designing research projects for art therapy, as with our colleagues in psychotherapy and counselling, we have to identify what approach to art therapy we are bringing to the research table in order to see whether or not it is having any impact on our clients. If it is helpful, we must ask why and how. If not, why, and would another approach to art therapy, another arts therapy or another intervention altogether be more effective? At this stage in the professional development of art therapy in the UK, being a regulated profession with considerable stability, we can tolerate outcomes that might show that the approach we used was not useful for that particular client or client group, whereas the same approach in another setting, with different people, might well be. The tendency towards ‘propagandism’ as one vice-chancellor of the 1990s unkindly put it, when referring to the lack of research in our profession, should be behind us.

As art therapists, we have the additional complication of the image to take into consideration and need to be careful that this essential ingredient of art therapy does not get sidelined or even ignored. In this respect, discussion of theory and
sharing of methodology with our colleagues from the other arts therapies and from art and design will be helpful. Now that more attention is being given to practice-led research and research-led practice in the arts, led, for example, by McNiff (1998) and currently Smith and Dean (2014), art therapists may be able to find a way to prioritise the image within a favoured qualitative methodology, within the context of a soundly presented epistemology.

As Susan Hogan points out, in her timely book:

Whilst art processes are at the core of art therapy, there are different conceptualisations of the process, based on varied theories. These theories are not inconsequential since they posit different views as to what a human being is. Consequently, there are different opinions about the role of the art therapist. How the use of art materials is advocated can vary, as well as the way the materials may be used and the language chosen to explain the engagement.

This seems to me a vitally important yet surprisingly little studied or understood aspect of art therapy. Perhaps because of the long struggle to establish art therapy as a discipline and profession in the UK – and in many countries it is still hardly known about let alone practised – there has been a tendency to think about art therapy in a rather static way, as opposed to a set of processes that are in constant flux. I have been asked ‘Are you a Jungian?’ as this is a label that many people seem familiar with, or ‘Do you do Gestalt?’ to which, in my case, the answer would either be ‘Not exactly, but I might use some techniques sometimes’ as opposed to ‘No’ or ‘Yes’. If I said I favoured ‘process sociology’ and don’t like to be categorised, I might get some odd looks (unless in the unlikely event I was in a sociology department!) The same kind of reification has persisted within psychotherapy for very many decades. Until very recently, being attached to one modality has been a requirement for registration with the main professional associations. This has not been the case in art therapy, where clearly many different modalities, approaches and philosophies have jogged along together with prioritisation of the art object linking us all together.

Susan Hogan points out that the idea of isolating theoretical perspectives seems an obvious one but has not existed previously in the form in which she has chosen to present her text. Questions arise for postgraduate students and researchers about their epistemological and ontological positions: something I confess until a few years ago I hadn’t given much thought to. Yet when we consider the theoretical approaches discussed in Susan Hogan’s book, it is clear that the world view of the therapist is essential to consider. Is the positivist attitude required to conduct a randomised controlled trial compatible with that of a researcher whose orientation is towards existentialism and phenomenology? Can a mixed methodology satisfy a pragmatist?

Can a social constructivist live happily in a research project based on surveys and statistical analysis? Can there be integration of theories, or could there be a pluralistic approach as outlined by Cooper and McCleod (2011) concerning psychotherapy research? By understanding the origins of the various theoretical approaches and how these manifest in practice, we will surely be able to explain
more succinctly how our personal orientations as art therapists impact on our research choices.

Underpinning all this is, of course, the desire to offer our clients a rationale for coming to art therapy in the first place. We might strongly believe that ‘being engaged in making art is therapeutic’ (and indeed as a profession we have stated this more than once in our long history), but as to why it is, or might not be in some cases, this is more difficult. Curiously, we are now, as art therapists, having to counter the argument that ‘art is good for you’, which comes from those areas where the arts are seen as having an undeniable positive presence. Only recently I advised caution to a care home that was intending to introduce an art group run by volunteers, pointing out that image making can be very disturbing as well as beneficial, and it might be a good idea to have a qualified art therapist available to support the volunteers! The staff had not thought that images could be upsetting, possibly not suitable for the proposed public display, and were keen to take this advice. As to the theory behind the now popular view that engaging people with dementia in creative arts is a ‘good thing’, it would be unfriendly to discourage something that could well provide much needed meaningful activity and pleasure. But what is the theory underpinning this? As art therapists what could we say?

