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**BRIDGING IDENTITIES AND MODALITIES:
ART THERAPY IN THE CONTEXT OF AN ON-LINE COUNSELLING PROGRAM
BY
TATJANA JANSEN**

A Final Project submitted to the
Campus Alberta Applied Psychology: Counselling Initiative
in partial fulfillment of the requirements for the degree
MASTER OF COUNSELLING

Alberta

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**CAMPUS ALBERTA APPLIED PSYCHOLOGY:
COUNSELLING INITIATIVE**

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Sandra Collins
Project Supervisor

January 11, 2006

Date

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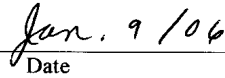
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Faculty of Graduate Studies and Research

The undersigned certifies that she or he has read and recommends to the Faculty of Graduate Studies and Research for acceptance, a final project entitled **Bridging Identities and Modalities: Art Therapy in the Context of an On-line Counselling Program** submitted by **Tatjana E. Jansen** in partial fulfillment of the requirements for the degree of **Master of Counselling**.



JoAnn Hammond-Meiers
Second Reader



Date

ABSTRACT

On-line courses have become an increasingly popular method for student learning in open and distance education. This study involved initial exploration and development of a graduate level course focusing on the historical and theoretical foundations of art therapy. The course was comprised of thirteen study units, written according to guidelines and expectations provided by the Campus Alberta Applied Psychology: Counselling Initiative to prospective course developers. The study highlights the areas of connectivity between art therapy and the fields of counselling and psychology. A synthesis of the content of each study unit is presented, as well as one sample study unit. The course content provides prospective students with the information necessary to develop and articulate their personal theory of art therapy.

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CHAPTER I

Introduction

While delivery methods vary, internet-supported learning and distance learning programs are continuing to grow and develop (Notar, Wilson, Friery, & Restauri, 2002). Some research regarding the efficacy of distance learning programs in psychology (Graham, 2001; MacKillop, MacIntosh, & Watt, 2003) and descriptions of different models exist. However, related material in the field of art therapy is lacking. Combined with this, there is little information regarding what is essential for students of art therapy to grasp in the context of a computer-mediated distance learning program and how it translates into an effective learning process.

A second challenge facing the field is its continued professional identity development, particularly in the context of recognition and integration into the broader counselling and psychology disciplines. The Campus Alberta Applied Psychology [CAAP]: Counselling Initiative partnership with the Vancouver Art Therapy Institute has been specifically “designed to provide students with both a solid foundation in counselling practice as well as specialized training in Art Therapy” (Campus Alberta, 2004a, ¶ 2). As such, it is one of the first programs to link an expressive arts therapy program with a counselling program and in the context of an on-line environment. “Exploring the potential of the distance education mode to offer a quality program is a complex issue in itself” (Stella & Gnanam, 2004, p. 149), while at the same time recognizing the distinctive features of art therapy and counselling.

The study includes both the writing of the final project document and the development of the actual course, which will be a stand-alone product, described within the

final project document. The objectives for this study are threefold:

1. To continue the process of actively bridging the two areas of theory and practice of art therapy and the professions of counselling and psychology within the framework of a distance learning program. This will be accomplished both through the literature review reflected in the theoretical foundations section of the final project paper and through the actual graduate course profiled in the product section of that document.
2. To develop an on-line course that focuses on the theoretical foundations of art therapy. The course itself will follow the steps as outlined on the Campus Alberta course developers' home page to ensure that "the structure of each CAAP course is the same so that students can easily navigate their way through the course materials" (Collins, 2004b, ¶ 11).
3. To facilitate the articulation of a personal theory of art therapy and counselling by students that is integrative and congruent keeping in mind that "the use of theory allows us to recognize change or difference...provides a locus of evaluation for our practice...and facilitates dissemination of knowledge and experience to others" (Nuttall, 2002, p. 253).

Rationale

The development of an on-line course requires attention to structure, purpose, and understanding. It is hoped that this study will be significant for a number of reasons, including a first step towards the establishment of a model that will nurture a positive on-line learning environment for students of art therapy. For art therapy educators who are interested or currently involved in Internet applications, the course itself is meant to provide ideas about

what topics are potentially relevant and need to be discussed in the context of an art therapy history and theories course, suggested structural design features, as well as avenues for future research and experimentation with respect to their own on-line course initiatives.

Art therapy and how it fits in the larger fields of counselling and psychology is also an important topic. As will be demonstrated in the literature review, the practice of art therapy is heavily influenced by contemporary theories of counselling and psychology. Building on this strong thread by acknowledging how these theories inform the conceptual framework of many art therapy methodologies is a starting point for some form of theoretical integration or bridging of theories. This is not to say that there are some aspects of art therapy that may be unique to the field or, at the very least, offer disparate constructs that may not always come together within the field of art therapy itself, or for that matter, with other counselling frameworks and theories. Certainly, this is a topic that raises a number of questions. For example, does the integration or bridging of theories maintain a coherent sensibility? Does such a combination violate fundamental underlying assumptions (e.g., Hansen, 2002; Lees, 2004)? Do the theories or parts of theories become a simulacra upon which increasingly disjointed theories are constructed? These questions will be taken into account in the design of the course curriculum.

At the same time, there are some shared aspects that may make it possible to integrate and bridge psychotherapies at a theoretical level. Reflecting on the common principles that are shared by all therapies and the theories on which they are built is already stressed within the CAAP: Counselling Initiative through its emphasis on the working alliance, the foundational form that is part of every therapeutic encounter, regardless of the theoretical school to which one ascribes or the techniques utilized. It is this theme that will be carried

forward as this study is meant to serve as a continuation of the process of linking art therapy to other models via the working alliance. This in turn will only serve to enrich the dialogues between different orientations as well as potentially enhancing the methodological spectrum of art therapy. Facilitating the articulation of a personal theory of art therapy and counselling is necessary in order to provide students with a vocabulary of expression that hopefully will be vitally expanded through the course learnings and in a way that can be easily combined with the theories they already espouse.

The following chapters will expand on the objectives as outlined beginning with an exploration of the history of art therapy against a backdrop of the different theories that inform its practice, a discussion of the procedures utilized, identification of the scope and sequence of the curriculum design, as well as a sample study unit, and lastly, elaboration regarding the implications of the study. Development of a conceptual, meaningful, and multi-dimensional on-line course such as the one proposed is an ongoing process and a complex task of deconstruction and interpretation. In addition, this proposed on-line course is a discourse in the making that has evolved and will hopefully continue to evolve beyond this study by taking into account other viewpoints or ways of knowing and systems of meaning.

CHAPTER II

Theoretical Foundations

The practice of counselling is influenced, in part, by the theories we see and use as mediums, since each theory brings a different perspective through which the world is filtered. The following chapter outlines the set of ideas that inform art therapy with respect to principles and practice in order to form a more concrete understanding of the field. The shaping of a framework or structure to art therapy is also dependent on a number of other factors, including professional identity and articulation of ethical issues that take into account the power of art as the basis and nature of the work, combined with a presentation of how the philosophical foundations of art therapy are interwoven with or partake of pre-existing psychological frameworks. Establishing differences and similarities between art therapy and other forms of therapy is an area that will be discussed throughout the proposed course. For example, “many other psychotherapies, from art-oriented, [body-oriented], focusing and counseling to the various psychodynamic and humanist schools [discuss the] affective sensory experience” (Knill, Levine, & Levine, 2005, p. 83) as it presents itself in the context of the therapeutic relationship. The other major area that represents a common ground between art therapists, psychologists and counsellors, regardless of the school of therapy in question, is the nature of the working alliance as a primary building block for psychological growth and change to occur.

Developing a Theory of Art Therapy

Art therapy emerged from a synthesis of art and psychoanalysis, with the early pioneers either stressing the importance of art as a form of symbolic speech with the emphasis on the goal of “making the unconscious conscious” (Naumburg, 1987, p. 24) or

stressing the role of sublimation and symbolization (Kramer, 1992). As art therapy grew and evolved as a profession, art therapists moved beyond the analytic theories and considered art therapy through various theoretical lenses, including humanistic (e.g., Betensky, 1995; Rhyne, 1996), cognitive-behavioural (e.g., Silver, 1996), and systemic (e.g., Riley & Malchiodi, 1994). Other art therapists also began to develop art-based theories of art therapy (e.g., Allen, 1992; McNiff, 1989), as well as multimodal approaches (e.g., Knill, Barba, & Fuchs, 1995; Levine, 1995) that take into account expressive therapies such as dance/movement therapy, drama therapy, poetry therapy, psychodrama, and music therapy. Just as there are different theoretical approaches in the field of counselling, there are many distinct approaches to art therapy and there are disagreements regarding what issues are central to the therapy process as well as the role of art in therapy (Rubin, 2001). However, articulation of a sound theoretical framework in the field of art therapy is as crucial as it is in the field of counselling (Rubin, 2001; Wadson, 2001).

The proposed course is intended to assist students by providing a forum where they can engage in a reflexive, reflective process of arriving at their own personal view of art therapy, how they define it, and how it is practiced. For students who take the art therapy history and theory course as an elective, it will hopefully broaden their understanding of how art may be utilized as an adjunct in their own practice, keeping in mind that the use of art materials and art processes for ongoing intervention will require further training. For students who are part of the art therapy specialization, this course is meant to broaden their awareness of art therapy theory for the following reasons:

- 1. To assist students in clarifying how they wish to utilize the art and the strategic actions required according to the theories espoused.*

2. *To provide a system of analysis or a framework where the components of different theories are clearly delineated into a coherent and internally consistent synthesis and/or into a workable applied model that has incorporated congruent elements.*

The two elements whose synthesis is the essence of art therapy practice, are art and therapy. While art alone may be therapeutic and therapy alone can be artistic, “art therapy is the product of a marriage between the two” (Rubin, 2001, p. 343). There is always a theory behind the practice of therapy. Theory development is an ongoing issue for practitioners, albeit confusing given “the large number of theories claiming to have grasped the essentials of psychological functioning” (Polkinghorne, 1992, p. 158). Choice of theory may also involve compatibility with the therapist’s values and world view (Carlson & Erikson, 1999). Combined with this, theories vary in the interventions they prescribe (Morris, 2003), the manner in which they portray psychological problems, and the explanations of what causes therapeutic change (Nuttall, 2002).

