

# Art Therapy: Theory and Practice: A Brief Overview\*

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*“And man, while he gives form to his  
images, he gives form to himself...”*

*C.G.Jung*

## Introduction

Art therapy is a young form of psychotherapy that developed out of two main roots: art on one side, and psychoanalysis on the other. It started in the 1940s and 1950s in the field of mental health, mainly in England and in the United States of America. It is now organized under the British Art Therapy Association (BAAT) and the American Art Therapy Association (AATA). Art therapy grew quickly in other countries and continents, and with other patient populations: apart from being widely used with psychiatric patients, it is now used also with people among medical conditions, in the social services, and in schools.

The International Network of Art Therapists, which was established in 1990 in United States of America, now connects more than 80 countries; in

some of them, art therapy is formally recognized and in others it is just starting to become known. Usually training in art therapy is offered in colleges and universities at the master’s degree level; it requires two years full-time, or three years part time, following a first degree in art, psychology, philosophy, social work, nursing, medicine or related disciplines. The five basic elements of the training are: (1) psychological concepts and theories; (2) art therapy group experience; (3) placements with a variety of patient populations; (4) group and individual supervision; and (5) personal therapy.

Art therapy belongs to the group of “expressive-creative therapies” (together with music therapy, dance-movement therapy, and drama therapy), and its objectives are both the strengthening of individual creativity and the expression and elaboration of the patients’ thoughts and emotions.

Communication in art therapy settings has a specific feature: the presence of an art object in the room creates a triangular relationship, where the patient

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and the therapist are on two corners of an imaginary triangle, and the image made by the patient is on the third corner. This feature makes communication very flexible. In fact, the patient may communicate with the image itself (creative-expressive dimension) or the patient may communicate with the therapist through the symbolic space of the image (expressive-interactive dimension) or the patient may relate verbally and directly with the person of the art therapist (interactive-analytic dimension). Different art therapy training schools, and different art therapy interventions emphasize and use the three communicative dimensions in different ways.

### **Three main interventions**

There are three main types of art therapy interventions: open studio, group art therapy, and individual art therapy.

In the open studio type, the communication between the patient and the space for image-making is emphasized (creative-expressive dimension). Patients are encouraged to sit where they want, choose their favorite art materials, express themselves freely, and rediscover their creativity. They are also encouraged to place their images on a panel in the room, so that they may look at their image from a distance, recognize its significance, and feel inspired to continue drawing or painting other images. The open studio approach is very suitable for patients who cannot or do not want to commit themselves to a regular series of appointments with the art therapist. It is often carried on within a silent room, or with soft music playing in the background.

Art therapy groups may be led by the art thera-

pist in different ways: leaving the patients free to paint what is in their mind, or suggesting themes or techniques for example. While the open studio is a place where the patient may "drop in" (for a few minutes, or for a few hours), the patients attending an art therapy group need to start and end all at the same time, and they usually have a common therapeutic objective related to their emotional or behavioral dysfunction. During the group session, patients are helped to express their thoughts and emotions in visual form. They look at their images together with the art therapist and the other patients in the group, and learn to reflect on their meaning, to connect them to their personal history, and to explore alternative images and attitudes (symbolic-interactive dimension).

Individual art therapy is similar to other forms of individual psychotherapy, but here the therapeutic process is carried on with special emphasis on the use of images and imagination. The communication between the patient and the art therapist may move from words to images, and from images to words, in a very dynamic way.

### **Facilitating the expression of the internal world**

The art therapist needs to become familiar with a number of techniques, which may facilitate the patient's creativity and capacity for self-expression. Offering a white page and the freedom to choose any art material, within a silent and peaceful environment, has to be considered the basic facilitating technique in art therapy. Nevertheless, some patients feel unprepared to use silence and freedom, and need to be guided. Here I list seven techniques that may be



used to facilitate the therapeutic process.

(1) *Colors and forms.* The patient may be encouraged to select one, two, or three colors, and to give special form to each color: using brush and tempera, or oil pastels, or colored paper to cut out. Some colors and forms stimulate different mental associations in different patients.

(2) *The scribble.* The scribble is a well-known technique, which was first described by the pediatrician/psychoanalyst Ronald Winnicott in England. He discovered that he could communicate much better with children through a game: they would take turns in scribbling on a piece of paper, then ask the other person to guess what image could develop out of the scribble. In art therapy, the image that emerges is often elaborated into a story or a fantasy.

(3) *Patterns.* Some patients like to start with a pattern in front of them, which they have to fill in with their own imagery or with colors of their choice, using pastels or tempera. The patterns most commonly used in art therapy are the round “mandala”, which may be very relaxing, and the body outline, which is more thought-provoking, and may be used to express physical sensations and strong emotions.

4) *Collage.* Cutting out pictures from illustrated magazines is a useful technique full of expressive potential. The cut-out images may be selected and combined on a white page to express one’s past history, or one’s present state of mind, or contrasting mood and wishes. The completed collage may be the starting point for verbal narratives about their own life, that may be shared with the art therapist, or within the art therapy group.