This book is important in many ways. It is based on years of practice, teaching and research in the UK and in Australia. The author has a track record of radical engagement with the challenging issues of difference – gender, race, culture, disabilities. She has researched, and continues to do so, on the theoretical origins of art therapy and is actively involved with teaching postgraduate art therapy trainees and in her own art therapy practice. Susan Hogan has managed to undertake a big task and present her thoughts in an accessible way, valuable to art therapy trainees, to fellow professionals, to potential clients and to researchers, providing much needed focus for debate and further development. I found the book really enlightening and strongly recommend it.

Professor Diane Waller OBE
Emeritus Professor of Art Psychotherapy, Goldsmiths, University of London
Hon. President, British Association of Art Therapists

References
Acknowledgements

A number of people have helped me by reading and commenting on specific chapters in which they have a particular interest, so thanks to John Birtchnell, Shelagh Cornish, Deborah Gibson, Rita Roberts and Diane Waller for these readings. Getting constructive criticism is essential and much appreciated for a sophisticated elaboration of each theory. Heartfelt gratitude must also go to my friend and ex-husband Phil Douglas for being prepared to read various chapters as a non-expert and for his subsequent, and often salutary, remarks on the comprehensibility of my prose. He must take a lot of the credit for the fluency of the text. I’d also like to remember friends and family who have helped me with my writing, especially Lizzie Burns, Andrew Campbell, Mary Douglas and Alan Rice. It is their critiques I have internalised. Indeed, I try to write as elegantly as Mary, though usually I fail.

Deep appreciation is also deserved for Professor Diane Waller’s foreword. She is right to assert that we need to be able to distinguish between different art therapy practices, as these represent different attitudes towards the function of the art in the therapy process, the role of the therapist, as well as what constitutes a thriving self. Indeed, these different stances represent different ways of conceptualising what human beings are and what we should strive for. It is imperative for the development of our practice and for research that these distinctions are understood and clearly articulated and delineated.

I don’t think I ever thank my students well enough; it is years of facilitating experiential training which have taught me so much and which I have attempted to share in this and my previous book, The Introductory Guide to Art Therapy (2014). Conducting such groups is a truly enriching experience. The glossary of terms is an extended version of that which appears in The Introductory Guide.

Art therapy is still widely misunderstood and it is my hope that these two volumes together will help in making the scope of the discipline more widely understood.
Biographical note

Susan Hogan has a BA Degree in fine art, a postgraduate diploma in art therapy, a Master’s Degree in Arts Administration (Arts Policy and Management) and a further Master’s Degree in Social Science Research Methods (Social Policy and Sociology, specialising in visual methods). Her PhD was in Cultural History from Aberdeen University, and looked at the history of ideas around madness and the use of the arts. Susan has also studied art history at Sydney University. Additionally, Susan undertook further training in group-psychoanalytic psychotherapy. She served for six years as a Health Professions Council (UK) ‘visitor’ (now HCPC). She is a former Vice-President of ANATA (Australian National Art Therapy Association, now ANZATA), and has twice served as a regional coordinator for the British Association of Art Therapists (BAAT). She has been instrumental in setting up several art therapy training courses, and also courses in dance-movement and drama therapy.

Professor Hogan qualified as an art therapist in 1985. She has a particular interest in group work and experiential learning, following early employment with Peter Edwards MD, an exceptional psychiatrist who had worked with Maxwell Jones, a psychiatrist who is associated with the ‘therapeutic community movement’ in Britain. She is currently Professor in Cultural Studies and Art Therapy at the University of Derby, in which role, for many years, she facilitated experiential workshops and the closed-group component of the art therapy training. This closed-group training has been based on the group-interactive approach described by Professor Diane Waller (summarised in this book). Now most of her time is spent supervising research at MA and PhD levels, and conducting research.

Susan has also undertaken work with pregnant women and women who have recently given birth, offering art therapy groups to give support to women, and an opportunity for them to explore their changed sense of self-identity and sexuality as a result of pregnancy and motherhood. She has published extensively on this subject.