This course is meant as a starting point in examining the contours of the historical and current frameworks of art therapy, in part to demonstrate what defines art therapy as a separate field, as well as what common factors can be integrated effectively across various orientations and within a wide array of healing systems. While some art therapy theorists have suggested that the development of a valid or ultimate theory about art therapy “will have to be elaborated from the empirical stuff of which art therapy was originally created” (Betensky, 1995, p. 302), others agree that art therapy will need to draw from elements of existing theoretical models, while having its own inner integrity in terms of the creative process at its core. Deciding what is relevant, theoretically, from other disciplines and their application to art therapy is an important issue. Combined with this, therapy that is attuned to

postmodernist values would even lead one to question “the suitability of a training that focuses on a single theoretical model and its appropriateness to meeting the complex demands [of different client populations]” (Cormack, 2005, p. 19).

Art therapy is still a young profession with much of the material published by art therapists being descriptive in nature, illustrating how art therapy “works” (Crespo, 2003; Ross, 1997). This also may mean that art therapy is “sufficiently unformed to be able to adapt... [its] essential potential for enhancing self-expression, understanding, and creativity” (Wadeson, 1999, p. 12) to varying therapeutic needs. As it proliferates and expands beyond the psychoanalytic tradition and its early applications in psychiatric treatment settings in which pioneers such as Naumburg (1987) worked, so does the need to demonstrate art therapy’s transformation into a more diverse profession. New methods grow out of new needs and possibilities. For example, if the art-making that occurs in art therapy and its discovery process is to be understood outside of interpretive psychological frameworks, then there still needs to be a clear articulation of the concepts and principles which explicate the art dimension from another point of view that encompasses experiential methods and techniques (Simon, 1997). This will also avoid art therapy potentially being viewed as a bag of tricks or a gimmick. Thus, the importance of outlining the methodology and theory of practice that informs expressive arts therapy or intermodal expressive arts therapy, as it has also come to be known (Knill, Levine, & Levine, 2005; Moon, 2002) is relevant to a course addressing art therapy theory. The principles of expressive arts therapy practice focus on how the arts can become part of a meaningful conversation between client and therapist in ways that are different from already existing frameworks, in that the arts are not a secondary phenomenon. As articulated by Stephen Levine (2005):

This does not mean that we reject psychological theories. On the contrary, we respect the intrinsic value of those theories for the fields of practice which they support: and in addition, we see that there are many perspectives in psychology that contain an aesthetic dimension that resonates with our own. Many psychological and psychotherapeutic frameworks value the place of the imagination in human life and engage in practices which draw on the power of the imagination (e.g., free association, active imagination, role plays, etc.). (p. 11)

Elaborating on the unifying aspects of art therapy in the larger psychotherapy community is crucial to further development in the field, particularly at a time where the line of theoretical and philosophical inquiry seems to be moving towards a more synthesized versus polarized approach (e.g., Arkowitz, 1997; Austin, 2000, D'Andrea, 2000; Hansen 2000).

While expressive arts therapy principles may challenge more traditional approaches to the arts (Levine, Levine, & Knill, 2005), there are still areas of convergence that are important to articulate. Currently, there is no theory about art therapy that does not partake of elements from other psychological perspectives in terms of the languages of description and explanation offered (e.g., Landgarten 1987, 2001; Rubin, 2001). Understanding theories, analyzing, and comparing them in order to discover various points of compatibility and divergence also helps clinicians “maintain a balance of... mind-sets when conducting psychotherapy” (Hansen, 2002, p. 132). As well, it is important to have awareness regarding the different routes to healing that clients may take depending on how they conceptualize problems and construct meaning of their experiences (Riley, 2003a). While art therapists or students of art therapy may have a strong belief in art-making activities as an experiential field of discovery, the assumptions and biases about change are still organized, in part (as in

the case of expressive arts therapies) or almost exclusively, around pre-existing theories of psychotherapy combined with a principle shared by all therapies – “...the commitment to transforming the meaning which clients have attributed to their life situations, themselves, and others” (Cormack, 2005, p. 20). Art therapy is not a nonverbal therapy. This also means that art therapists need to be aware of the role of language in art therapy and meaning making, as well as what kinds of communication precipitate transformation. Combined with this, art therapists may sometimes work with clients who have a limited interest in doing art. Knowledge of other therapeutic, shared, discursive practices and joint actions (such as the art of meaningful conversation) is crucial in order to “render the otherwise purposeless drift of life events meaningful... to find similarities and contrasts between them and to locate them in unfolding frames of intelligibility” (Botella & Herrero, 2000, p. 408).

Developing a Professional Identity as Art Therapists

Theory development is also connected to identity development in the field of art therapy and its validity and acceptance amidst the other helping professions. Added to this challenge for many art therapists is the integration of their professional identity as art therapists into the professions of counselling and psychology (Rubin, 2001). This integration is necessitated by a number of factors. Within the psychotherapeutic community there seems to be “a growing convergence of...therapies” (Dushman & Sutherland, 1997, p. 461), despite the fact that theories differ in how they portray psychological problems and corresponding treatment. For example, how the art is utilized and the strategic actions of the art therapist vary according to the theory of psychotherapy that is favoured. However, if integration is the ultimate goal, then the different approaches and theories need to be combined into a coherent and internally consistent synthesis, where the theoretical explanations of what causes

therapeutic change are emphasized to a greater degree. From a postmodern perspective, the successful fusion of alternative horizons also does not mean that art therapy has to be reduced to an empirically verifiable system. What unifies art therapy and the expressive therapies is a belief in the liberation of spontaneity and creativity as part of the healing process as well as engagement in “visual conversation” (Eisdell, 2005, p. 1) between client and art therapist.

If art therapy is to be seen as an interdisciplinary profession, encompassing the realms of art, psychology, and counselling, the ability to articulate a distinct body of theory will only help strengthen the profession (Vick, 2000) and its affiliated regulatory bodies that currently exist in Canada. This entails “being familiar with different theories of how and why people function in general, and particularly in art, [in order to] deepen our understanding of the phenomena with which we deal” (Rubin, 1984b, p. 190). With respect to the aforementioned identity development, these regulatory bodies need to indicate the general scope of knowledge and training for art therapists, a clear and coherent process of registration, and lastly, an articulation of the expectations of registered art therapists within their practice context. These ideas include the minimum range of expectations, especially pertaining to the ethical use of art produced in the context of art therapy that will provide safe and competent practice for clients in a variety of settings. The *Canadian Art Therapy Association* [CATA] does have a *Code of Ethics* indicating standards of practice (CATA, 1997), as does the *British Columbia Art Therapy Association* (BCATA, 2002), the *Ontario Art Therapy Association* (OATA, 1999), and the *Quebec Art Therapy Association* (AATQ, 2005). All of the codes mentioned include standards for the disposition, use, and ownership of client-related art expressions, with the AATQ *Code of Ethics* (2005) being the most expansive.

In terms of course development in art therapy, ethics is a crucial consideration, since codes of ethical practice serve as a guideline or reference point for acceptable behaviour and decision-making in the field (Agell, Goodman, & Williams, 1995, Moon, 2000). Art therapy is a small profession and the research base and theory are at an early stage of development (e.g., Malchiodi, 2003; Rubin, 2001; Schaverien, 1992). Given the concrete and unique nature of works of art that pertain to the field of art therapy, the profession must continue to develop its own body of literature that addresses concerns arising out of the ethical use of artwork in the counselling setting. More fully developed and articulated codes in the fields of counselling and psychology (e.g., Canadian Code of Ethics for Psychologists, 2001) also focus on the educational requirements and training considered necessary with respect to issues such as boundaries of competence and program orientation (e.g., Canadian Counselling Association Code of Ethics, 1999).

The Ethical Use of Art in Therapy

The topic of the ethical use of art is important, as there are concerns that are “indigenous to art therapy and other metaverbal modalities” (Moon, 2000, p. 9). As has been demonstrated, although there is a theoretical continuum of many approaches regarding the utilization of art in therapy, art therapists are primarily interested in the images produced by clients. Since the definition of art therapy hinges on the definition of art, it is important to consider how to address art in an ethical fashion. Whether client art is central to one’s professional activities or not, “the standards regulating its use are often vague” (Spaniol, 1994, p. 69). Complicating matters even further is the fact that within the field of art therapy, there is very little agreement or clear protocols as to how the meaning of what is represented is extracted (Kaplan, 2000), as this seems to vary depending on what theories art therapists

espouse or consistency of application to further examples (e.g., Blasé, 2000; Catte & Cox, 1999; Spring, 2001). However, few mental health professionals other than art therapists have addressed specific ethical questions about the use of art and the rights of the clients who produce images in therapeutic contexts. For example, the fact that there is a finished product in art therapy also means that there are issues that arise regarding the ownership of the art, confidentiality in relation to the art, as well as exhibition of client artwork (Hammond & Gantt, 1998).

It is important to consider what ethical obligations practitioners have to protect the rights of clients and their artwork from exploitation, sensationalism, or lack of mindfulness about images that may have great emotional significance (Braverman, 1995). The development and advances of art therapy as a method of client communication and therapeutic change are also dependent on more articulated standards and procedures being developed that shape and give meaning to the professional ethical codes and associated regulatory bodies. While art therapists are trained to have a heightened sensitivity to the intrinsic value of artwork as well as the potential therapeutic benefits of negotiating art use, the regulatory bodies that exist in Canada have little power in determining what this training should involve or in dealing with practicing art therapists who are perhaps engaging in questionable behaviours with respect to the use of artwork. For example, although art therapists are made aware that the artwork produced by individuals in art therapy “should be given all due consideration and protection as that of any form of speech” (Gladding & Newsome, 2003, p. 251), this is not always the case as the art itself is often handled with minimal care and a lack of respect for the individual’s concerns regarding their art, or for that matter, integration of an individual’s explanation of their artwork.

Considerations about the therapeutic use of artwork are important for other therapists who utilize art in the context of sessions. While therapists and mental health professionals should not practice outside the scope of their training, the reality is that many professionals do use art. This is not problematic when used by conscientious therapists who can assess the limits of their ability regarding the use of art-based interventions. In situations where the professionals are not mindful of legal and ethical boundaries and are unable to weigh the benefits and potential harm regarding the use of artwork, attention needs to be focused on the relevant ethical issues in a manner that reflects responsible caring and respect for the dignity of persons (Spaniol, 1990, 1994). The on-line course is designed to aid students in the art therapy stream, as well as students who are taking this course as an elective, by increasing their sensitivity and awareness about both the product and the process involved in the practice of art therapy as well as respect for the content and meaning of client-produced art. Humanistic, analytic, systemic, and integrative approaches to art therapy share the idea that the art reveals the uniqueness and particularity of individual experience (e.g., Case & Dalley, 1992; Motta, Little, & Toban, 1993; Riley, 2004b; Rogers, 1993; Schaverien, 1992, 1995). To believe that the therapist has the advantage and “as the interpreter of images [only] he can reveal the true significance of the work... may be viewed as countertransference made worse by pseudo-scientific rationalizations” (Levine, 1988, p. 21).