(5) *External images and objects.* Patients may

select some images from collections of postcards, or from art books, representing people or landscapes to which they feel attracted, and they may create paintings and stories about them. Any three-dimensional object in the art room or in the hospital may be painted as it is, or modified, or creatively transformed.

(6) *Visualization of mental states.* Any mental state, whether positive or negative, may be represented through drawing or painting on a page, either symbolically through the use of colors, lines and shapes, or drawing more realistic scenes of people and landscapes.

(7) *Themes.* Art therapists may facilitate the expression of the internal world of the patients by offering a theme, as a starting point. A theme may direct the patients’ attention to certain events, or memories, or people: each patient will respond to the given theme in a different way, producing a different image. This is particularly useful in art therapy groups, where patients, looking at each other’s images, learn to understand and respect the differences among them.

### **Elaboration of the emotions expressed through the images**

The therapeutic process in art therapy is based on the expression of the patient’s inner world in images. Nevertheless, usually this is only the starting point. The elaboration of the images and the relationship with the art therapist are two other factors which enable the patient to grow, heal, or change. The patient and the art therapist may relate to each other and to the image in the room in many different ways. Here are listed 10 guidelines for symbolic work with the art therapist:

(1) *Accepting and containing.* The art therapist must be able to accept any image made by a patient, without judging it, esthetically or psychologically. In this way the patient will accept his own image and himself/herself. Any emotion expressed through an image must be contained (in the image, in the art therapy setting and in the mind of the art therapist). This acceptance is a prerequisite for starting to consider the possibility of a change, in case a change is needed.

(2) *Recognizing oneself in the image.* The patient may be helped to recognize that "something about himself/herself" has been expressed through the image. It may be just the choice of a color or of a pattern, or a memory or a fantasy. Looking at the image together with the therapist helps the patient to be seen, then to see himself/herself.

(3) *Use of free association.* Patients often make an image, and then discard it. Instead, the external image may be used for further therapeutic work, and the first type of work is the use of free association. While looking at his/her image, a patient may be stimulated to make free associations, with words, or other images (not rationally connected). This work may lead to more images, and more creative experiences.

(4) *The imaginative attitude.* Patients differ in their imaginative attitude and capacity; some patients may feel very unimaginative, and therefore unsuited to use art therapy. The imaginative attitude may be strengthened through the creation of stories and fairytales, inspired by the images. The fairytales may help to elaborate elements of one's personal world.

(5) *Memories and self-narrative.* Many art therapy techniques facilitate the expression of personal memories, and these memories, even when they relate to traumatic events or to difficult feelings, such as shame, or fear, or rage, may be expressed in an abstract or symbolic way, and the patients must be reassured that they will not be asked to talk about the content, unless they want to.

(6) *Sharing the image.* The images made by the patients in art therapy are usually abstract or symbolic, and therefore very private in their content and meanings. Patients should not feel threatened by sharing their images, and sharing should be seen as a regular part of the session, whether it is a group or an individual session. Sharing implies some distancing, and just looking at one's image from a distance helps the patient to gain a different perspective on what has been expressed. This is an important part of any therapeutic process.

(7) *Feedback.* When patients are ready to accept and respect the presence of other patients in the group, or the art therapist as a separate person (not a self-object), patients may be ready to listen to what other people feel about their own images. The "feedback" that patients may give to each other in an art therapy group is an important tool: it strengthens both the patient's self-identity and the patient's respect for the different identities of other people.

(8) *Connecting images/emotions.* Some patients may visualize a state of mind, without connecting it to their emotional world; and other patients may remember an episode in their life, without connecting it to any emotion. The art therapy setting enables patients to concentrate and to move from a



life situation to the connected emotions, or from the expressed emotions to the related life events.

(9) *Connecting present/past.* Some patients cannot accept their past, and others feel prisoners of their past, especially if they have not been able to elaborate, and psychologically digest a loss, or an abuse of some kind.. The therapeutic process cannot be complete unless the patients are able to feel as one, not disconnected from their past and from their history, and able to integrate it. They should be able to exist in the present, to accept themselves, relate to other people and participate in the construction of their own future. The creative aspect of art therapy does facilitate these important processes.

(10) *Alternative images.* When a difficult feeling has been expressed into an image in the art therapy setting, sometimes it is important to work on that feeling (as it has been described in the previous points), but at times it may be better for the art thera-

pist to help the patient to move to other, different images. These may be alternative images or even opposite in their form or in their content. This process may be therapeutic within different frameworks (supportive or cognitive, or psychodynamic).

## Conclusion

The author concludes this brief overview of art therapy theory and practice by encouraging each art therapy student to elaborate the theory deeper through reading and discussions, and experiencing personally each art therapy technique they intend to use in their clinical work. The three elements of the art therapy process: image-making; the elaboration of the images, and the relationship with the art therapist, are interconnected. They should never be used in isolation, and none of them should be forgotten in clinical practice. There is no end to learning from other professionals and from patients.