Susan Hogan has worked mainly in academia since 1983 for a number of institutions, including the University of New South Wales, College of Fine Art; the University of Technology, Sydney; Macquarie University and the National Art School, Sydney.
Professor Hogan is currently conducting research with several partner institutions, including co-researching women’s experience of ageing with sociologists from the University of Sheffield using visual research methods. She is a Professorial Fellow of the Institute of Mental Health of the University of Nottingham. In addition to all the above, she has also published a number of both scholarly and polemical papers on women and theories of insanity.

Particularly influenced by the anthropological work of her late mother-in-law, Professor Dame Mary Douglas, Hogan’s work has been innovative in its application of social anthropological and sociological ideas to art therapy; also distinctive is her unwavering challenge to reductive psychological theorising.

Her books are:

- *Feminist Approaches to Art Therapy* (as editor, 1997);
- *Healing Arts: The History of Art Therapy* (2001);
- *Gender Issues in Art Therapy* (as editor, 2003);
- *Conception Diary: Thinking About Pregnancy and Motherhood* (2006);
- *Revisiting Feminist Approaches to Art Therapy* (as editor, 2012);
Art therapists have a considerable understanding of art techniques and are proficient in using materials to facilitate non-verbal communication. Metaphors, symbols and the expressive use of art materials combine to create a rich language for self-expression and the opportunity for the translation of strong emotions into a pictorial expression which can be visceral in its intensity. Differences in scale or perspective, tone and colour, along with the use of metaphors, allow for a potentially sophisticated articulation of thoughts and feelings.

Symbolism is multi-faceted and able to contain manifold and contradictory meanings. Indeed, a veritable constellation of meanings can be generated at the meeting point of several symbols. The use of symbols enables the expression of moods and immaterial ideas or qualities, which would otherwise be hard to articulate.

Tacit embodied feelings can be sensed and explored through the manipulation of materials. The process of making art works is in itself potentially revelatory, triggering strong feelings and revealing previously unexpressed issues. The materials themselves, their very substance, can be evocative. It is a sensory process in which the movements of the body and the tactile sensation of the materials are evocative. Another embodied dimension of the art therapy process could include aspects of *prosopopeia* in which a part of oneself, or an imaginary or absent person, is represented as speaking or acting. There could be an inner dialogue stimulated by engagement with the art work, or it might be spoken. Moving around an object can uncover different dimensions, different potential dialogues.

The images produced can be enlightening and provoking in unpremeditated, startling ways. The revealing image unburdens complex representations. Furthermore, many works placed together can collectively create unforeseen narratives. The space in which they are experienced can also have an influence, as well as the relationship of the works to the maker and to the viewer in how they are seen, displayed or hidden from easy view. How the works are subsequently engaged with can generate significance. The art works, the space and the viewer can interact to create new meanings. The art work can become a powerful container; showing the piece to others is potentially transformational. The pictorial content may be immutable – it assails. Finally, the disposal of works can have strongly revitalising consequences.
Whilst art processes are at the core of art therapy, there are different conceptualisations of the process, based on varied theories. These theories are not inconsequential since they posit different views as to what a human being is. Consequently, there are different opinions about the role of the art therapist. How the use of art materials is advocated can vary, as well as the way the materials may be used and the language chosen to explain the engagement.

The aim of this book is to provide an introduction and give an overview of the main theoretical models of art therapy. Without ‘dumbing down’ the different approaches, the book will attempt to explain them in clear and concise English, avoiding jargon, and elucidating difficult terms and concepts as they arise.

Each chapter provides an analytical synopsis of one different approach. This book will be particularly aimed at trainee art therapists in the English-speaking world, who need when training to be able to demonstrate that they have a grasp of theory.

The idea of isolating theoretical perspectives seems an obvious one, but, surprisingly, an overview of theoretical approaches did not exist previously. It is therefore hoped that this small volume will be extremely popular, especially with trainees and with an international audience. The non-judgemental tone adopted is intended to ensure widespread adoption.

**Terminology**

This book uses art therapy as the generic term. It does not make the distinction, made by some North American colleagues, between art therapy and art psychotherapy, as there is no consistent dichotomy in the use of such terms in Europe and Australia, or in most historic writing on the subject. There is a glossary of terms included.