The Nature of the Working Alliance

A final, essential ingredient that has been important to keep in mind in the writing of this course is the nature of the working alliance. “The working alliance is an organizing construct used to describe and define a relationship between a counsellor and client...characterized by an effort by both client and counsellor to work collaboratively on

whatever issue or task is at hand” (Hiebert & Jerry, 2002, p. 1). Students who enroll in the art therapy theories course will have already completed two compulsory courses through the CAAP Program. In the first course is entitled *Theories of Counselling and Client Change* (CAAP 601), students are asked to develop a description of their own emerging theory of counselling. The other course is *Developing a Working Alliance* (CAAP 605) and it “focuses on the understanding and acquisition of skills that are essential for the development of working alliances in counselling contexts” (Campus Alberta, 2004b). As a result, they will all have grounding not only in the way that dominant theories make sense of individuals and traditionally organized categories of thinking and being, combined with more emergent conceptual forces (e.g., multiculturalism, constructivism, etc.), but they will also have explored how theories offer different prescriptions for using the therapeutic relationship as a vehicle for corrective learning experiences (Gelso & Carter, 1994).

The concept of an alliance between therapist and client initially evolved from psychoanalytic counselling literature and Sigmund Freud’s writings specifically. Freud’s works acknowledge that the resolution of defenses and transferences can proceed if a “positive, reality-based component of the relationship” (Horvath & Symonds, 1991, p. 139) exists that also provides the environment necessary for accomplishing the work of psychoanalysis. There is a distinction made between the transference relationship and the therapeutic alliance, and this distinction continues to be a theme in analytic literature (Clarkson & Nuttall, 2000). The dimensions of the concept of the working alliance expand significantly in the work of Greenson (Meara & Patton, 1994), who has delineated three components in the relationship between analyst and patient: (a) the transference relationship, (b) the real relationship, and (c) the working alliance. Greenson clearly separates issues such

as transference reactions that need to be worked through in order to move towards a healthier relationship, characterized by authenticity, genuineness, and the motivation to work within sessions. This motivation to work is believed to be influenced by the quality of the working alliance or the overall experience of the clients characterized by their collaboration, mutuality, and cooperation with regard to the work of counselling (Gelso & Carter, 1994; Meara & Patton, 1994).

To date, and against a backdrop of “unremitting inconclusiveness of quantitative empirical evidence attempting to prove that any one theoretical approach is more effective than another” (Clarkson, 1996, p. 143), the most common factor associated with effectiveness of outcome across approaches is the therapeutic relationship. The working alliance is an element of the therapeutic relationship, “applying to all therapeutic approaches” (Nuttall, 2002, p. 255). In art therapy, the working alliance or what has also been referred to as “the therapeutic alliance is a centrally important aspect to the work” (Schaverien, 1992, p. 36) and an essential basis if new insights are to be risked. Since it is also the working alliance and the quality of this relationship that facilitates positive psychological change across treatment paradigms (Horvath, 2000), focus on this construct was felt to be crucial with respect to course development and integration within the CAAP Counselling Initiative and in the larger fields of counselling and psychology. Understanding what specific mechanisms are involved in creating an enduring working alliance is important to the field of art therapy since the absence of a solid alliance would suggest that treatment would be slow or even doomed to failure (Horvath & Symonds, 1991; Meara & Patton, 1994).

Depending on the approaches or orientations used in the practice of art therapy or other forms of counselling, there may be different emphasis on the kinds of relationships that

develop in the context of therapy (e.g., counsellors trained in the psychoanalytic tradition would bring the transference-countertransference relationship to the fore, while the real relationship would be more relevant to the existential/humanist counsellor). However, regardless of approach, counselling/therapy is a dynamic process of relational techniques (Clarkson & Nuttall, 2000). While the images that clients produce in art therapy may add another dimension to the therapeutic relationship, the conceptualization of the working alliance provides a principle for integration between art therapy and a range of approaches in counselling and psychology. For example, while object relations oriented art therapists would articulate the working alliance as the container in which the therapy takes place (Levine, Levine, & Knill, 2005), analytical art therapists would suggest that the purpose of therapy is to mediate in the divided, inner world of the client, and that the images produced offer a means for such mediation (Schaverien, 1992). However, negotiating between the internal and external worlds of the client is also done within the context of the working alliance, as the image is conceived of as an embodiment of the processes which operate within the client and between client and art therapist (Edwards, 2001). Incorporating the construct of the working alliance for students to reflect on at different times throughout the course was meant as a starting point to acknowledging that there are some elements common to all therapeutic encounters that go beyond schoolism, enabling counsellors and clients to work together in the first place.

The Current Context of Art Therapy Curriculum

In preparation for this project, I became aware that some on-line courses for art therapy were already in existence. For example, The Art Therapy Institute in Dallas, Texas offers a course entitled “Theoretical Foundations in Art Therapy” (Art Therapy Institute,

2003) and considers how art therapy intersects with various theoretical perspectives. There are a number of other educational accredited and non-accredited institutions in the United States, Britain, and Australia that offer graduate on-line art therapy and expressive arts therapy courses (Distance.GradSchools.com, 2005). Defining standards for on-line delivery and assessing the quality of these programs against those standards is beyond the scope of this project. What is relevant is that on-line learning changes the educational process in fundamental ways by providing different opportunities to students than face-to-face contexts (Smith & Potoczniak, 2005). This reality must be taken into account when developing effective learning processes to facilitate the course objectives.

In reviewing the websites of courses already in existence, I could find no evidence of any course that attempted to integrate art therapy with counselling. Searches of a number of databases including *Academic Search Premiere* and *PsychInfo* did not yield any articles in this area, although I could find many publications on the separate topics of on-line education (e.g., Atan, Rahman, & Idrus, 2004; Buck, 2001; Hicks, Reid, & Rigmor, 2001; Nicolay, 2002), integration discourse (e.g., Dueck & Parsons, 2004; Gergen, 2002; Hansen, 2002; Morris, 2003; Nuttall, 2002), and art therapy theory (e.g., Eisdell, 2005; Halifax, 1997; Marstine, 2002, Ulman, 2001a). This course is a starting point in developing a curriculum within the context of an on-line environment that brings art therapy and counselling together in complementary ways or at the very least where ambiguities and uncertainties in the theoretical and philosophical domain might be openly explored.

Lundberg (2000) suggests the following regarding on-line learning and technology being effectively inserted into counselling curricula:

The widespread use of on-line technology has granted us one of the quickest, most efficient, and most comprehensive ways to interact with others thus far. The computer can allow unprecedented access to other human beings and promote sensitive, positive interaction with others.... Educators and counselors can use this resource to empower their students and clients to increased levels of initiative, creativity, and responsibility. (p. 145)

As computer-based learning is being used increasingly at the college and university level (Honawar, 2005) throughout North America, it is important to ensure that course work or degree programs using this technology are of high quality and to develop criteria for quality (Stella & Gnanam, 2004). The on-line course described in Chapter 5 should be judged by the quality of the course content, including recognition of the unique and distinct features of art therapy with respect to theory as well as the experiential aspect of art therapy.

Conclusion

The perspectives offered in this discussion incorporate a number of elements that are perceived as relevant to the development of a theory of art therapy. These include articulation of what theories currently inform the practice of art therapy, issues of professional identity, educational and ethical concerns specific to art therapy, as well as the role of the working alliance as a unifying principle among the different schools of therapy. If art therapy is to grow and gather momentum, the need to consider and build on these various dimensions can only serve to strengthen this modality by providing more concrete understandings, structures, or frames essential in its presentation as a viable option for therapeutic practice.

CHAPTER III

Procedures

The product resulting from this project is a graduate level course entitled CAAP 661: *Art Therapy History and Theory*. Because the course is embedded within the Campus Alberta Applied Psychology: Counselling Initiative [CAAP:CI], the normal procedures for course development applied. There were also additional steps required because of the course is part of the Art Therapy Specialization, offered in collaboration with the Vancouver Art Therapy Institute [VATI]. These steps are outlined in this chapter.

The development of the project followed the four step process as outlined on the CAAP course developers' home page. Step I involved the CAAP:CI Coordinating Committee consulting with VATI regarding course development needs; this step occurred before I began the course development process. At this point, a second reviewer was assigned to provide additional feedback to that of my project supervisor as the course was developed. Both the supervisor and second reviewer had experience in course development.

Step II was the development of a preliminary course proposal that involved “a general overview of the content and structure of the proposed course” (Collins, 2004c, Step II: Preliminary Course Proposal section, ¶ 1). The document utilized for Step II included information under the following headings: Course Author Information, General Course Information, Timeline for Course Development, Conceptual Framework, Course Description, Learning Objectives, Course Materials, Summary of Course Contents, Course Outline, Evaluation Process, and Course Author(s) Bio(s) (Collins, 2004). This document went through a series of revisions based on the feedback that I received from my supervisor and second reviewer. For example, under the heading of Evaluation Process, I originally included

two course assignments, but I was advised to add a third assignment in order to disperse the corresponding weight of each assignment. This additional assignment involved bridging the different theoretical paradigms of CAAP and VATI to avoid students being faced with “parallel but never intersecting trajectories” (Strong, personal communication, Sept 23, 2004).

As noted above, the collaboration with VATI opened the door to also include consultation with VATI faculty on the course content. With respect to the Course Outline and specific lesson plans, I consulted with two former instructors (Dawson & Dukowski, personal communication, Sept, 2004) who have taught art therapy theories courses to students at VATI. Both instructors were willing to share their weekly lesson plans with me and were consulted regarding what they perceived to be necessary to convey to students in a face-to-face traditional learning environment and perceived strengths and weaknesses in their own lesson plans. I also discussed potential lessons plans with the director and founder of VATI. Neither the director nor the two past instructors have had experience with on-line learning and curriculum development. However, this informal information gathering process provided some direction as to what include and/or exclude. The first Course Outline included a lesson entitled *Quantitative and Qualitative Aspects of Art Therapy*. However, as there is already a course entitled *CAAP 617: Methods of Inquiry* that focuses on the application of research in applied psychology, it was suggested by my supervisor and second reviewer that this might be too ambitious for one lesson as well as potentially overlapping with CAAP 617. As a result, I replaced this lesson with one that was initially called *Theories of Counselling and How They Merge with Art Therapy*, but was eventually shortened to the more succinct *Approaches to Art Therapy*.

Once Step II had been approved, I moved on to a somewhat modified version of Step III: Detailed Course Proposal. There were a number of tasks that had to be completed, including a detailed Complete Reading List. Copies of relevant art therapy articles that corresponded to the proposed lesson plans were retrieved off databases, specifically *Academic Search Premiere*, *PsychARTICLES*, and *PsychInfo*. Search terms and combinations of search terms included *art therapy*, *art therap**, *arts*, *therapy*, *counselling*, *psychology*, *history*, *creativity*, *multimodal therapy*, and *expressive therapy*. The reference lists of the articles were then scrutinized in order to ascertain if there were other articles that needed to be obtained, based on the content areas that the course was intended to cover. VATI also has a library with up-to-date publications on the topic of art therapy. These publications helped me to broaden and deepen the scope of the proposed lesson plans by increasing my level of awareness regarding the more traditional aspects of art therapy and the theories out of which art therapy has evolved. With respect to new directions in the field, I spoke to one of the instructors at VATI who is currently training at the European Graduate Institute in creative arts therapies. She was able to provide me with a number of journal articles that I was later able to incorporate in Lesson 12: *Emerging Trends in the Field of Art Therapy*.

The second main task in the Step III Proposal involved the submission of one complete lesson. The first lesson I chose to complete and submit based on my own comfort level with the topic was Lesson 5: *Transference, Aesthetic Countertransference, and Art as Mediating Object*. This lesson and future submissions were reviewed by my supervisor and second reviewer. The review process entailed written commentary on each completed lesson plan using the track changes function in Microsoft Word. I responded to the comments using the same method to allow for creation of a complete record of all revisions to the documents.

The commentary/feedback took the form of questions (for example, I was asked to clarify certain statements that I made), suggestions, as well as editing (e.g., spelling, punctuation, writing style, etc.).

Once the Step III proposal was complete and had been approved by my supervisor and second reviewer, I moved on to completing the remainder of the course. The development of each lesson followed a similar iterative process. With respect to some of the lesson plans, the activity of observing, responding to, and receiving feedback was repeated many times, as I was encouraged to reflect on the material presented in order to build a course that students could understand, navigate easily, and learn from. As a result, I acquired a more acute sense of the strengths and weaknesses of each lesson, which was often dependent on my grasp of the materials combined with my ability to articulate information clearly and concisely.

Wherever possible, I included an experiential component so that students would have the opportunity to engage in image-making and to reflect on how these images could be viewed through different theoretical lenses and clinical frames. This inclusion was based on my belief that some aspects of art therapy cannot be taught, but must be learned through the work itself. As well, course developers for CAAP are encouraged to be both “creative and innovative” (Collins, 2004c, Introduction section, ¶ 3). My own interpretation of this was to attempt to provide students with the opportunity to use art materials wherever possible, based on the rationale that credibility on the part of future therapists is increased through personal experience. Combined with this, I wanted to develop some exercises that would enable students to have some understanding of what their future clients might experience when they engaged in art-making, as well as awareness of what could be expressed in a finished piece

of work and in the process. This also reflects my own bias in that I believe that art therapy can be a powerful form of externalization and communication: the facility of the art can create realizations as well as provide connection with others. As Judith Rubin (1996), one of the pioneers of art therapy in the United States suggests:

It has to do with [opening] the creative eye as well as [enabling the artist's] hand – expression in all forms of self. I think to be able to do that [for someone else] you probably need to have experience [the creative process] yourself, both expressive and responsive, in an open sort of way. On the other hand, there is certainly something to be said as well for formal kinds of learning. (p. 3)

Certainly, one of the challenges of designing on-line process-oriented learning tasks was “to engage students and keep them engaged through the duration of the task” (Pierce, Ainley, & Howard, 2005, p. 745). After completing each component or task myself, I asked three art therapists who have all been practicing in the field for over 10 years to go through each task and invited them to give me feedback regarding the tasks. This feedback helped me to perceive emergent themes and account for my own biases.

The remaining content areas for Step IV were as follows: a) Completion and submission of all the lesson plans or study units according to the Lesson Plan Template provided to ensure that the structure for each lesson was the same as the other courses offered through the CAAP Counselling Initiative; b) Assignments were finalized and put in their final format using the Assignments Template; c) The Course Schedule was completed and submitted “indicating the points in the course when each assignment should be due” (Collins, 2004c, Step IV: Final Course Materials section, ¶ 7); d) The Introduction Template, described as the first page that students read when they begin a new course, was submitted, e)

The Author Bio was submitted; and lastly, f) The Supplementary Readings were submitted. With respect to the course assignments, I received a significant amount of input from both the supervisor and second reviewer in describing both the course activities for each assignment, the corresponding weighting of each activity, as well as the overall grading taxonomy.

A final step in the course development process that was outside of the scope of this project was the on-line development of all the course materials and processes as well as professional editing of the course. These processes occur with all CAAP courses. Once they were complete, I reviewed the final version of the course and had an opportunity to ensure that the layout and content matched with the course materials I had developed. The materials presented in *Chapter IV: The Specific Product* reflect this final version of the course. The course layout was determined by the CAAP program as part of the standardization of all CAAP courses.

CHAPTER IV

The Specific Product

“Every therapeutic practice implies, either explicitly or implicitly, a philosophical framework within which its particular activity can be understood” (Levine, Levine, & Knill, 2005, p. 15). This chapter encompasses a number of components, including course philosophy and objectives, an overview of the historical development of art therapy as it has influenced the selection of material and focus of each study unit in the course, samples from the study units, as well as course assignments as a means of illustrating how the goals expressed in Chapter I of this document are carried through to the assessment of student learning in the course.

Course Philosophy and Learning Objectives

Both the course philosophy and the learning objectives needed to be congruent with the overall objectives of this project – the creation of an on-line course that attended to the theory and history of art therapy, bridging the fields of counselling and art therapy within the framework of a distance learning program. Given the challenges posed when art-making is introduced into the practice of therapeutic change, it is critical for students to begin to articulate a theory of practice that combines various aspects into a cohesive whole. Course philosophy is outlined in Figure 1 and the course objectives in Figure 2.

Figure 1. Course philosophy.

This course is designed to increase your knowledge and understanding of the history of art therapy through introduction to the works of pioneers and practitioners in the field. There are a number of long-held traditions in art therapy, including a belief in the importance of both process and product; however, different practitioners sometimes honour process over product (or vice versa), while others believe that they merit equal attention. You will be introduced to varying and sometimes conflicting definitions of therapy and ways of looking.

This course is also organized to examine the relationships between art, psychology, and therapy. You will be encouraged to focus on a variety of approaches and ultimately consider what theoretical approach to art therapy fits for you, and to consider the importance of the image, relating to clients through their art, and the therapeutic space that allows clients to safely create. Each lesson will focus on how different practitioners view the art, so that you can begin to synthesize what resonates for you and develop your own critically informed definition of art therapy.

The assignments in this course are meant to assist you in developing your own working definition of art therapy and in beginning to articulate the psychological forces and mechanisms involved in artistic creation. You will be asked to develop your own theory of art therapy and to consider the emphasis you want to put on art and therapy. Also, you will be asked to consider how you can integrate art therapy into your overall theory of counselling.

Figure 2. Course objectives.

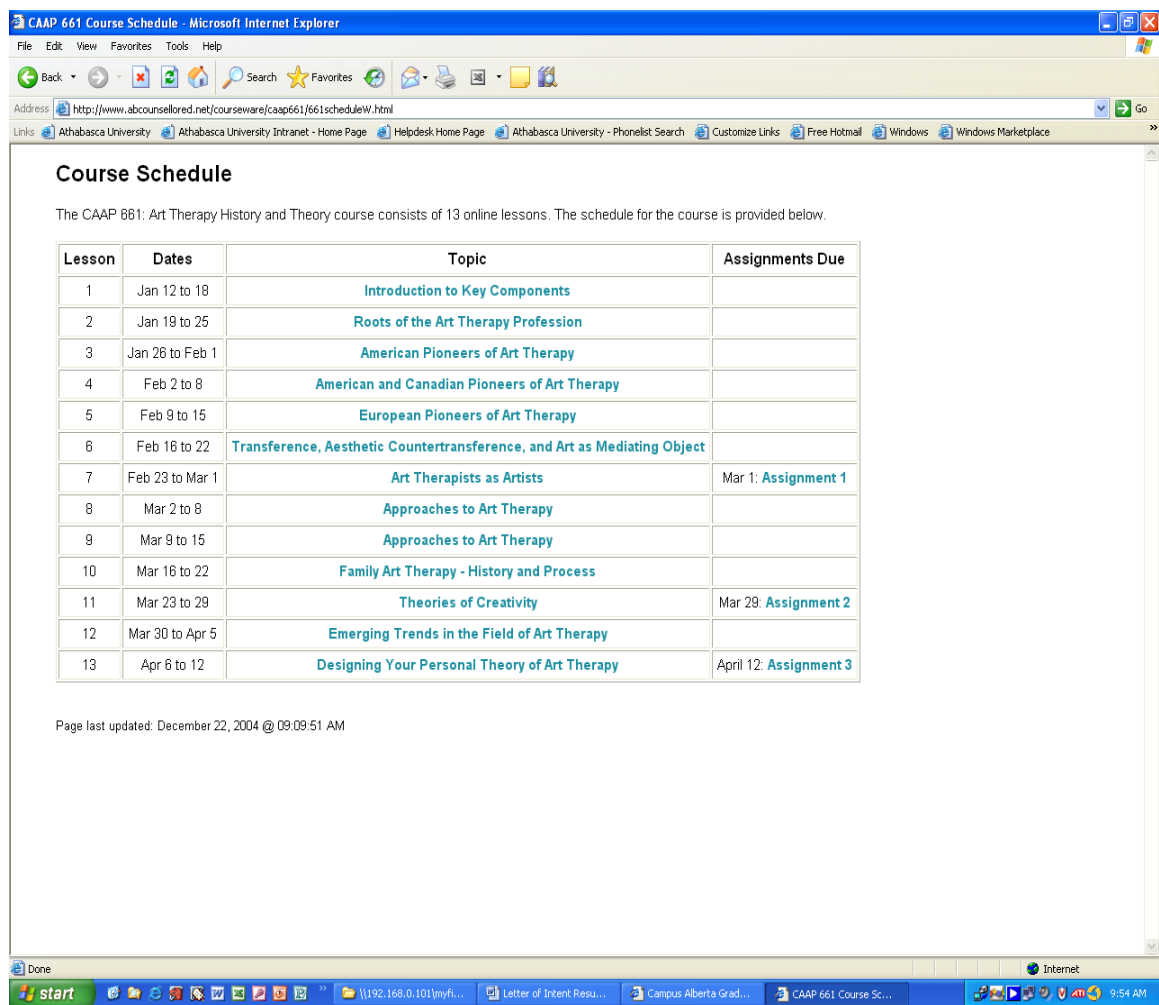
The design of the course is meant to achieve the following learning objectives:

1. Identify trends in past and existing practice and theory in art therapy.
2. Describe past trends and explain how they illuminate different aspects of human personality and growth.
3. Describe concepts of transference and countertransference as articulated by different schools and individuals, as well as how these concepts can be understood in relation to the artist's and viewer's relationships to the art.
4. Compare and contrast alternative theoretical approaches related to the issue of maintaining objectivity and attending to the impact of personal worldview and culture on both counsellor and client perspectives.
5. Explain past trends in art therapy and its evolution and proliferation with different client populations.
6. Explain the importance of art therapists focusing on their own creativity.
7. Describe theories of creativity and identify strategies for stimulating clients to be more creative.
8. Build a framework for your personal theory of art therapy.
9. Describe how art therapy theory and practice will be integrated with your personal theory of counselling.

Course Structural Development

The following section involves a brief discussion of the rationale for each lesson, based on the theoretical influences on art therapy, ideas about treatment, and the ways that they have been adapted to clinical practice. While impossible to capture the diversity of these influences, the lessons are meant to provide a brief overview of major concepts combined with the basic principles and techniques used depending on what approach to art therapy is under consideration. The course schedule is provided below:

Figure 3. Course schedule screen shot.



The CAAP 661: Art Therapy History and Theory course consists of 13 online lessons. The schedule for the course is provided below.

Lesson	Dates	Topic	Assignments Due
1	Jan 12 to 18	Introduction to Key Components	
2	Jan 19 to 25	Roots of the Art Therapy Profession	
3	Jan 26 to Feb 1	American Pioneers of Art Therapy	
4	Feb 2 to 8	American and Canadian Pioneers of Art Therapy	
5	Feb 9 to 15	European Pioneers of Art Therapy	
6	Feb 16 to 22	Transference, Aesthetic Countertransference, and Art as Mediating Object	
7	Feb 23 to Mar 1	Art Therapists as Artists	Mar 1: Assignment 1
8	Mar 2 to 8	Approaches to Art Therapy	
9	Mar 9 to 15	Approaches to Art Therapy	
10	Mar 16 to 22	Family Art Therapy - History and Process	
11	Mar 23 to 29	Theories of Creativity	Mar 29: Assignment 2
12	Mar 30 to Apr 5	Emerging Trends in the Field of Art Therapy	
13	Apr 6 to 12	Designing Your Personal Theory of Art Therapy	April 12: Assignment 3

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CAAP courses are generally comprised of 13 study units or lesson plans. Based on the preliminary research that was done for this study, there were a number of topics that needed to be addressed within the organizational structure of the on-line course. What was also important to keep in mind in the writing process was the intended audience for the course, which would include students in the art therapy specialization as well as students who opt to take the course as an elective. The first study unit was written to give a general overview of key components that would be addressed throughout the course as well as an introduction to ideas about art therapy and the nature of art therapy as an interdisciplinary profession (e.g., Halifax, 1997; Kramer & Ulman, 1992; Moon, 1992; Ulman, 2001).

Art therapy is a form of psychotherapy that uses art making as part of the therapeutic process. The psychodynamic influences on art therapy approaches have been profound and, although some of art therapy is still grounded in psychodynamic theory, numerous methods have evolved that can be integrated into different theoretical approaches to counselling (Kahn, 1999). “As a psychotherapy practice, art therapy spans the same theoretical landscapes as psychology... and counseling, and reflects the history and development of psychotherapy in general, including changing understandings and preferences to modern practice” (Lark, 2001, p. 3).

Even before the advent of psychoanalysis early in the 20th century, which provided a natural catalyst for the emergence of the idea of art therapy (Malchiodi, 2003), there was an interest in the possible relationship between art expression and the expression of psychopathology (Rubin, 1986). Combined with this, “in the history of art, there were attempts to subject images to some kind of logic of representation and to establish a vocabulary of symbolism” (Maclagan, 1992). Since history and theory are intertwined,

including a study unit that addressed these issues seemed relevant to the course development. A study unit on the roots of the art therapy profession was included. The pioneers of art therapy in the United States (e.g., Cane, 1983; Kramer, 1979, 1993; Naumburg, 1987, 2001) emerged in the second half of the 20th century and incorporated psychoanalytic and analytic approaches to the practice of art therapy. For example, Naumburg (1987) subscribed to the Freudian concept of free association, while Kramer (1979) emphasized the importance of sublimation and other defense mechanisms derived from Freud. Florence Cane, Naumburg's sister also played a part in the early roots of art therapy by developing teaching methods to free artistic expression and modifying principles from art education to use with children (Cane, 1983). This became the focus of one study unit, while another included a discussion regarding the Canadian pioneers of art therapy (Dewdney & Dewdney, 2001; Fischer, 1973), who also drew from psychoanalytic theory and began to explore and apply Freudian and Jungian theory to art-making in therapy. The inclusion of a discussion of Canadian pioneers was felt to be relevant to course development since these individuals founded some of the Canadian academic programs in art therapy such as the Vancouver Art Therapy Institute (Woolf, 2003), the program with which CAAP partnered to develop the art therapy specialization (Campus Alberta, 2004a). The fact that art therapy was generally practiced in psychiatric settings has also resulted in different ways of utilizing the art (Williams & Agell, 1996). For example, the field of psychiatry emphasizes the use of drawings for diagnostic information as well as aiding in the assessment of individuals and families (Kwiatkowska, 1978). The question of whether art should be used to enhance the psychiatric process, and if so, what role art might play in this venture continues to be a topic of debate in art therapy circles (e.g., Oster & Gould, 1987; Ulman & Bernard, 1992).

The early history of art therapy practice was also rooted in Great Britain (Case & Dalley, 1992) and, as a separate field, spread to other countries such as Australia (Eisdell, 2005), Switzerland, Germany, and France (Stitelman, 1998). As in Canada and the United States, theories from psychoanalysis and art education became the foundations for the field of art therapy, or what was termed as art psychotherapy, and art as therapy (e.g., Agell, 1998; Feder & Bernard, 1981; Hulks, 2001) in Germany, France, and Switzerland. The influence of art movements such as Surrealism and Art Brut on art therapy has been discussed in the literature (e.g., Gibson, 1987; Taylor, 1989) and, in particular, their influence on art therapy in Europe (Gosso, 2004). Describing the variations in the development of art therapy, grounded in different understandings, terminology, training, and professional development, as well as the similarities to how art therapy is described and practiced in North America was the subject of another study unit.

The different facets of psychoanalytic and analytic theory, the implications for art therapy, and their application to art therapy have been well documented (e.g., Dalley, 1984; Milner, 1957; Rubin, 1984a; Schaverien, 1992). Transference, countertransference, and art as mediating object became the topic one study unit, based on ideas that “art therapy provides a unique set of circumstances with regard to transference” (Malchiodi, 2003, p. 44). For example, some art therapists such as Rubin (2001) have suggested that clients may reflect transference through their actions with art materials and that regression, anger, anxiety, or other emotions related to a person’s life experiences may emerge in the creative process of image making. The working alliance is also relevant here regarding the therapeutic context. Although art expression can serve as a way to directly communicate transference relationship, some theorists believe that the promotion of transference in art therapy inhibits

the therapeutic efficacy of the art process and favour encouraging a working alliance as opposed to transference to the therapist (e.g., Allen, 1988; Kramer 1993).

As theories of psychology and the coinciding systems of individual counselling (i.e., psychoanalysis, behaviourism, cognitive, humanism) expanded, so have the ideas about how art therapy can be practiced effectively. For example, Gestalt and phenomenological practitioners have “propelled a second trajectory of art therapy along transpersonal, humanistic lines” (Lark, 2001, p. 3). While psychoanalytic and analytic theories have utilized art and art making as the primary communicative means within the therapeutic relationship, a third trajectory has also developed that claims an *art as therapy* position, where neither the artwork nor the therapeutic relationship is analyzed (e.g., Allen, 1995; McNiff, 1998). Three study units detailed the synthesis of theory and approach, for the purpose of introducing students to some of the clinical and theoretical frames of reference that could be used when practicing art therapy. A selection of approaches from the different forces that have dominated psychology were incorporated, in order to reflect how art therapists have utilized various theories of human development, psychopathology, and psychotherapy to inform their work. The approaches discussed in the study units included object relations (Robbins, 1987), phenomenology (Betensky, 1995), Gestalt (Rapp, 1980; Rhyne, 1996), cognitive-behavioural (Silver, 1996; 2001), and systemic (Riley & Malchiodi, 1994; Riley, 2001). One other study unit dealt with the emergence of art-based theories of art therapy (Levine, 1995; Levine & Levine, 1999; Knill, Levine, & Levine, 2005). This unit also addressed what has been referred to as intermodal expressive therapy, therapy grounded in the interrelatedness of the arts and described in postmodernist terms in that it does not posit one, real truth about phenomena. Art-making from this perspective means “entering a transitional space in which

the play of possibilities leads to surprising results” (Knill, Levine, & Levine, 2005, p. 72) and where the therapist’s responsibility is to set the frame or structure to allow the possibility of play to occur if the client is to go beyond a focus of the problem to discover something new (Knill, Barba, & Fuchs, 2004).