**Contents: further details**

In each of the following chapters the particular features of one method will be elucidated and the underlying theory explained.

**Chapter 2. Cognitive behavioural art therapy**

In cognitive behavioural therapy (CBT) there is a focus on distorted thought processes, which give rise to emotions and behaviours. The task of cognitive therapy is to identify patterns of understandings that are unfounded and regarded as inaccurate; these are challenged and more adaptive ways of thinking and behaving are formulated. Malchiodi describes CBT thus:

> The basic goal of CBT is to help the client identify the false and negative rules and assumptions governing his or her actions and then find ways to replace or restructure assumptions with more realistic and positive rules and expectations. A collaborative relationship between the client and the therapist
is at the foundation of this approach and treatment is generally time limited and psycho-educational in nature.

(2012, pp. 89–90)

In CBT there is a tradition of using mental images to envisage new emotional responses and ways of being. Art therapy can be instrumental in aiding these processes.

Negative thinking is identified, as well as triggers for such negative thinking. ‘Automatic negative thoughts’ or ‘negative self-talk’ are identified with contexts and situations and are challenged (Corey 2009). Art is used in conjunction with this framework: for example, in exploring and reframing traumatic events. In CBT, clients are asked to imagine themselves thinking, behaving and feeling differently using mental images. Clients can make actual images of these imagined scenes (Malchiodi 2012, pp. 90–1).

This model will be elaborated in further detail, from initial goal setting through to termination of treatment. The views of some of the principal exponents of these ideas, such as Roth (2001) and Rosal (2001), will be presented. This model is more developed in North America and Canada than in the UK, and with pressure for evidence-based practice and shorter-term interventions, this model is likely to be further developed and adopted in Britain. Included in this chapter will be a section on solution-focused brief art therapy (SFBT).

The solution-focused technique will be elaborated on. Although philosophically located within a constructivist framework, this is essentially a behavioural technique in which the individual identifies aspects of her or his life she or he wishes to change. The therapist assists by asking questions that help the beneficiary to clarify possible solutions and the means of achieving them. The technique focuses on what the individual desires to achieve; it is a method that attempts to utilise the strengths and capacities of the individual. Identifying such strengths might entail some analysis of previous situations or events in which the recipient successfully generated a solution. However, generally, it is future-focused and ‘goal-orientated’.

‘Scaling questions’ are frequently employed, allowing individuals to analyse aspects of their lives on a scale of 0 to 10, where 10 equals the achievement of all targets and zero is the worst possible scenario. The person undergoing SFBT is asked to identify his or her current position and the point at which there might be adequate fulfilment. Within this structure it is possible to define ultimate objectives (Iveson 2002). This approach is also particularly associated with the ‘miracle question’, which is explained below.

Mindfulness as a technique is being used by CBT arts-based practitioners in conjunction with other CBT methods, but these will be discussed in a separate chapter.

Chapter 3. Psychoanalytic art therapy

In this chapter, the distinctive features of psychoanalytic art therapy will be explored and applied to practical work. Psychoanalytic theory will be explained
in further detail in a comprehensible manner. This is one of the areas in which students often struggle, as the theory is particularly complex, but it can be articulated clearly without reductionism.

Psychodynamic therapy has arisen out of psychoanalysis, and sees inter-psychic conflicts as a form of stress which can result in psychological disturbance. It is an approach which is interested in the fundamental psychological forces governing human behaviour. These forces are seen as resulting in human action in a way that is not always obvious to the individual. The underlying forces are seen as being in a state of fluctuation (hence ‘dynamic’).

The personality (or psyche) of the individual is seen as being comprised of three main elements which are in a state of constant tension. The super-ego is the moral part of the self which responds to the demands of civilisation and includes such ideas as conscience, discipline, self-restraint and self-sacrifice.

The ego is viewed as the conscious, rational part of the mind that negotiates with the other parts of the psyche and is seen as attempting to create a compromise between conflicting impulses. If the ego has good strength then it will succeed in maintaining balance; if the ego is weak, the personality may become unbalanced and consequently too ruled by either the super-ego or the id. The ego is seen as having various ‘mechanisms’ at its disposal to maintain this balance, which will be elaborated on. For example, ‘repression’ is explained as the ego’s attempts to thrust painful memories deep down into the unconscious mind so that they are effectively forgotten (though they may be rekindled later and cause problems). Another important mechanism is that of ‘projection’, in which thoughts are attributed to someone or something else. Freud saw a number of mechanisms at play to do with flows of psychic instinctual energy and conflicting internal forces.