Being a part of the creative process as art therapists was and is something discussed repeatedly in the literature (e.g., Levine, 1995; Miller & Milliken, 2002; Robbins, 1987; Schaverien, 1992). Part of this process means attending to and nurturing one’s creative identity as a way of refining awareness and staying creative as art therapists so that *engagement* with images takes precedence over the *explanation* of images (e.g., Allen, 2001; McNiff, 2000; Snow, 2003). As a result, the role of art and the place held by art for the practitioners of art therapy was seen as relevant to include in this course. For some art therapists, such as Kramer (Ulman, 2001b) and other significant theorists who have emerged in the field (Allen, 1995; Landgarten, 2001; McNiff, 1989), their primary identity was as artist before they became art therapists. The importance of creativity to the field of art therapy and the role of the therapist in catalyzing, identifying, and fostering creativity was the topic of one of the final study units. As there are many definitions of creativity, depending on theoretical framework and orientation (e.g., Csikszentmihalyi, 1997; Jung, 1964; Kelly, 1955/1991; Kohut, 1984; Rogers, 1980; Rossi, 2002; Wilber, 2000; Winnicott, 1986), that have influenced art therapy, this inclusion in the course was designed to provide students with a glimpse of different ways of perceiving the art, based on these theoretical constructs and positions of what creativity involves.

The final study unit was designed to assist students to develop their personal theory of art therapy, being attentive to what fits and does not fit in their theoretical mold, as well as

how these theories differ in terms of how they portray psychological problems and the corresponding goals of treatment. All CAAP students will have completed CAAP 601: *Theories of Counselling and Client Change*, as part of their program plan before enrolling in this course. The CAAP 601 syllabus is designed “to engage students in a critical evaluation of a range of contemporary counselling theories and to help them develop a description of their own emerging theory” (Campus Alberta, 2004b, ¶ 1). All of the study units were developed while keeping in mind the objectives set forth for the project. Identifying content and staying on task was amplified through the process of commentary and feedback engaged in throughout the building of the units themselves, including articulation of my own motivation and positionality with respect to the theoretical framework chosen.

Sample Study Unit

While the whole course cannot be reproduced here, in part to protect the copyright of CAAP on course materials, it is important to get a sense of the way in which the learning process is managed for each of the thematic areas outlined above. Figure 4 serves an example of a completed study unit. Note that each unit follows a similar structure beginning with an overview of the lesson, the learning objectives targeted, key terms and concepts referenced in the study process, a step-by-step study process that involves various forms of learning activities, and required discussion forum questions to encourage interactions by course participants with the course materials and with each other. Figures 5 and 6 provide examples of distinct learning activities or objectives that are integrated within the study process for this lesson (and are provided as direct links in the course from the study process).

Figure 4. Sample study unit.

CAAP 661: Art Therapy History and Theory

Lesson 8: Approaches to Art Therapy

[Overview](#) | [Learning Objectives](#) | [Key Terms and Concepts](#) | [Reading Assignments](#) | [Study Process](#) | [Discussion Forums](#)

Overview

Different forces have dominated the field of psychology: at mid-century, behaviourism and psychoanalysis were two of the main frameworks used to understand different aspects of human personality and growth. The third force, humanism, emerged primarily during the 1960s, while out of humanistic psychology another trend developed: transpersonal psychology. More recently, a fourth force has been noticed; it focuses on multicultural counselling, including feminist theory and other systemic approaches to change. Art therapy involves the synthesis of art and therapy/counselling; as the different psychological trends emerged, art therapists or counsellors who were interested in both art and counselling began to consider the aspects of different theories that were most relevant to their work.

The purpose of this lesson is to orient you to some of the different ideas and clinical/theoretical frames of reference that can be used when practicing art therapy. When developing a personal theory of counselling and of art therapy, it is important to consider goodness of fit between the theoretical assumptions and your own world-view, as well to develop competence in working within one or more of these best-fit theoretical frameworks before moving towards a more integrative or eclectic stance, if that is ultimately what works best for your particular practice (orientation).

In this lesson, the focus is on psychodynamic approaches (psychoanalytic, analytic, and object relations) as well as humanistic approaches (specifically, phenomenology and its application to art therapy). There is richness and diversity in the field of psychology and psychotherapy. Art therapists must develop awareness regarding what theories contribute to their understanding of counselling and how the set of ideas each offers informs how they construct their practice. For most practitioners, this involves a reflective practice of continual exposure to new ways of looking at human nature, problem development, and change processes, and consequent modification of their personal theoretical framework. Art therapy is often viewed as a technique or a modality. There is no unified theory of art therapy; similar issues exist for multicultural and feminist therapies. As a result, art therapists must be able to look through many different clinical lenses and continue to explore new possibilities and theories that do not contradict each other, but add to existing perceptions about what forms the matrix of human experience.

Learning Objectives

1. Contrast aspects of different theoretical approaches and critically support their possible application to art therapy.
2. Describe the therapeutic role of art in the context of different conceptual frameworks.
3. Critically evaluate the benefits and potential drawbacks of different theoretical approaches.
4. Assess the fit of theories with different client populations and with the person of the therapist.
5. Explain the process of integration between theory and artwork.

Key Terms and Concepts

- Active imagination
- Archetype
- Intentionality
- Projective drawings
- Spontaneous expression
- Symbol

Reading Assignments

See the required and supplementary readings listed in the Digital Reading Room for the course.

Study Process

1. Read the two required readings for this lesson, paying particular attention to the learning objectives outlined for this study unit.
2. After reading the Malchiodi (2002) chapter, what stands out for you with respect to analytic approaches to art therapy? Read the instructor commentary entitled **Jung's Influence on Art Therapy** and reflect on the following questions:
 - What are your perspectives on Jung's ideas about a fixed or universal symbolism?
 - Reflect for a moment on your own artwork or the artwork of your clients. What, if any, archetypal imagery have you noticed or witnessed? How did you make sense of that imagery from your theoretical perspective?
3. Malchiodi (2002) discusses how some practitioners merge a psychoanalytic or analytic stance with art therapy. However, there may be vastly different applications of theory to practice; for example, Malchiodi mentions Furth (1988) and Bach (1990) as two therapists who favour a Jungian analytic approach, particularly with individuals who are experiencing "emotional crisis, physical illness, or the process of dying" (Malchiodi, 2002, p. 47). Their work is primarily with children.

Both Furth and Bach favour spontaneous expression on the part of their clients, or image making that is nondirective. They are also acutely interested, as many art therapists are, in linking meaning to image. According to their particular framework, this is done by reading or interpreting an image, by taking into account all the details, looking at what is related or not related, and considering the significance of this data. Both use quadrant assessment theories in looking at pictures. Pictures are divided into four quadrants and particular meaning is assigned to each quadrant. In Furth's framework, the lower left quadrant of a picture represents known material. Moving clockwise, Furth suggests that drawings contain a shift from known to unconscious material. According to Furth, this method of analyzing a picture allows the interpreter to be more in touch with the story contained in the picture. Bach suggests that Jung's supposition of a collective unconscious or psychic content common to all individuals can be readily comprehended in spontaneous drawings where such symbols are reflected. Examples of such motifs are the use of: trees in drawings, which may represent an individual's tree of life; ladders, which may represent lifespan according to the number of rungs depicted or a possible link between heaven and earth; and birds, which can be seen as a symbol of the soul.

Interpretation of symbols is an important topic in art therapy. Furth (1988) suggests that, while there is a personal aspect involved in the creation of images, it is still possible to interpret these images as a therapist if one is trained to do so. Combined with this is his assertion that one should only examine an individual's case history after one has evaluated a picture. This presumably guards against seeing something in the picture that one already knows. Post your ideas about interpretation of images under the appropriate discussion thread in Forum 7 - Approaches to Art Therapy.

4. As art therapists began to cite the shortcomings of psychoanalytic theory, they also began to turn to other frameworks, including humanistic approaches. In this lesson, the focus is on phenomenology and its emphasis from a therapeutic standpoint of "being" in the context of relationships with others. In the case of art therapy, this also means "being" with the images. Phenomenology is concerned with personal, subjective experience; to approach art therapy from a phenomenological perspective means to take into account the unique aspects of individuals' experiences in the world and how they create symbols that have personal meaning. This does not in any way mean invalidating the important studies dealing with shared features of human experience. Rather, phenomenological research (and therapy) does not view the image or art as a fixed quantity. As well, phenomenology challenges the concept the objectivity of the researcher/therapist. Consider how the following factors may inform how you
 - your life experiences;
 - your cultural identity (identities), including gender, ethnicity, sexual orientation, age, ability, and socioeconomic status.;
 - how you have been trained;
 - your personal theory of counselling; and
 - your value systems, personal beliefs, and feelings about specific issues.

5. There is a tie between phenomenology, the study of existentialism, and the client-centred psychology of Carl Rogers. All have been influenced by the work of Edmund Husserl (Betensky, 2001), who has also been called the father of phenomenology. It is from Husserl that the term *intentionality* originates. Intentionality refers to free and conscious human intention. The object of our attention becomes more important and infused with meaning - this meaning may in fact be vital to existence, to being. Go to the Exercise: **What's in an Image and What Does it Mean?** After looking at the image posted, reflect on the following questions and share your ideas with another classmate:
 - How does intentionality play a role in art therapy?
 - What can phenomenology teach us as art therapists?
 - What did you notice about the images?
 - What were you curious about?
 - What would you ask and how would you ask or frame the questions?
6. To end off this lesson, please respond to the questions listed in the discussion forum.

Discussion Forums

Forum 8 - Approaches to Art Therapy

1. Please post some aspects of your response to the Shadow Exercise utilized in the commentary **Jung's Influence on Art Therapy**. Upload your image if you feel comfortable sharing it with your classmates.
2. As stated in the Study Process, interpretation of symbols is an important topic in art therapy. There are even manuals that examine distance, size, order, and placement of symbols in drawings to determine pathology and emotional disturbances of individuals. Take a position you support on the extent to which you see clients' art as classifiable in general or universal ways versus seeing art as having unique phenomenological features for clients. Explain the therapeutic implications you see for your position, in terms of how you would assess and intervene in your work with clients.
3. Malchiodi (2000) discusses the use of projective drawing tasks in art therapy. Have you ever used projective drawings such as the Kinetic House-Tree-Person as a technique for gathering clinical data? Do you see yourself using projective drawings? In what ways could you see projective drawings as beneficial or a potential hindrance to treatment?

Figure 5. Jung's influence on art therapy.