The third part of the mind is called the id. The id is the primitive part of the self. Instinctual behaviours and basic needs are viewed as arising from the id. The id is seen as demanding immediate satisfaction and pleasure; it is interested in the gratification of needs, and is not interested in morality, and is therefore in conflict with the super-ego.

Developmentally, the id is seen as infantile and as developing in early childhood; the ego then develops, and then lastly the super-ego. These theoretical constructs allow for a mobile or ‘dynamic’ view of the mind and have been immensely influential. These ideas permeate twentieth-century thought and culture, though the technicalities of psychoanalytic theory are not always well understood.

Other psychodynamic approaches have evolved from psychoanalysis. In psychodynamic art psychotherapy, clients become increasingly aware of the dynamic conflicts and tensions that are being revealed as symptoms or stress in their lives; whilst this approach has evolved from psychoanalysis, psychodynamic therapy is not necessarily explicitly Freudian and may not use all the conceptual apparatus Freud postulated to explain how the ego functions. The term ‘psychodynamic’ is used for explanatory schemas and methods interested in interrogating dynamic emotional processes.
Psychodynamic principles are evident in several models of modern art therapy, as will be elucidated: as Malchiodi explains, ‘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’ (2012, pp. 72–3).

That ‘psychoanalytic’ and ‘psychodynamic’ are used synonymously by some writers adds to the general confusion. Nevertheless, there are art therapists whose practice is clearly located within the psychoanalytical tradition and who subscribe to the psychoanalytical view of symbolism, so this will be articulated. As this is also the theoretical basis for subsequent theoretical developments and challenges, these ideas are significant and need to be properly understood.

‘Object-relations’ theory is a development of psychoanalytic ideas and is explored. In this model of thought, the internal representations acquired in childhood are seen as playing out later in life through relationships. There is usually a particular emphasis on exploring how such representations are projected outwards, particularly to the art therapist; hence, the main focus of therapy becomes the exploration of this transference relationship.

Chapter 4. Analytical (Jungian) art therapy

This chapter will explore art therapy derived from analytical psychology. The term ‘analytic’ will refer to analytical psychology. Important art therapy techniques that stem from analytic psychology, such as ‘amplification’, will be explained.

There has been a tendency among some British art therapists to refer to psychoanalytic art therapy as ‘analytical’. Analytical psychology is properly ‘Jungian’, deriving from the work of Carl Gustav Jung, and is a distinctive departure from psychoanalysis, especially in respect to its attitude towards images.

In analytic art therapy, pictorial symbolism, emerging from the unconscious, acts as a ‘compensation’ or complement to the conscious psyche, potentially bringing into focus aspects of the person not to the fore. Jung felt that good health was best achieved by giving voice to the unconscious aspects of the self and that the less conscious aspects of a person’s total nature could appear in dreams or art work. Symbolism is seen as a bridge between the conscious and unconscious realms. The production of images is seen as assisting in creating equilibrium and as playing a regulatory role upon consciousness.

As well as the theoretical underpinnings of the analytic approach, studio-focused analytic art therapy techniques will also be explored. This way of providing art therapy is focused on the aesthetic dimensions of the production of art works and the relationship of the subject to her or his work. Thus, analytical studio work has an emphasis on non-verbal aspects of art making. Believing the psyche to be a self-regulating system that is capable of balancing and adjusting itself as necessary, art therapy is thought to be efficacious without verbal analysis. Indeed, art is regarded as therapy.
Chapter 5. Gestalt art therapy

Gestalt theory is a branch of humanistic psychology which has a particular emphasis on working in the present. Gestalt art therapy has also integrated some psychodynamic aspects into its practice.

Using images as an adjunct to verbal psychotherapy is a technique employed by some art therapists. Gestalt art therapy is essentially a verbal psychotherapy that employs drama therapy methods into which image making is then incorporated. It employs a focused use of imagery that is often rather directive.