Jung's Influence on Art Therapy

In Jung's writings, creativity and artistic creation is formulated in a number of ways. For example, creativity is involved in the compensatory nature of the unconscious. Psyche is divided into conscious and unconscious: it is a self-regulating system where a symptom that a client exhibits is not just explained as a result of past trauma, but as an attempt on the part of the whole psyche to heal itself (Storr, 1999). Jung's extensive studies on alchemy are the foundation of his understanding of the soul's power to heal the split that develops in human consciousness: the stages of alchemy serve as a model for the transformation of the soul. With nature as guide, the main purpose of alchemy is to discover the process whereby spirit becomes matter. For example, the alchemical marriage between sun and moon, spirit and soul (and body), express the identity of spirit and nature. Healing occurs by mending the split that has occurred between these aspects of life and human consciousness. Individuals strive towards integration and wholeness, directing the lost parts of themselves towards reunion. Creativity and artistic endeavors such as creating images represent elements from an inner subjective world and an external reality – it is within the creative process that the two realms are synthesized in alchemical fashion, giving a sense of reconciliation and resolution (Jung, 1964). Deconstructive and reconstructive dimensions operate simultaneously via the innate creative drive that is common to all human beings (Jung, 1964). The future is not foreclosed, but may open when the process of creating brings something new into being or recovers what one has been distanced from. Sometimes this may be the visionary self who has been suppressed but now seeks unity with self and world. Storr (1983) suggests that the Jungian process of individuation and the process of creation are synonymous in that both are “concerned with making new syntheses out of opposites” (p. 334) as well as making “sense and coherence out of...subjective experience” (p. 341).

Active imagination, symbol, and image are crucial: image precedes the word, while symbols cannot be consciously devised or undevised but are spontaneous products of the collective unconscious. Symbols often require a response in the form of change by projecting clearer alternatives from which to choose. Active imagination differs from dream states, since individuals are fully awake during the spontaneously arising manifestations of contents from the unconscious such as images, words, or music; in other words, the arts in psychotherapy. The process of creating as it occurs via the active imagination also involves a dialogical aspect (sometimes in the form of the therapeutic encounter), where individuals make sense of the unfolding of messages and materials that arise out of the unconscious. In other words, our images and symbols have the potential to enlarge human consciousness: however, our personal creativity needs to be stimulated in order for growth, development, and healing to take place.

Another aspect of Jung's writings that is potentially useful for art therapists is his description of the shadow: Jung suggests that individuals have choices with respect to what paths they follow. For Jung, if individuals embrace and understand their shadow (i.e., unconscious or neglected) side, they are taking personal responsibility for their “evil propensities and actions rather than projecting shadow material and complexes onto others” (Douglas, 2000, p. 108). The shadow side is like an inferior, negative side of the personality within the

broader personality – a repressed, guilt-laden collection of behaviours located in the uppermost layers of the personal consciousness. The shadow is also a universal archetype in the psyche of all people.

Shadow Exercise:

Think of a person whom you don't like very much – maybe even hate. Write a description of that person, being specific about the aspects of their personality that you don't like or are troubled by.

When you are finished writing, consider the following questions:

- Is it possible that what you have written down represents the shadow part of yourself?
- If so, what about this shadow part may need to be expressed or developed in some way?
- Do you want to destroy this part or discard it?
- Have you ever been aware of projecting a suppressed part of yourself onto another person?
- What does your shadow part potentially need from you?
- If you were to image the shadow part of yourself, what would it look like?

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Figure 6. Exercise: What's in an image and what does it mean.

Exercise: What's in an Image and What does it Mean?

Taking into account some of the theoretical lenses considered in this lesson, how might art therapists/counsellors from different theoretical backgrounds (e.g. phenomenological, psychodynamic, etc.) look at the following image? Reflect on how your own theoretical biases play a role in how you look at an image and the kinds of questions you might want to ask.



A number of factors were kept in mind throughout the course development stage, including how to facilitate an interactive study environment, “transferring a body of knowledge to a set of learners using a variety of teaching methods” (Allen, 2005, p. 247), as well as developing various strategies and exercises that would provide students with a process by which they could experience some of the written material through active engagement. The discussion forums represent a key component of every course within the CAAP: Counselling Initiative and the questions are connected to the body of information that is presented on a weekly basis within each study unit. The questions provided here were meant to generate reflection, dialogue, and interactions to facilitate further understanding.

The exercise in this lesson, entitled *What's in an Image and what does it mean?* was included to provide students with a sense of the art therapy world and the images that they might be confronted with, should they choose this as their area of specialization. The learning activities in other study units often provided interaction with art itself as part of the learning process for students, as they were encouraged to reflect on their own internal world through utilization of various art materials and art directives. In this sense, the students were able to explore the phenomena under investigation from their own perspectives, in order to further their understandings of how the art could be utilized as a means of uncovering or revealing thoughts and feelings. As well, the learning activities included both directive and nondirective aspects so that students could experience the difference between a structured art task versus engaging in a process where they had more freedom to express themselves. An example is provided in Figure 7 of a directive art activity that was used in the study unit on the topic of art therapists as artists.

Figure 7. Creative journey.

Creative Journey

The First Nations Medicine Wheel has four directions and corresponding components of physical, mental, emotional, and spiritual.

East is the direction of the physical body. It also represents change and, like the spring, all that is new in creation. Gifts of the east include light, innocence, spontaneity, joy, purity, hope, courage, birth/rebirth, illumination, vulnerability, guiding others, and devotion to the service of others.

South is the direction of full understanding. It represents courage, preknowledge, and mental processes. Like the summer, it is also the direction of maturing life. Gifts of the south include generosity, sensitivity to the feelings of others, love, determination, appreciation of the arts, compassion, kindness, idealism, anger at injustice, and the ability to express feelings.

West is the direction of the emotional part of ourselves as we move from daylight into darkness, summer into fall. It represents a time of insight. Gifts of the west include darkness, the unknown, going within, dreams, perseverance, meditation, reflection, contemplation, silence, respect for elders, humility, ceremony, clear self knowledge, and vision (a sense of possibilities and potentialities).

North is the time of the elders. It represents the winter and the darkness as well the spiritual and all that supports it. Gifts of the north include wisdom, thinking, analyzing, imagining, interpreting, detachment, insight, intuition made conscious, moderation, and justice.

Task:

Draw a circle on a large piece of paper. Divide the circle into north, south, east, and west:

- If you can relate your creative journey to the medicine wheel, in what direction is your energy currently focused?
- Is there a symbol that represents where you are in this journey? If so draw the symbol inside the circle within the corresponding direction.
- What symbol potentially needs to be severed in order to either begin your creative journey or set you back on the path of this journey? If you can think of a symbol, draw it and place it outside the circle beside the corresponding direction.
- Is there a symbol that needs to be found or reintegrated? If so, place this symbol within the circle.
- What gifts would you like to ask the four directions? You can use either symbols or words to represent these gifts. Place them inside the circle.

Course Assignments

The three assignments developed for the course were written keeping in mind the course philosophy and objectives to ensure overall congruency. Figure 8 provides the course activities as well as the percentage weighting for each activity as indicated:

Figure 8. Course activity and weighting.

Course Activity	Weighting
Participation in On-line Discussions	20%
Assignment 1: Interview with an Art Therapist	25%
Assignment 2: Pioneers of Art Therapy	20%
Assignment 3: Personal Theory Paper	35%

Assignments 2 and 3 are outlined in Figure 9 and Figure 10 respectively, excluding the evaluative criteria. In order for students to further their understandings of the historical development of art therapy, the second assignment focused on the pioneers of art therapy (see Figure 9), while the final assignment involved asking students to draw from the sources of CAAP 601 (*Theories of Counselling and Client Change*), CAAP 605 (*Developing an Working Alliance*), and the course readings in order to develop their personal theory of art therapy (see Figure 10). In the personal theories paper, students were encouraged to examine the theories of art therapy that interested them the most and that they found relevant to their own practice. They were then asked to compare and combine these ideas with their existing theories. The assignments were meant to serve as a link to the CAAP program and the prerequisite courses 601 and 605, by acknowledging students' emergent theory of counselling as well as the working alliance.

Figure 9. Assignment 2: Pioneers of art therapy.

Assignment 2: Pioneers of Art Therapy

Based on the course readings, you are asked to consider the work and philosophy of two art therapy pioneers covered in the course. Compare and contrast the theoretical approaches of the art therapy pioneers you have chosen. You may find it useful to review the [Nature of Theory](#) commentary from CAAP 601, which describes the elements of a "good" theory. You should address the following content areas in your paper:

1. **Introduction and History of the Theories:** Describe the social, cultural, and historical context of the individual and the theoretical perspective they espoused.
2. **Philosophical Element:** Identify the implicit or stated assumptions that guide the therapist's theories (e.g., what the theorists regard as therapeutic about art or artistic activity).
3. **Descriptive Element:** Explain how the theories describe the process of art therapy.
4. **Prescriptive Element:** Describe what the theories suggest for direct intervention strategies.

5. **Areas of Resonance and Dissonance:** Identify which aspects of the theoretical approaches presented intersect (or do not intersect) with your developing personal theory of counselling, the strengths and weaknesses of the theories generally and as adapted by the particular art therapy pioneers, and the appropriateness or inappropriateness of using these approaches with certain client populations.
6. **Summary and Conclusions**

Figure 10. Assignment 3: Personal theory paper.

Assignment 3: Personal Theory Paper

The intent of this assignment is to encourage you to look at shifting and merging paradigms and to provide you with a foundation on which to build your own inclusive theoretical and practice framework to guide your work as a counsellor or art therapist. It is also meant to facilitate a synthesis of your learning into a coherent theory of counselling practice.

One of the essential theoretical components drawn on through the CAAP courses is the working alliance. It is defined as the collaborative relationship that develops between a client and counsellor and is seen as the solid base on which to build counselling skills as well as to move toward mutual endorsement of the goals and tasks that facilitate client change. Keeping in mind the dimensions of the concept of the working alliance, consider how this fits with what you have learned regarding approaches to art therapy.