The art work in the Gestalt approach is usually a brief sketch rather than an involved piece. The art work is usually made at the same time as speaking, or is used to stimulate discourse. Part of the process is an opportunity to look at how the present is affected by the past. As John Birtchnell puts it: ‘Talking to the picture, particularly in the here and now, is the most powerful device I know’ (1998, p. 149).

This chapter will explore ideas from psychodrama and verbal psychotherapy that have been incorporated into this distinctive mode of art therapy. It’s theory and practice will be illuminated. The views of its principal exponents will be explicated.

Chapter 6. Person-centred art therapy

The person-centred art therapy model will be explained, and delineated in terms of its similarities and differences. This model of working and its underlying theory will be elucidated, with reference to the work of Carl Rogers (1902–87) in particular. The humanistic roots of the model will be described, along with the key features of Rogerian art therapy.

Humanism is interested in an individual’s subjective conscious perception and understanding of the world. It does not look for ‘unconscious’ motivations. It has been described as a ‘third way’: an alternative to both behaviourism and psychodynamic (and psychodynamic) orientations.

The ‘non-directive’, or ‘person-centred’, approach assumes that the client has the resources to deal with her or his problem, if given the opportunity, in the context of an authentic, empathetic relationship, and to be aware of his or her own feelings and desires. This authentic relationship is described as being ‘congruent’. Being non-directive is thought to give power to the client to deal with what she or he considers important, and to set the pace, and is a distinctive feature of this approach. Clients are seen as having ‘deep strengths’ which can be released and freed in a permissive, supportive environment (Rogers, 1946).

The work of art therapist Liesl Silverstone (1997, 2009), who has sought to promote a person-centred approach, will receive mention.

Chapter 7. Mindfulness art therapy

Mindfulness art therapy will also be mentioned here. Art therapists have sought to incorporate ideas from Buddhism into their practice (Monti et al. 2006). There are
several variations of Buddhism; a common practice is to still the mind, then to note the kind of thoughts that arise: to take note of them, but not to follow or elaborate them. This takes a bit of practice, but using this basic meditation technique can enable the practitioner to begin to notice what the mind is doing, and to identify patterns of mind, including the sort of negative inner speech that CBT also identifies (see Chapter 2).

Buddhism also urges compassion towards all beings as a core value. Whilst CBT doesn’t go this far, there are parallels in developing compassion towards the self, in rejecting damaging self-appraisal. Self-analysis through mindfulness has core aspects in common with a behavioural approach, but also with other psychotherapeutic approaches. Mindfulness as a technique is being used by CBT practitioners in conjunction with other CBT methods, but now mindfulness-based methods are being used with a range of theoretical orientations and are beginning to emerge as a distinct approach.

**Chapter 8. Integrative art therapy: the group-interactive art therapy model**

The group-interactive art therapy model is a distinctive style of art therapy that is widely used in Britain. Theoretically, this is an eclectic approach which draws from a wide range of theory to develop a unique model of working. The most important strands of this approach are social psychology, existential philosophy combined with group theory (from systems theory) and psychodynamic theory, all of which will be explained for readers coming fresh to these subjects.

The basic idea behind the group-interactive approach is that during interactions with others individuals reveal their ‘characteristic patterns of interaction’: these are seen as constraining people in their everyday lives (Waller 1993, p. 23). These ‘patterns of interaction’ are acknowledged and reflected upon, and provide a focus for group analysis. Therefore, the method employed involves an analysis of clients’ here-and-now behaviour in the group. This is not a simple discussion of clients’ issues, so much as a revelation of their present constraints. Such constraints, or habitual ways of being and thinking, can be revealed through interactions with other members of the group or depicted in art works. ‘Feedback’ from participants is an important part of this method: ‘Feedback from members of the group illuminates aspects of self which have become obvious to others but which are not recognised by oneself’ (Waller 1991, p. 23). This is a complex model, so this account should not claim to be the definitive interpretation. It is a model which is likely to be practised with modifications according to the orientation of the art therapist. However, this summary should give a good sense of it as a working model.

**Chapter 9. Feminist approaches to art therapy**

Feminism is the principle of advocating social, political and other rights of women as being equal to those of men. Feminist art therapy is necessarily interested in the question of equality (Hogan 2012a, 2013a). In academic writing, feminism refers to
a mode of analysis that seeks to examine the function of gender in societal relations, and to explore the particular experience of women. This mode of analysis sees the construction of gender (or writers may use the term ‘sex’ to indicate that they reject the theoretical division of cultural ‘gender’ from biological ‘sex’) as historically and geographically situated and subject to change, and as being generated by culture, rather than biologically determined.

In terms of feminist art therapy, the construction of sex can become a focus; this is manifested primarily in an enhanced awareness of women’s issues and an acute awareness of misogynist discourses (particularly those negative psychiatric discourses about women’s ‘instability’, which are pervasive). Developing a critical awareness of these discourses is potentially empowering.

Sometimes, when using task-led ‘directive’ art therapy, it is possible to introduce exercises that can help participants reflect on their sex and sexual orientation. For example, I offer a workshop in which I ask men and women to bring in two images from any sources of a person, one image they like and another that makes them feel uncomfortable. These images form the basis of the session, and are analysed in place of made images. This exercise presents an opportunity to look at how people are represented, and to explore how participants feel about these images which surround us in our daily lives (Hogan 2014).

Some art therapists work with women-only groups to allow them to explore unique aspects of their experience, such as pregnancy and childbirth (Hogan 1997, 2003, 2012a, 2012b), collective trauma such as breast cancer (Malchiodi 1997), rape, childhood sexual abuse (McGee 2012) or the experience of ageing (Hogan and Warren 2012). However, ‘maintaining a feminist awareness is, arguably, an important aspect of good practice in general and should form an integral part of training’ (Hogan 2011b, p. 87).

Feminist art therapy is a form of ‘social art therapy’, but it is also an approach which can be seen as distinctive, though a feminist awareness can be incorporated into any of the above models of art therapy more or less comfortably.

Chapter 10. Social art therapy: art therapy as social action and art therapy as research tool

Increasingly, art therapy is being used as part of social action (Hogan 1997, 2003, 2012a; Kaplan 2007) and social change (Levine and Levine 2011). Individuals may wish to speak out. Art may be made for both personal and political purposes; the highlighting of the AIDS pandemic was an example of this, with art being displayed to raise awareness. Similarly, work with traumatised domestically abused women has been exhibited to de-stigmatise being the recipient of violence.

Some social art therapy blurs the line between art therapy and participatory arts, employing art therapy techniques to facilitate art elicitation groups (Hogan and Warren 2012).

Art therapy is also being used as a social science research method (Hogan 2012c; Hogan and Pink 2010; McNiff 1998; Pink et al. 2011). This chapter will outline current work in this area.
**Chapter 11. A critical glossary of terms**

Key concepts have been defined and discussed separately.

**The intention of the book**

Many art therapists are eclectic in their practice, taking a technique from Gestalt art therapy here and working with a concept derived from psychoanalysis there. The chapters in this book could be thought of as colours on an artist’s palette for those who wish to pursue such an eclectic approach. However, this book is an attempt to disentangle the different theoretical approaches and to present them in a coherent manner so that they are easier to understand and so that there is more clarity in general. Hopefully, art therapists can use this book to think more carefully about the nuances of their practice, and to understand better the origins of the ideas in use.

Art therapy students can use this book to help them articulate their position in a more intelligible manner, to gain insight into the development of these ideas, and to make the conceptual leap from these different stances to how they represent different ways of conceptualising what human beings are.

In relation to theory, art therapists vary. Some will work very comfortably with not knowing, and be very circumspect and sensitive to not foreclosing potential meanings; they will be like the best kind of anthropologists visiting an unfamiliar people and trying to fathom unfamiliar complexity, not wishing to impose their own schemas. Theory is almost put to the side (or is so assimilated into practice that it is performed unobtrusively). Other art therapists might feel much more comfortable working in a relatively tight disciplinary conceptual framework such as person-centred or CBT. That might be right for them and the people who select for that.

I wrote each chapter with enthusiasm, and in so doing convinced myself that each of these approaches, if sensitively executed, could be efficacious. I hope this book will help art therapists enrich their practice.

References

Foreword


Bibliography