You are asked to examine the similarities and differences between the theory and practice of counselling and art therapy as it relates to the following elements:

- **Philosophical assumptions:** This includes views of human nature, the nature of well-adjusted functioning, the nature of problems and nonadaptive functioning, and the nature of change, growth, and corrective action.
- **The counselling / art therapy process:** This includes your view of counselling and art therapy, problem development, assessment and goal-setting, interventions, and counselling outcomes (evaluation of progress).
- **Implications for practice and continued professional development:** This includes identification of the client groups that are most suited to your approach, reflection on which philosophical, theoretical, or procedural areas were the most difficult for you in developing a coherent and integrative approach, and plans for continued professional development.

Conclusion

This chapter has included aspects or components of the actual product such as the course syllabus, philosophy, objectives, assignments, and excerpts from the study units created. Each of these components demonstrate a link to the objectives of this study, such as assisting students in the articulation of a personal theory of art therapy by building upon their own theoretical frameworks as well as the working alliance. A discussion of the rationale for the range of themes and topics that served the shaping of each study unit was offered, highlighting the connective points between art therapy and the methodologies and theories of practice in the fields of counselling/psychology combined with attention to how art therapy is a specialized professional activity. Actively engaging students in a manner that helps them recognize, understand, and conceptualize their own truths about what art therapy has to offer as well as how to integrate it with their chosen models and theories of counselling is an ongoing issue. However, the product, as described, is meant to offer a starting point in this process.

CHAPTER V

Synthesis and Implications

While “counselors are still groping for an effective merger between an increasingly technological world and a profession that is practiced through very personal contact” (Lundberg, 2000 p. 144), the emergence and widespread use of on-line communications has resulted in a change in the teaching environment. For example, the computer as a tool has allowed unprecedented access, particularly in more rural areas, to prospective students based on their own initiative, pace, and convenience, as has been well documented in the literature (e.g., Laurillard, 2002; Lundberg & Wilson, 1997; Salmon, 2001; Sampson, Kolodinsky, & Greeno, 1997). On-line delivery and computer-based learning by virtue of increased flexibility and accessibility, offers individuals who want to pursue a career in art therapy “a viable alternative to traditional face-to-face teaching” (Brown & Cruickshank, 2003, p. 287). Although a number of distance learning education programs exist in the United States, Australia, and the United Kingdom (Educational Directories Unlimited, Inc., 2005), to date, the CAAP Counselling Initiative is the only on-line program in Canada that offers an art therapy specialization.

Art therapy as a field in its own right seems to be recognized in the urban communities such as Vancouver, Toronto, and Montreal, where art therapy programs offered by VATI (VATI, 2004a), the Toronto Art Therapy Institute (TATI, 2004), and Concordia University (Concordia University, 2005) have been established for many years. The art therapy specialization through CAAP will obviously enhance the possibility of prospective students in other settings to receive training, although it may take some time before smaller, more rural communities become exposed to art therapy, viewing it less as a fringe discipline,

but as an effective modality and vehicle for treatment that can be readily adapted to a range of client populations. Certainly, the acceptance of art therapy in other settings is outside the scope of this project, as this will involve aspects such as future art therapists' willingness and ability to articulate how art therapy may fit a need in their respective communities.

Understanding the social contexts in which art therapists practice includes acknowledging culture and working with it (House, 2003), so that how art therapy evolves is not simply based on a predetermined theoretical narrative that in no way fits with the worlds of meaning negotiated. It is hoped that this course will better prepare students to provide a clear and meaningful theoretical and philosophical framework for their own practice that can be articulated and communicated effectively to other practitioners and potential clients.

Besides the issue of accessibility, the utility of the proposed course includes providing a framework for students to understand the historical development of art therapy and the links between historical and contemporary practice in art therapy, psychology, and to a lesser extent, psychiatry. Attention to the theories component of art therapy is important to the profession as a whole, regardless of whether or not the course is offered on-line.

Although rooted in western psychological constructs of human behaviour, art therapy is sufficiently unformed to be able to adapt its potential for enhancing self expression, understanding, and creativity to the varying needs of diverse populations who can benefit from its services (Gladding & Newsome, 2003). To do so, students of art therapy need to understand existing theoretical constructs in the counselling field as well as to be able to converse in the standard theoretical language, to manage disparate ideas, and to see how different approaches can form a potentially coherent whole combined with art therapy.

The shared and diverging methods and perspectives of art therapy with the CAAP: Counselling Initiative are important to outline for a number of reasons. For students who plan to continue in the art therapy specialization, developing awareness of the history and context of art therapy is crucial in terms of stipulating the foundational soil out of which their own particular set of practices can grow, while simultaneously keeping linkages to existing theory. Students who are taking this course as an elective will hopefully come away with a greater understanding of principles, theories, and practices underlying art therapy in a way that will increase their mindfulness regarding the use of art within their own practice. They may also consider the possibility of receiving further training via the art therapy specialization. As well, for students who become registered art therapists, this course is meant to begin to provide them with the necessary information out of which they can begin to articulate what it is that they do with other professionals combined with ‘a secure base’ on which to build their convictions. This is an issue in the art therapy field as a whole. Judith Rubin (1996) in an interview says the following about editing a book on the theories that inform art therapy:

The reason I did *Approaches to Art Therapy* was because art therapists were spouting theory words often without understanding what they were talking about...and I thought this was going to be destructive to the field because we were in a precarious position, trying to prove ourselves, and the last thing in the world we needed was to sound stupid. (p. 4)

She goes on to suggest that training for art therapists must also pay attention to the power of art therapy and the responsibility that they have in respecting each client’s creative integrity (Rubin, 1996).

Students in the art therapy specialization will have more opportunity to explore the art aspect of art therapy via the art therapy training course, which is “intended to encourage students in a self directed exploration and understanding of symbolic language [with] emphasis...placed on the development of skills that support engagement with the creative process as it emerges” (VATI, 2004b). The idea of developing self-awareness combined with a “sense of knowing empathically the journey that others are taking” (Norman, 2004, p. 68) via personal experience of the therapeutic processes studied is not a new one (Kohut, 1971; Wolf, 1988). Throughout the course, students will be able to utilize art materials in a self-directed fashion in order to develop a sense of how the process of art making can be utilized as a tool for self exploration. The inclusion of art making in the course is an essential element by way of acknowledging the importance of thinking within the context of the art medium, while paying attention to how artistic expression is viewed both inside and outside of psychological constructs.

Certainly the working alliance is a starting point in converging elements of counselling theories with art therapy theories, as the working alliance represents the container in which therapy takes place and is common to all therapy approaches (Clarkson, 1996). The working alliance emphasizes the collaborative nature between client and therapist, where each is actively involved in the establishment of goals, in directing treatment, and in the evaluation of success. As in other forms of collaboration, each party brings with them different skills and expectations. In this sense, art therapists can rely on their professional set of core competencies or skill set. However, without the initial frame or structure provided by the working alliance, this skill set or methods of learning utilized by art therapists become irrelevant, that is, weak to the point of being ineffective. There is an ever-

increasing breadth, depth, and diversity of the available body of literature that focuses on approaches to counselling/psychotherapy. At the same time, keeping in mind the commonalities such as the nature of the working alliance will prevent an approach such as art therapy from becoming “a closed theoretical system with a fixed set of dogmas to be defended against any possible innovations” (Hollanders, 1999, p. 486). As suggested by Corsini (2000):

All psychotherapies are intended to change people: to make them think differently (cognition), to make them feel differently (affection), and to make them act differently (behaviour). Psychotherapy is [also about] learning: it may be learning something new or unlearning something one has forgotten; it may be learning how to learn or it may be unlearning; paradoxically, it may even be learning what one already knows. (p. 6)

As one of the components of the therapeutic relationship, the mechanisms involved in creating an enduring working alliance are necessary for students to understand regardless of theoretical perspective and approach, since it is the working alliance which ultimately sustains the relationship between client and therapist (e.g., Beitman, 1992; Clarkson, 1990; Horvath, 2000).

Strengths and Limitations

Students who take this course will hopefully exit the course with both an increased understanding of the historical and current issues in art therapy theory and an opportunity to continue the development of their personal theory of counselling and art therapy. In summary, strengths of the project include illumination of the theoretical constructs that inform that practice of art therapy, articulation of the similarities and differences that exist

between art therapy as a modality and the fields of counselling and psychology, and finally, an exploration of the implications of using art therapy or art therapy related techniques within one's own counselling practice.

Weaknesses of the project involve more emphasis on certain theoretical models versus others, corresponding with my comfort level, knowledge, and awareness of these models. As well, a number of study units, such as the one on family therapy and how it merges with art therapy, condense a vast amount of material, thus potentially giving short shrift to specific topics. On the other hand, while the impact of psychoanalytic theory on the development of art therapy has been evident, art therapy has continued to grow from and away from these foundations. There were at least five lessons that primarily focused on psychoanalytic, analytic, and object relations approaches to art therapy. That elements of these philosophies are present in many contemporary art therapy approaches to treatment is a reality (Malchiodi, 2002); however, expanding on other ways to work with and understand images created in therapy may have been more helpful to students in order to provide them with a greater range of theoretical options available. For example, the course could be made more effective by including the voice of other art therapists, counsellors, and psychologists – as a text that other voices could enter into as part of a dynamic and oppositional discourse. In this sense, the expertise of others could be acknowledged and in turn passed on to the students by engaging in further collaborations around specific study units. Being more transparent about the particular voices, versions, and visions that constitute my interpretive stories may have also been helpful to include in some form within the research process itself. Initial ideas regarding the direction that the proposed course should take, combined with the process of appreciative inquiry that was engaged in throughout the writing of the study units,

has certainly served to increase my level of awareness of the complexity of the topics presented. While my own learnings have evolved particularly with respect to making the links between art therapy and the fields of counselling and psychology, this is an area that could be further explored as it is important to articulation and ongoing formulation of identity development.

Conclusion

The purpose of this study has been the creation of an on-line art therapy course focusing on history and theory that would provide students with a framework to build on their own theory of art therapy, while maintaining attention to what aspects of theory and practice are related to traditional psychological and counselling discourses. It is important to keep in mind that the specific aspects of the art therapy discourse chosen and the interpretations that I have made bear multiple cuts and sutures, influenced by my own personal narrative, ways of making sense of my art therapy experiences, and integration of conflicts and incoherencies (Steinmetz, 1992). As such the proposed course needs to be a continual work in process, mediating among divergent bodies of knowledge. Foucault (1973) has observed how “a way of teaching and saying becomes a way of learning and seeing” (p. 64). I hope that what has been written in the course is not seen as truth but as part of a dialogue, since dialogue is the essence of rereading, rewriting, and reinterpreting.

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